Image# 201610279036688670		PAGE 1 / 155
	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼ Example: If typing, ty over the lines.	
American Society of Ane	sthesiologists Political Action Commit	tee
ADDRESS (number and street)	1061 American Lane	
Check if different		
than previously reported. (ACC)	Schaumburg	L 60173
2. FEC IDENTIFICATION NUME		STATE ▲ ZIP CODE ▲
C C00255752	3. IS THIS NEW REPORT X (N)	OR AMENDED (A)
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> </ul>	Report Due On: Apr 20 (M3) Jun 2 (c) 12-Day PRE-Election	20 (M5)       Aug 20 (M8)       Nov 20 (M11) (Non-Election Year Only)         0 (M6)       Sep 20 (M9)       Dec 20 (M12) (Non-Election Year Only)         0 (M7)       Oct 20 (M10)       Jan 31 (YE)         X       General (12G)       Runoff (12R)
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year	Report for the:   Convention (12C)     Election on   11	
Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the: General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	D / Y Y Y Y in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2016 through	10 / D D / Y Y Y Y 10 19 2016
	Report and to the best of my knowledge and belief Conway, Thomas, , Mr.,	it is true, correct and complete.
Signature of Treasurer	Thomas, , Mr., [Electronically Filed	Date 10 / 27 / 2016
NOTE: Submission of false, erroneou	s, or incomplete information may subject the person s	igning this Report to the penalties of 52 U.S.C. § 3010
Office Use Only		FEC FORM 3X Rev. 05/2016

10/27/2016 17 : 32

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

#### American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From:	0 01 / Y Y Y Y 2016 To	10 / Y Y Y Y 10 19 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		1029634.90
	(b) Cash on Hand at Beginning of Reporting Period	984661.43	
	(c) Total Receipts (from Line 19)	125463.05	1657420.53
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	1110124.48	2687055.43
7.	Total Disbursements (from Line 31)	265608.33	1842539.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	844516.15	844516.15
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

Image#	20161	027903	6688672
--------	-------	--------	---------

#### 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:	/ D D / Y Y Y Y 01 / 2016 To	: 10 / 19 / Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	444450.00	
(i) Itemized (use Schedule A)	111459.60	1296498.07
	14003.45	360922.46
(ii) Unitemized	14003.43	300322.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	125463.05	1657420.53
(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)▶	125463.05	1657420.53
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
Ē	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	125463.05	1657420.53
	4 4 4	
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	125463.05	1657420.53

Page 3

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page <b>4</b>			
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calenual Tear-to-Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures (c) Total Operating Expenditures	0.00	42653.73			
(add 21(a)(i), (a)(ii), and (b))	0.00	42653.73			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to					
Federal Candidates/Committees and Other Political Committees	255200.00	1441216.02			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	Ap. Ap. At.				
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	408.33	3169.53			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	-4500.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))	408.33	-1330.47			
Other Disbursements (Including					
Non-Federal Donations)	10000.00	360000.00			
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	20))				
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid					
<ul><li>(c) Total Federal Election Activity (add</li></ul>	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	265608.33	1842539.28			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	265608.33				
· · · · · · · · · · · · · · · · · · ·	200006.33	1842539.28			

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 05/2016)

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

L		-7			-7	125463.05
						409.22
	4	-			-	408.33
	1					125054.72
					- 7	48.
						0.00
	÷	7	÷	÷	-7	0.00
÷	÷	-7-	÷	÷	-1-	
Ë	÷	-7	Ì		-7	
È	+		-	+		0.00

1657420.53 -1330.47 1658751.00 42653.73 0.00 42653.73

COLUMN B

Calendar Year-to-Date

#### Page **5**

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11	-	11b 14	11c	12	<b>17</b>			
Any information copied from such Reports an or for commercial purposes, other than using			erson for t	he pu	irpose of						
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	siologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle A. Abbey, Kenneth, R., , M.D., J.D.	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 Ho	spital Road			10 05 2016							
City Portland	State OR	Zip Code 97207-1034				C339951 Receipt th					
FEC ID number of contributing federal political committee.	С				- <b>1</b>		41.6	67			
Name of Employer (for Individual) Portland VA Medical Center		upation (for Individual) sthesiologist		Merr	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70	1								
B. Abouleish, Amr, E., , M.D., M.B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abouleish, Amr, E., , M.D., M.B.				leceipt						
Mailing Address 4303 Evergreen Elm Ct			10 / Y Y Y Y 2016								
City	State TX	Zip Code 77059-3120				C339846					
Houston		77059-5120	Amo	ount o	T Each F	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С	C Occupation (for Individual) Physician			83.33						
Name of Employer (for Individual) UTMB					no Item						
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		853.39	]								
Full Name of Individual (Last, First, Middle Acton, Jacob, D, , M.D.	Initial) or Full O	rganization Name	Date	e of R	leceipt						
Mailing Address 2530 Erwin Rd Apt 707	1 -		1	0	/ D 01		2016	Y			
City Durham	State NC	Zip Code 27705				: C339904 Receipt th					
FEC ID number of contributing federal political committee.	С				y	, ,	20.0	00			
Name of Employer (for Individual) UNC Chapel Hill		upation (for Individual) sthesiologist		Merr	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 276.66	]								
SUBTOTAL of Receipts This Page (optional)					, .	. ,	145.0	0			
TOTAL This Period (last page this line numb	per only)										

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	0								
American Society of Anesth	esiologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Mid Alarcon, William, H., , M.D.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alarcon, William, H., , M.D.								
Mailing Address 2926 Signature Blvd			M M / D D / Y Y Y Y 10 11 2016						
City Ann Arbor	State MI	Zip Code 48103-6943	Transaction ID : C3402905 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		150.00						
Name of Employer (for Individual) Henry Ford Hospital		upation (for Individual) esthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]						
Full Name of Individual (Last, First, Mid B. Alexianu, Daniela, C., , M.D.	Date of Receipt								
Mailing Address 101 West Eighth Ave.	1		10 / Y Y Y Y 10 01 2016						
City	State WA	Zip Code 99204	Transaction ID : C3398549						
Spokane		99204	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		1000.00						
Name of Employer (for Individual) Providence Medical Group		upation (for Individual) esthesiologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1000.00	]						
Full Name of Individual (Last, First, Mid C. Allaire, Patrick, H., , M.D.	dle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 58991 290th St			10 13 2016						
City Cambridge	State IA	Zip Code 50046-8510	Transaction ID : C3405685 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) McFarland Clinic		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 541.67	]						
SUBTOTAL of Receipts This Page (option	nal)		1191.67						
TOTAL This Period (last page this line nu	mber only)								

FOR LINE NUMBER:

PAGE 8 OF

		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	<u> </u>						
Any information copied from such Reports a or for commercial purposes, other than usir													
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Commit	ee										
Full Name of Individual (Last, First, Midc A. Allyn, John, , , M.D.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Allyn, John, , , M.D.					Date of Receipt							
Mailing Address 22 Bramhall St			10 <sup>M</sup>	/ D D 02		016							
City Portland	State ME	Zip Code 04102-3134		of Each Rec		Period							
FEC ID number of contributing federal political committee.	C					1000.00	)						
Name of Employer (for Individual) Spectrum Medical Group		upation (for Individual) sthesiologist	Me	mo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]										
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Amancharla, Maneesh, R., , M.D.												
Mailing Address 5304 Mount Bonnell Rd			10 / D D / Y Y Y Y 2016										
City Austin	State TX	Zip Code 78731-4608		ction ID : C3		98871 ot this Period							
FEC ID number of contributing federal political committee.	С					250.00	0						
Name of Employer (for Individual) Baylor College of Medicine		upation (for Individual) sician	Me	mo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
Full Name of Individual (Last, First, Mido C. Angus, Shane, C., , A.AC, N		rganization Name	Date of	Receipt									
Mailing Address 820 1st N.E. LL-150, Mail 25	Quete.	Zin Oode	10 <sup>M</sup>	/ D D D 14	20	016	ŕ						
City Washington	State DC	Zip Code 20002		of Each Rec		Period							
FEC ID number of contributing federal political committee.	С			9	,	83.33	3						
Name of Employer (for Individual) Case Western Reserve University		upation (for Individual) essor	Me	mo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 583.31	]										
SUBTOTAL of Receipts This Page (option	al)			<b>y</b>	,	1333.33	3						
TOTAL This Period (last page this line nur	mber only)		. []	-		1.40							

FOR LINE NUMBER:

PAGE 9 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	siologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle A. Anton, James, M., , M.D.										
Mailing Address 2302 Paradise Canyon Dr.			10 07 Y Y Y Y 2016							
City Pearland	State TX	Zip Code 77584-3297	Transaction ID : C3401676 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Baylor St. Lukes Medical Center		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 466.70	1							
Full Name of Individual (Last, First, Middle B. Aquino, Melinda, A., , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1376 Midland Ave., #201			10 10 2016							
City Bronxville	State NY	Zip Code 10708-6853	Transaction ID : C3402202 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) Montefiore Medical Center		upation (for Individual) rsician	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		1500.00	]							
Full Name of Individual (Last, First, Middle C. Arnold, Donald, E., , M.D.	,	rganization Name	Date of Receipt							
Mailing Address Mercy Hospital St. Louis - 615 South New Ballas Roa	d		10 / D D / Y Y Y Y 2016							
City St. Louis	State MO	Zip Code 63141	Transaction ID : C3399041 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
		upation (for Individual) sician Anesthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]							
SUBTOTAL of Receipts This Page (optional)			2041.67							
TOTAL This Period (last page this line numb	er only)									

FOR LINE NUMBER:

PAGE 10 OF

			Use separate schedule(s)	(ch	neck onl	ly or	ne)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		]11b	11c	12	, —			
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee									
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ata, Sana, , , M.D.					f Re	eceipt						
	Mailing Address 41 Mall Rd				м м 10	/	D 08	) / Y	2016	Y			
	City Burlington	State MA	Zip Code 01805-0001					C340253					
			01805-0001	_	Amoun	t of	Each F	Receipt th	iis Peric	d	_		
	FEC ID number of contributing federal political committee.	С			Ľ.				8	3.33			
	Name of Employer (for Individual) Lahey Hospital and Medical Center		upation (for Individual) sthesiologist		M	lemo	o Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		833.33										
			needed to a New a	_									
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Azzoli, William, T., , M.D.					f Re	eceipt						
	Mailing Address 10309 Wellside Hill Ave				<sup>M</sup> 10	/	D 14		2016	Y			
	City Las Vegas	State NV	Zip Code 89145					on ID : C3407725 Each Receipt this Period					
	FEC ID number of contributing		03143		Amoun		Each F	receipt th	lis Peric	a	-		
	federal political committee.	С			Ļ.		-y		30	0.00			
	Name of Employer (for Individual) Self		upation (for Individual) sthesiologist		M	lemo	o Item						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		, 300.00	1									
С.	Full Name of Individual (Last, First, Middle Initia Babiash, Kimberly, H., , M.D.	l) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 3414 N Beach Club Cir	-			<sup>M</sup> 10	1	D 11		2016	Y			
	City Wichita	State KS	Zip Code 67205-2532					C340459 Receipt th		hd			
	FEC ID number of contributing federal political committee.	С					,	,		0.00			
	Name of Employer (for Individual) MCAC		upation (for Individual) sthesiologist		M	lemo	o Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Other (specify)		450.00										
s	UBTOTAL of Receipts This Page (optional)			•			y		433	3.33			
т	OTAL This Period (last page this line number or	nly)	·····	•			-			-			

FOR LINE NUMBER:

PAGE 11 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16       erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	siologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle Bannister, Carolyn, F., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 13762 Windsor Crown Ct Dept of Anes	N		M M / D D / Y Y Y Y Y 10 11 2016							
City	State	Zip Code	Transaction ID : C3404602							
Jacksonville	FL	32225-2662	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) Nemours	Occ MD	upation (for Individual)	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		249.99	1							
Full Name of Individual (Last, First, Middle Barrie, Kristen, P., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1007 Edison Park Court			10 13 / Y Y Y Y 2016							
City	State FL	Zip Code	Transaction ID : C3406603							
		33606	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Greater Florida Anesthesiologists		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Primary General Other (specify) ▼		208.35	]							
Full Name of Individual (Last, First, Middle C. Bauchat, Jeanette, R., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1910 W Berwyn Ave			10 / Y Y Y Y 10 14 2016							
City Chicago	State IL	Zip Code 60640-1008	Transaction ID : C3407739 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) Northwestern University		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
SUBTOTAL of Receipts This Page (optional)			155.00							
TOTAL This Period (last page this line numb	per only)	······								

FOR LINE NUMBER:

PAGE 12 OF

171			(ch	neck only	y or	ne)					
111			for each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c 15	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contril	butio	ns
$\overline{)}$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee							
A.	Full Name of Individual (Last, First, Middle Initia Beers, Richard, A., , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 7758 Salt Springs Rd.				10 <sup>M</sup>	/	10	) / Y	2016		1
	City	State	Zip Code		Trans	act	ion ID :	C340224			
	Fayetteville	NY	13066-2246		Amount	t of	Each R	Receipt th	is Perio	od	
	FEC ID number of contributing federal political committee.	С							4	1.67	
	Name of Employer (for Individual) SUNY Upstate Medical Univ, Syracuse, N		upation (for Individual) sician		M	emo	tem				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼	· · ·	416.66	1							
в.	Full Name of Individual (Last, First, Middle Initia Beeson, Timothy, N., , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 3715 Sapphire Dr.				10 <sup>M</sup>	/	D D D D D D D D D D D D D D D D D D D	) / Y	2016		
	City Martinez	State GA	Zip Code 30907					C341037	-		
			30907	_	Amoun	t of	Each H	Receipt th	is Perio	oa	-
	FEC ID number of contributing federal political committee.	С			Ļ.	_	-y	1 - APA	8	33.33	_
	Name of Employer (for Individual) BDT anesthesia ass		upation (for Individual) sthesiologist		M	emo	) Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼		499.98								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Billstrand, Mary, , , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 4200 Chinlee Ave NE				10 <sup>M</sup>	/	09		2016		
	City Albuquerque	State NM	Zip Code 87110-5712					C340171			
	<u> </u>		87110-3712	_	Amount	t of	Each F	leceipt th	is Perio	od	_
	FEC ID number of contributing federal political committee.	C			Ļ.	_	y	. y	50	0.00	_
	Name of Employer (for Individual) University of New Mexico	Occu phys	upation (for Individual) iician		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		600.00								
s	UBTOTAL of Receipts This Page (optional)				<b></b>				62	25.00	Π
	OTAL This Period (last page this line number or			-	<u> </u>		,		<del>; ; ;</del>	-	

FOR LINE NUMBER:

PAGE 13 OF

		Use separate schedule(s)	(check or	(check only one)								
11			for each category of the Detailed Summary Page	¥ 11a 13		11b 14	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n			rson for the		pose of	f soliciting					
	NAME OF COMMITTEE (In Full)											
$\rangle$	American Society of Anesthesiolo	ogists P	olitical Action Committe	e								
Α.	Full Name of Individual (Last, First, Middle Initia Binstock, Wendy, B., , M.D.	l) or Full O	organization Name	Date	of Re	eceipt						
	Mailing Address 1462 Chantilly Blvd			M 10	M /	D 17	D / Y	үүү 2016	Y			
	City Highland Park	State IL	Zip Code 60035				C341037					
	FEC ID number of contributing federal political committee.	С				-		83.3	33			
	Name of Employer (for Individual) University of Chicago		upation (for Individual) sician		Vemo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98									
B.	Full Name of Individual (Last, First, Middle Initia Blaylock, Suzanne, S., , M.D.	l) or Full O	organization Name	Date	of Re	eceipt						
	Mailing Address 155 Wilson Ct			10		01		y y 2016	Y			
	City Muscle Shoals	State AL	Zip Code 35661-4102				C339858 Receipt th		_			
	FEC ID number of contributing federal political committee.	С				-	- 	500.0	00			
	Name of Employer (for Individual) AMC	Occ MD	upation (for Individual)		Vemo	tem						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		1000.00									
С.	Full Name of Individual (Last, First, Middle Initia Boryan, Andrew, J., , M.D.	l) or Full O	organization Name	Date	of Re	eceipt						
	Mailing Address 1311 Wilson Ave			M 10		08		2016	Y			
	City Chambersburg	State PA	Zip Code 17201-1333				<b>C340253</b> Receipt th					
	FEC ID number of contributing federal political committee.	С				, i	9	83.3	33			
	Name of Employer (for Individual) Summit Physician Services		upation (for Individual) sthesiologist		Vlemo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 583.31									
s	UBTOTAL of Receipts This Page (optional)					, ,		666.6	6			
т	OTAL This Period (last page this line number or	ly)	•			-						

FOR LINE NUMBER:

PAGE 14 OF

		Use separate schedule(s)	(check only one)	
11			for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\overline{)}$	NAME OF COMMITTEE (In Full)			
$\Big\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e
Α.	Full Name of Individual (Last, First, Middle Initia Boyer, Tanna, J., , D.O.	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 113 E Arlington Hts			10 15 / Y Y Y Y 2016
	City North Augusta	State SC	Zip Code 29841-3401	Transaction ID : C3410348 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual) Augusta University		upation (for Individual) rsician	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	
в.	Full Name of Individual (Last, First, Middle Initia Brackett, Rebecca, P., , M.D.	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 192 Bremen Rd			10 09 2016
	City Waldoboro	State ME	Zip Code 04572	Transaction ID : C3401734 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Kennebec Anesthesia Associates		upation (for Individual) esthesiologist	Memo Item
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	_
	Primary General Other (specify) ▼		, 250.00	
с.	Full Name of Individual (Last, First, Middle Initia Brady, Mark, D., , M.D.	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 9403 W. 146th Pl.			M M / D D / Y Y Y Y 10 13 2016
	City Overland Park	State KS	Zip Code 66221	Transaction ID : C3405668 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer (for Individual) Midwest Anesthesia Associates		upation (for Individual) sician Anesthesiologist	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 644.98	
s	UBTOTAL of Receipts This Page (optional)			416.66
т	OTAL This Period (last page this line number or	וy)	•••••••••••••••••••••••••••••••••••••••	

FOR LINE NUMBER:

PAGE 15 OF

171			Use separate schedule(s)	(ch	(check only one)							
111			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee								
Α.	Full Name of Individual (Last, First, Middle Initia Branam, K. Page, P, , M.D.	l) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 160 Green Glades				м м 10	/	13	) / Y	2016	Y		
	City Ridgeland	State MS	Zip Code 39157-8662					C340660 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>			-	41.	67		
	Name of Employer (for Individual) Southern States Anesthesia, LLC		upation (for Individual) sthesiologist		Me	emo	) Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 508.35									
в.	Full Name of Individual (Last, First, Middle Initia Briesacher, Kurt, S., , M.D.	l) or Full Oi	rganization Name		Date of	Re	eceipt					
	Mailing Address 5671 Peachtree Dunwoody Rd N				10 <sup>M</sup>	1	16	) / Y	2016	Y		
	City Atlanta	State GA	Zip Code 30342-5005					C340833				
	FEC ID number of contributing		30342-3003	_	Amount	Of	Each H	leceipt th	is Period	_		
	federal political committee.	С			Ŀ.	-	- <b>y</b>		41.	67		
	Name of Employer (for Individual) Physician Specialists In Anes, PC		upation (for Individual) sthesiologist		Me	emo	ltem					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		416.70									
с.	Full Name of Individual (Last, First, Middle Initia Bronheim, David, S., , M.D.	l) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1 Deer Park Rd				<sup>M</sup> 10	/	D 10		2016 Y	Y		
	City Kings Point	State NY	Zip Code 11024-2112					C340197 Receipt th				
	FEC ID number of contributing federal political committee.	С					<b>y</b>	. ,	1000.	00		
	Name of Employer (for Individual) Mount Sinai School of Medicine	Occu Phys	ipation (for Individual) iician		Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00									
s	UBTOTAL of Receipts This Page (optional)		•	•			, .	.,	1083.:	34		
т	OTAL This Period (last page this line number or	ıly)	••••••	-			-					

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

IT!			Use separate schedule(s)	(che	eck only	/ on	e)	L			
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		ose of	soliciting	contrib		
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Brooks Peterson, Melissa, L., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 13123 E 16th Ave # B090 Dept of Anes				м м 10	/	□ □ 17	/ Y	үнү 2016	Y	
	City	State	Zip Code		Trans	acti	on ID :	C341037	9		
	Aurora	CO	80045-7106		Amount	of	Each R	eceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С					,	<b>-</b> - <b>-</b>	83	3.33	
	Name of Employer (for Individual) childrens hospital colorado / universi		upation (for Individual) sician - pediatric anesthesiologist		Me	emo	Item				
	Receipt For:		Year-to-Date ▼								
	Primary General	, iggi oguto									
	Other (specify)	L	499.98								
в.	Full Name of Individual (Last, First, Middle Initia Broussard, David, , , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 1514 Jefferson Hwy Anesthesia Department				м м 10	/	D D 17	/ Y	ү 2016	Y	
	City New Orleans	State LA	Zip Code 70121-2429					C340904			
			70121-2429		Amount	of	Each R	eceipt th	is Perio	d	_
	FEC ID number of contributing federal political committee.	C			<u> </u>		7	7	1000	0.00	
	Name of Employer (for Individual) Ochsner		upation (for Individual) sician Anesthesiologist		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 1000.00								
с.	Full Name of Individual (Last, First, Middle Initia Bruno, Natalie, K., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 356 Hudson Ave				<sup>M</sup> 10	/	D D 17	/ Y	2016	Y	
	City	State NY	Zip Code		Trans	acti	on ID :	C341038	3		
	Albany		12210-1804		Amount	of	Each R	eceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y		83	3.33	
	Name of Employer (for Individual) Albany Medical Center		upation (for Individual) sthesiologist		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		416.65								
s	UBTOTAL of Receipts This Page (optional)			.					1166	6.66	T
т	OTAL This Period (last page this line number or	וy)					,	-			

FOR LINE NUMBER:

PAGE 17 OF

175			Use separate schedule(s)	(ch	neck only	y or	ne)	L			
			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c 15	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	, contri	butio	ns
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committ	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Bryant, David, E., , M.D.	l) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 13737 Noel Rd Suite 1400				10 <sup>M</sup>	/	13	) / Y	2016		1
	City	State	Zip Code		Trans	act	ion ID :	C340691	1		
	Dallas	TX	75240-4908		Amount	t of	Each R	leceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С			<u> </u>			1 - AP-	100	00.00	
	Name of Employer (for Individual)		upation (for Individual)		M	emo	tem				
	Pinnacle Anes. Consultants Receipt For:		sthesiologist Year-to-Date ▼								
	Primary General	Aggregate		11							
	Other (specify) ▼		1000.00								
	Full Name of Individual (Last, First, Middle Initia Buckley, Jack, C, , M.D.	I) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 757 Westwood Plz Ste 3325				10 <sup>M</sup>	1	16	/ Y	2016		1
	City	State	Zip Code					C341035			
	Los Angeles	CA	90095-8358	_	Amount	t of	Each R	leceipt th	is Peri	od	_
	FEC ID number of contributing federal political committee.	С			Ľ.	_			4	41.67	
	Name of Employer (for Individual) UCLA		upation (for Individual) esthesiologist		M	emo	tem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.02	]							
	Full Name of Individual (Last, First, Middle Initia Burden, Amanda, R., , M.D.	l) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 1824 Pine Street				10 <sup>M</sup>	/	01	) / Y	2016		1
	City	State PA	Zip Code				-	C339858	-		
	Philadelphia		19103		Amount	t of	Each R	leceipt th	is Peri	od	_
	FEC ID number of contributing federal political committee.	С			Ľ.	_	9		100	00.00	
	Name of Employer (for Individual) Cooper University Hospital		upation (for Individual) sician Anesthesiologist		M	emo	o Item				
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify)		1000.00	]							
S	JBTOTAL of Receipts This Page (optional)								204	1.67	
	OTAL This Period (last page this line number or			• 			, .	,		-	

FOR LINE NUMBER:

PAGE 18 OF

IТ			(C	heck on	ly o	ne)	(check only one)								
11				r each category of the etailed Summary Page		<b>X</b> 11a 13		11b 14	11c		r	17			
	y information copied from such Reports and St for commercial purposes, other than using the					for the		rpose of	soliciting	g contr	ributic	ons			
	NAME OF COMMITTEE (In Full)														
	American Society of Anesthesio	-			e										
Α.	Full Name of Individual (Last, First, Middle Initi Burgess, Frederick, W., , M.D., Ph.D	al) or Full O	rgan	zation Name		Date o	of Re	eceipt							
	Mailing Address 569 Fruit Hill Ave					10 <sup>M</sup>	<b>'</b>	D 04	) / Y	ү 201	ү ү 6				
	City North Providence	State RI		Zip Code 02911	_				C339908 Receipt th		riod				
	FEC ID number of contributing federal political committee.	С				<u> </u>					83.34	ŀ			
	Name of Employer (for Individual) Providence VAMC		•	on (for Individual) iologist		M	lem	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 833.40											
В.	Full Name of Individual (Last, First, Middle Initi Calimlim, Jesus Robert, R., , M.D.	al) or Full O	rgan	zation Name		Date o	of Re	eceipt							
	Mailing Address 4583 Providence Rd.					10 <sup>M</sup>	1	D 11	) / Y	2016		]			
	City	State		Zip Code					C340458						
	Jamesville	NY		13078-9581	_	Amoun	it of	Each F	Receipt th	nis Per	iod				
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	-			83.33	3			
	Name of Employer (for Individual) Upstate Medical University		•	on (for Individual) siologist		M	lem	o Item							
	Receipt For:	Aggregate	Year	to-Date ▼ 833.34											
— C.	Full Name of Individual (Last, First, Middle Initi Campbell, Frederick, , , M.D.	al) or Full O	rgan	zation Name		Date o	of Re	eceipt							
	Mailing Address 4100 Park Forest Dr Ste 210					10 <sup>M</sup>		D 05		2016					
	City Traverse City	State MI		Zip Code 49684-7306					C339977	-	riod				
	FEC ID number of contributing federal political committee.	С				Ľ.		y :			83.33	3			
	Name of Employer (for Individual) Traverse Anesthesia Associates			on (for Individual) iologist		N	lem	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 433.32											
⊢	UBTOTAL of Receipts This Page (optional)				_			,	5	2	50.00				

FOR LINE NUMBER:

PAGE 19 OF

		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Society of Anesthes	iologists P	olitical Action Committ	ee
Full Name of Individual (Last, First, Middle Campese, Christopher, L., , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 8 Prospect Ave			10 09 2016
City Douglaston	State NY	Zip Code 11363-1113	Transaction ID : C3401715 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) North American Partners in Anesthesia		upation (for Individual) esthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middle <b>B.</b> Campise-Luther, Rose, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3729 N 101st St			10 / D D / Y Y Y Y 2016
City	State	Zip Code	Transaction ID : C3406552
Wauwatosa	WI	53222-2308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Medical College of Wisconsin		upation (for Individual) /sician	Memo Item
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary     General       Other (specify) ▼		1000.00	]
Full Name of Individual (Last, First, Middle C. Cao, Xiqing, Cathy, , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9116 Golden Angel Ct			10 / D D / Y Y Y Y 2016
City Boonsboro	State MD	Zip Code 21713-1867	Transaction ID : C3401687           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Medstar Washington Hospital Center		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 558.37	
SUBTOTAL of Receipts This Page (optional).			2041.67
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

PAGE 20 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         1 <sup>1</sup>							
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
American Society of Anesthes	siologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle Cao, Xiqing, Cathy, , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9116 Golden Angel Ct			M M / D D / Y Y Y Y 10 18 2016							
City Boonsboro	State MD	Zip Code 21713-1867	Transaction ID : C3411014 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		41.67							
Name of Employer (for Individual) Medstar Washington Hospital Center		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 558.37	]							
Full Name of Individual (Last, First, Middle 3. Carollo, Dominic, S., , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6511 Louis XIV St			10 / Y Y Y Y 10 03 2016							
City New Orleans	State LA	Zip Code 70124-3219	Transaction ID : C3398723 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Ochsner		upation (for Individual) rsician Anesthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 441.70	]							
Full Name of Individual (Last, First, Middle C. Carpenter, Tammy, R., , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8405 SW Power Ct.			10 18 2016							
City Portland	State OR	Zip Code 97225	Transaction ID : C3410791 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer (for Individual) Oregon Anesthesiology Group Receipt For:	Ane	upation (for Individual) sthesiologist	Memo Item							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1							
SUBTOTAL of Receipts This Page (optional)			583.34							
TOTAL This Period (last page this line numb	per only)									

FOR LINE NUMBER:

PAGE 21 OF

		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthe	siologists P	olitical Action Commit	ee
Full Name of Individual (Last, First, Middle Carroll, Thomas, R., , D.O.	Initial) or Full C	organization Name	Date of Receipt
Mailing Address E5055 Interlachen Blvd			M M / D D / Y Y Y Y Y 10 07 2016
City Eleva	State WI	Zip Code 54738	Transaction ID : C3401693 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) University of Iowa		upation (for Individual) ident physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name of Individual (Last, First, Middle B. Carstensen, Christine, R., , M.D.	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 411 Laurel, Ste. 3170			10 12 2016
City Des Moines	State IA	Zip Code 50314	Transaction ID : C3405645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) Medical Center Anesthesiologists		upation (for Individual) esthesiologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		250.02	]
Full Name of Individual (Last, First, Middle Cassady, Joseph, Frank, , JR	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1215 Pleasant St., #400			10 / D D / Y Y Y Y 10 03 2016
City Des Moines	State IA	Zip Code 50309-1418	Transaction ID : C3399289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Associated Anesthesiologists, P.C.		upation (for Individual) sician	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (optional)			1541.67
TOTAL This Period (last page this line numb	er only)		

FOR LINE NUMBER:

PAGE 22 OF

		Use separate schedule(s)	(check	(check only one)							
		for each category of the Detailed Summary Page	<b>X</b> 1	-	11b	110	;	12	<u> </u>		
Any information copied from such Reports and				the pi							
or for commercial purposes, other than using the	ie name and a	uuress of any political committee		conti	nonnai	S IFOM SI	ucn co	mmitte	ie.		
American Society of Anesthes	iologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle I A. Castro, Peter, L., , M.D.	nitial) or Full C	rganization Name	Dat	e of F	Receipt						
Mailing Address 2910 17th Street			M	10 <sup>M</sup>	/ D			016	Y		
City Boulder	State CO	Zip Code 80304				D : C3399		Period	_		
FEC ID number of contributing federal political committee.	С			_	-g=-			41.6	7		
Name of Employer (for Individual) Boulder Valley Anesthesiology		upation (for Individual) sician		Men	no Iterr	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03	1								
Full Name of Individual (Last, First, Middle I B. Chamberlin, Keith, J., , M.D., M.B.	nitial) or Full C	rganization Name	Dat	e of F	Receipt						
Mailing Address 540 San Pedro Cove			M	™ 10	/ D	D / D1		)16	Ŷ		
City San Rafael	State CA	Zip Code 94901-1434				) : C3398 Receipt		Period	_		
FEC ID number of contributing federal political committee.	С				-			1000.0	0		
Name of Employer (for Individual) Chamberlin Health Care Consulting Grou		upation (for Individual) esthesiologist		Mer	no Item	ו					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary     General       Other (specify) ▼		1000.00	1								
Full Name of Individual (Last, First, Middle I Champeau, Michael, , , M.D.	nitial) or Full C	rganization Name	Dat	e of F	Receipt						
Mailing Address 2600 El Camino Real Suite 206	01-1			10 <sup>M</sup>	(	04 /	20	)16 )	Y		
City Palo Alto	State CA	Zip Code 94306				D : C3399		Period			
FEC ID number of contributing federal political committee.	С				y			1000.0	0		
Name of Employer (for Individual) Associated Anesthesiologists Medical G		upation (for Individual) sthesiologist		Mer	no Item	ו					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00	1								
SUBTOTAL of Receipts This Page (optional)					<i>y</i>	,		2041.6	7		
TOTAL This Period (last page this line numbe	r only)				-						

FOR LINE NUMBER:

PAGE 23 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anes	thesiologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, M Chapman, Niels, N., , M.D.	iddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1538 Eagle Ridge Pl.,	N.E.		10 05 2016								
City Albuquerque	State NM	Zip Code 87122-1154	Transaction ID : C3399765 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) University of New Mexico		upation (for Individual) esthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1016.67	1								
Tull Name of Individual (Last Time) A		, , , , , , , , , , , , , , , , , , ,									
Full Name of Individual (Last, First, M <b>B.</b> Chapman, Niels, N., , M.D.	iddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1538 Eagle Ridge Pl.,			10 / Y Y Y Y 10 05 2016								
City Albuquerque	State	Zip Code 87122-1154	Transaction ID : C3399766 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		16.67								
Name of Employer (for Individual) University of New Mexico		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	—								
Primary General Other (specify) ▼		1016.67	]								
Full Name of Individual (Last, First, M C. Chase, Charles, J., , D.O.	iddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 2065 Venetian Way			10 / Y Y Y Y 10 01 2016								
City Winter Park	State FL	Zip Code 32789-1216	Transaction ID : C3398559 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer (for Individual) Sheridan		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]								
SUBTOTAL of Receipts This Page (opti	onal)		2016.67								
TOTAL This Period (last page this line	number only)										

FOR LINE NUMBER:

PAGE 24 OF

	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17										
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
American Society of Anesthe	esiologists P	olitical Action Commit	ee										
Full Name of Individual (Last, First, Middl Choi, Alexander, S., , M.D., M.P.	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3203 Wildlife Trail													
City Zionsville	State IN	Zip Code 46077											
FEC ID number of contributing federal political committee.	С		1000.00										
Name of Employer (for Individual) Anesthesia Consultants of Indianapolis		upation (for Individual) sthesiologist	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	]										
Full Name of Individual (Last, First, Middl	e Initial) or Full O	rganization Name	Data of Dessist										
B. Chung, Hyuk, , , M.D. Mailing Address 415 E. North Water St Apt 2604			Date of Receipt										
City	State	Zip Code	Transaction ID : C3405643										
Chicago	IL	60611	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		83.33										
Name of Employer (for Individual) MAP		upation (for Individual) rsician	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		583.31	]										
Full Name of Individual (Last, First, Middl C. Cintron, C., A., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 6225 N State Hwy 161 Suite 200			10 / D D / Y Y Y Y 10 18 2016										
City Irving	State TX	Zip Code 75038	Transaction ID : C3410996           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		500.00										
Name of Employer (for Individual) NorthStar Anesthesia		upation (for Individual) ional CMO	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]										
SUBTOTAL of Receipts This Page (optiona	۲ ۱)		1583.33										
TOTAL This Period (last page this line num	ber only)												

FOR LINE NUMBER:

PAGE 25 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	1									
		for each category of the Detailed Summary Page		1b 11c	12	47							
Any information copied from such Reports a or for commercial purposes, other than usir			erson for the purpos	se of soliciting									
NAME OF COMMITTEE (In Full)													
American Society of Anesth	esiologists P	olitical Action Commit	e										
Full Name of Individual (Last, First, Midc A. Clark, Randall, M., , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 21 Hyde Park Circle			10 <sup>M</sup>	D D / Y 06	у у 2016	Y							
City Denver	State CO	Zip Code 80209-3533		Transaction ID : C3400907 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				1000.0	0							
Name of Employer (for Individual) University of Colorado		upation (for Individual) sthesiologist	Memo It	em									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
Full Name of Individual (Last, First, Mide Coffman, Traci, L., , M.D.	lle Initial) or Full O	rganization Name	Date of Rece	·									
Mailing Address 2003 Day St	Ctoto	Zin Code	10	10 12 2016									
City Ann Arbor	State MI	Zip Code 48104-3605		<b>ID : C340462</b> ach Receipt th									
FEC ID number of contributing federal political committee.	С		41.67										
Name of Employer (for Individual) 2006 Hogback Rd	Occi MD	upation (for Individual)	Memo It	em									
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		583.38											
Full Name of Individual (Last, First, Mide Cohen, Norman, A., , M.D.		rganization Name	Date of Rece	ipt									
Mailing Address 0841 SW Gaines St Unit	1		10	09	2016	Y							
City Portland	State OR	Zip Code 97239-3101		n ID : C340170 ach Receipt th									
FEC ID number of contributing federal political committee.	С			,	500.0	0							
Name of Employer (for Individual) Oregon Health and Science University		upation (for Individual) sthesiologist	Memo It	iem									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00											
SUBTOTAL of Receipts This Page (option	al)		,	,	1541.6	7							
TOTAL This Period (last page this line nu	mber only)												

FOR LINE NUMBER:

PAGE 26 OF

177			Use separate schedule(s)	(ch	eck only	y or	ne)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a 13		11b 14	11c	12	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions					
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee											
Α.	Full Name of Individual (Last, First, Middle Initia Cole, Daniel, J., , M.D.	ll) or Full O	rganization Name	Date of Receipt											
	Mailing Address 757 Westwood Plz Ste 3325				10 12 2016										
	Department of Anesthesiology City	State	Zip Code	_	Transaction ID : C3405632       Amount of Each Receipt this Period										
	Los Angeles	CA	90095-8358												
	FEC ID number of contributing federal political committee.	С			[.			-	1000.	00					
	Name of Employer (for Individual) University of California at Los Angele		upation (for Individual) sician		Me	emo	ttem								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>												
	Other (specify) ▼		1000.00												
	Full Name of Individual (Last, First, Middle Initia Colombo, James, A., , M.D.	l) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address 1775 Dempster St			10 / D D / Y Y Y Y 10 16 2016											
	City	State	Zip Code 60068-1143					C341035							
	Park Ridge	IL	_	Amount	of	Each F	Receipt th	is Period							
	FEC ID number of contributing federal political committee.	С			83.33										
	Name of Employer (for Individual) Midwest Anesthesia Partners	Occupation (for Individual) Physician			Me	emo	b Item								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		, 499.98												
	Full Name of Individual (Last, First, Middle Initia Conklin, Lori, , , M.D.	l) or Full O	rganization Name		Date of	Re	eceipt								
	Mailing Address PO Box 800710				<sup>M</sup> 10	/	05		y y 2016	Y					
	City Charlottesville	State VA	Zip Code 22908-0710	_				C339976	54 is Period	_					
	FEC ID number of contributing federal political committee.	С				. 01			1000.						
	Name of Employer (for Individual) University of Virginia		upation (for Individual) sician	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00												
S	UBTOTAL of Receipts This Page (optional)		······	•			<b>y</b>	, ,	2083.	33					
т	OTAL This Period (last page this line number or	ıly)	••••••	•				-							

FOR LINE NUMBER:

PAGE 27 OF

	-	Use separate schedule(s)				(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17							
Any information copied from such Reports a or for commercial purposes, other than usin				for the p		oose of										
NAME OF COMMITTEE (In Full)	-															
American Society of Anesth	esiologists P	olitical Action Committ	ee													
Full Name of Individual (Last, First, Midd A. Cook, Christopher, R., , D.O.		rganization Name		Date of	Re	ceipt										
Mailing Address 1111 N Lee Ave Ste 236 401 W. 15th Ste 990				10 <sup>M</sup>	/	D D D 04	) / Y	ү ү 2016	Y							
City Oklahoma City	State OK	Zip Code 73103-2620	Transaction ID : C3399299 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period													
Name of Employer (for Individual) Anesthesia Associates		upation (for Individual) sthesiologist		Me	emo	Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	1													
Full Name of Individual (Last, First, Midd B. Cottrell, William, M., , M.D.	le Initial) or Full O	rganization Name		Date of	Re	ceipt										
Mailing Address 758 Williamsburg Dr.	1-		10 / D / 2016													
City	State NC	Zip Code				-	C339847	-								
	INC.	NC 28025					Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	C				500.00										
Name of Employer (for Individual) NAPS		Occupation (for Individual) physician			emo	Item										
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify) ▼		500.00	1													
Full Name of Individual (Last, First, Midd C. Cowles, Charles, E., , M.D.	le Initial) or Full O	rganization Name		Date of	Re	ceipt										
Mailing Address 3419 Cactus Branch Ct				10 <sup>M</sup>	/	04		2016	Y							
City Houston	State TX	Zip Code 77059-3309					C339930 Receipt th	<b>00</b> nis Period								
FEC ID number of contributing federal political committee.	C					9	. ,	250.	00							
Name of Employer (for Individual) MD Anderson Cancer Center		upation (for Individual) sician		Me	emo	Item										
Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 250.00														
SUBTOTAL of Receipts This Page (optional	al)		•			7	. ,	1750.	00							
TOTAL This Period (last page this line nur	nber only)		•			-	1 m									

FOR LINE NUMBER:

PAGE 28 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·								
American Society of Anesthesi	ologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle In Cox, Jerral, W., , M.D.	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address Pediatric Anesthesia											
1600 7th Ave. S., Suite #420 City	State	Zip Code	10 02 2016 Transaction ID : C3398600								
Birmingham	AL	35233	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Pediatric Aneshtesia Associates	Ane	esthesiologist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		500.00	1								
			1								
Full Name of Individual (Last, First, Middle II	nitial) or Full C	organization Name									
B. Culp, Kimberley, E., , M.D.			Date of Receipt								
Mailing Address W6025 Rim of the City Rd			10 19 2016								
City	State	Zip Code	Transaction ID : C3411660								
La Crosse	WI	54601-3040	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) Gundersen Health Systems		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		375.03	]								
Full Name of Individual (Last, First, Middle II C. Cunningham, Jay, D., , D.O.	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 18808 Saddle River Dr			10 / D D / Y Y Y Y 10 19 2016								
City Edmond	State OK	Zip Code 73012-4104	Transaction ID : C3411648 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) Affiliated Anesthesiologist Inc		upation (for Individual) sician	Memo Item								
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify)		916.67	]								
SUBTOTAL of Receipts This Page (optional)			625.00								
TOTAL This Period (last page this line numbe	r only)										

FOR LINE NUMBER:

PAGE 29 OF

	-	Use separate schedule(s)	(che										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12					
Any information copied from such Reports a or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)	g the hame and a					ulions	ITOTT SUC						
American Society of Anesthe	esiologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Middl Cunningham, Jay, D., , D.O.	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 18808 Saddle River Dr			Model       10       19       2016         Transaction ID : C3411649         Amount of Each Receipt this Period										
City Edmond	State OK	Zip Code 73012-4104											
FEC ID number of contributing federal political committee.	С			_				83.3	33				
Name of Employer (for Individual) Affiliated Anesthesiologist Inc		upation (for Individual) sician		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.67	]										
Full Name of Individual (Last, First, Middl B. Dajani, Khaled, , , M.D.	e Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address 6911 Colbert St							D / Y	y y 2016	Y				
City New Orleans	State LA	Zip Code 70124-2333					C34116	59 nis Period					
FEC ID number of contributing federal political committee.	С	C				83.33							
Name of Employer (for Individual) Ochsner		Occupation (for Individual) Physician			emo	Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Primary General Other (specify) ▼		362.51	]										
Full Name of Individual (Last, First, Middl C. Daste, Casey, L., , M.D.	e Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address 405 S Vermont St				<sup>™</sup> 10	/	D 01		2016	Y				
City Covington	State LA	Zip Code 70433-3558	A			-	<b>C33990</b> Receipt th	43 his Period					
FEC ID number of contributing federal political committee.	С					y .	y	30.	00				
Name of Employer (for Individual) Ochsner		upation (for Individual) sthesiologist		Me	emo	Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]										
SUBTOTAL of Receipts This Page (optiona	l)		. [			, .	. ,	196.0	66				
TOTAL This Period (last page this line num	ber only)						1.40						

FOR LINE NUMBER:

PAGE 30 OF

		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 11										
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
American Society of Anesthes	siologists P	olitical Action Commit	tee										
Full Name of Individual (Last, First, Middle Davila, Victor, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 4400 Kipling Rd			10 14 Y Y Y Y 2016										
City Columbus	State OH	Zip Code 43220	Transaction ID : C3407729           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		83.33										
Name of Employer (for Individual) The Ohio State University		upation (for Individual) esthesiologist	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30											
Full Name of Individual (Last, First, Middle B. de Lanzac, Kraig, S., , M.D.	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 12 Tara Pl			10 / D / Y Y Y Y 2016										
City	State	Zip Code	Transaction ID : C3398633										
Metairie	LA	70002-1559	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		83.33										
Name of Employer (for Individual) self		upation (for Individual) sician	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1083.34	]										
Full Name of Individual (Last, First, Middle C. DelCampo, Louis, Joseph, , M.I		rganization Name	Date of Receipt										
Mailing Address 1101 W. Jackson St SW			10 / D D / Y Y Y Y 10 06 2016										
City Gravette	State AR	Zip Code 72736	Transaction ID : C3401267 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		83.33										
Name of Employer (for Individual) Ozarks Community Hospital		upation (for Individual) sthesiologist/ Pain Management	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 541.66	]										
SUBTOTAL of Receipts This Page (optional).			249.99										
TOTAL This Period (last page this line numb	er only)												

FOR LINE NUMBER:

PAGE 31 OF

	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12										
			13     14     15     16     1       person for the purpose of soliciting contributions et to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	0												
angle American Society of Anes	thesiologists P	olitical Action Commit	tee										
Full Name of Individual (Last, First, M Delph, Matthew, C., , M.D.	liddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 34 Mossy Oak Dr			10 / D / Y Y Y Y 2016										
City Winfield	State WV	Zip Code 25213	Transaction ID : C3399057 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		41.67										
Name of Employer (for Individual) General Anesthesia Services		upation (for Individual) sthesiologist	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 516.70	]										
Full Name of Individual (Last, First, M B. DeMeester, James, S., , M.D		rganization Name	Date of Receipt										
Mailing Address 795 Arlington Blvd			10 16 2016										
City Ann Arbor	State MI	Zip Code 48104-2727	Transaction ID : C3408336 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		41.67										
Name of Employer (for Individual) Anesthesia associates of Ann Arbor		upation (for Individual) esthesiologist	Memo Item										
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary     General       Other (specify) ▼		666.70	]										
Full Name of Individual (Last, First, M Dentz, Mark, E., , M.D.	liddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1422 Willowbrooke C	1		10 / D D / Y Y Y Y 10 19 2016										
City Franklin	State TN	Zip Code 37069	Transaction ID : C3411655           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		41.67										
Name of Employer (for Individual) AMG		upation (for Individual) sthesiologist	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.02	]										
SUBTOTAL of Receipts This Page (opt	ional)		125.01										
TOTAL This Period (last page this line	number only)												

FOR LINE NUMBER:

PAGE 32 OF

		Use separate schedule(s)				(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
Any information copied from such Reports and or for commercial purposes, other than using t												
· · · · · · ·				JIL COL	and	ulions	nom suc					
American Society of Anesthes	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle <b>Deshur, Mark</b> , , , M.D.	Initial) or Full C	rganization Name	D	ate of	Re	ceipt						
Mailing Address 2650 Ridge Ave				10 01 / Y Y Y Y 2016								
City Evanston	State IL	Zip Code 60201-1718					<b>: C33984</b> Receipt tl	76 his Period	_			
FEC ID number of contributing federal political committee.	C					<b>y</b>		250.	00			
Name of Employer (for Individual) NorthShore		upation (for Individual) sthesiologist		Me	emo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
Full Name of Individual (Last, First, Middle B. Diez, Christian, , , M.D.	Initial) or Full C	rganization Name		ate of	Po	coint						
Mailing Address 7915 SW 55 Avenue			_	10	/	11		2016	Y			
City Miami	State FL	Zip Code 33143					C34045					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 83.33										
Name of Employer (for Individual) University of Miami		Occupation (for Individual) Physician			emo	Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		249.99	]									
Full Name of Individual (Last, First, Middle C. Dillman, Dawn, , , M.D.	Initial) or Full C	rganization Name	D	ate of	Re	ceipt						
Mailing Address 3181 SW Sam Jackson Par Dept. of Anesthesia, Mail C	ode UHS		44	10 <sup>M</sup>	/	D 18	3	2016	Y			
City Portland	State OR	Zip Code 97239-3011					: C34107 Receipt tl	' <b>93</b> his Period				
FEC ID number of contributing federal political committee.	С		ļ			y .	y	250.	00			
Name of Employer (for Individual) Oregon Health & Science University	Ane	upation (for Individual) sthesiologist		Me	emo	Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]									
SUBTOTAL of Receipts This Page (optional).						, .	. ,	583.	33			
TOTAL This Period (last page this line number	er only)		Γ									

#### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

FOR LINE NUMBER:

PAGE 33 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck onl	y or	ne)						
111			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12		17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the		pose of	soliciting	g contrib	utions	17		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiolo	ogists Po	olitical Action Committe	e									
A.	Full Name of Individual (Last, First, Middle Initia Dobson, Christopher, E., , M.D.	) or Full O	Organization Name	Date of Receipt									
	Mailing Address 567 Estates PI.												
	City Longwood	State FL	Zip Code 32779-2857	Transaction ID : C3398874 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						-	500	0.00			
	Name of Employer (for Individual) USAP		upation (for Individual) sthesiologist		Μ	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
B.	Full Name of Individual (Last, First, Middle Initia Dodds, Thomas, M., , M.D.	) or Full O	Organization Name		Date of	f Re	eceipt						
	Mailing Address 1 Medical Center Dr Department of Anesthesiology			10 / D D / Y Y Y Y 2016									
	City Lebanon	State NH	Zip Code 03756-1000					C33991 Receipt th	<b>49</b> his Perio	d			
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) Dartmouth Hitchcock Clinic	Occu Phys		Μ	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
С.	Full Name of Individual (Last, First, Middle Initia Dolan, Patrick, , , M.D.	) or Full O	Organization Name		Date of	f Re	eceipt						
	Mailing Address PO Box 410914	1			<sup>M</sup> 10	/	04		2016 Y	Y			
	City Saint Louis	State MO	Zip Code 63141-0914	A			-	C33993 Receipt th	08 nis Perio	d			
	FEC ID number of contributing federal political committee.	С			_		y .		500	0.00			
	Name of Employer (for Individual) Western Anesthesiology Assoc.		upation (for Individual) sician	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
s	UBTOTAL of Receipts This Page (optional)		••••••	[			, .		1250	.00	]		
т	OTAL This Period (last page this line number on	ly)	•								]		

FOR LINE NUMBER:

PAGE 34 OF

IT.			Use separate schedule(s)	(ch	eck onl	у ог	ne)							
11			for each category of the Detailed Summary Page		<b>4</b> 11a 13		11b 14	11c		2	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of			ributic				
5.	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesio	logists P	olitical Action Committ	ee										
Α.	Full Name of Individual (Last, First, Middle Initi Domino, Karen, B., , M.D., M.P.	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address Department of Anesthesiology 1959 NE Pacific St # 356540				10 / D D / Y Y Y Y 2016									
	City Seattle	State WA	Zip Code 98195-0001					C34009		riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>			7	5	500.00	)			
	Name of Employer (for Individual)		upation (for Individual) essor		М	emo	tem Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]										
в.	Full Name of Individual (Last, First, Middle Initi Donovan, Matthew, , , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 3333 Evergreen Drive N.E.			10 / D D / Y Y Y Y 10 08 2016										
	City	State	Zip Code 49525-9756					C340168						
	Grand Rapids	MI	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C			50.00									
	Name of Employer (for Individual) Anesthesia Practice Consultants, P.C.		upation (for Individual) esthesiologist		M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
с.	Full Name of Individual (Last, First, Middle Initi Doyle, John, J., , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 128 Sea Hammock Way				<sup>M</sup> 10	/	D 17		2016					
	City Ponte Vedra Beach	State FL	Zip Code 32082					C34103 Receipt th		riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>y</u>	. ,		41.67	,			
	Name of Employer (for Individual) Medical Anesthesia Professionals		upation (for Individual) sthesiologist		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	]										
s	UBTOTAL of Receipts This Page (optional)			•			<b>,</b>	7	5	91.67	,			
т	OTAL This Period (last page this line number of	only)		•						-				

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

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X	11a		-	1b		11c		12			
	y information copied from such Reports and Stat for commercial purposes, other than using the n									se of							
5.	NAME OF COMMITTEE (In Full)						00			2.10							
$\left \right\rangle$	American Society of Anesthesiolo	ogists P	olit	ical Action Committe	e												
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dozier, Heather, J., , M.D.					Date of Receipt											
	Mailing Address 3155 N Point Pkwy					M = M / D = D / Y = Y = Y = Y											
	Suite 100, Building F						10	J.	L	19			20	016			
	City	State Zip Code					Transaction ID : C3411220										
	Alpharetta	GA		30005-5481	_	A	moun	t of	Ea	ach F	Rec	eipt th	nis P	Period			
	FEC ID number of contributing federal political committee.	С									83.	34					
	Name of Employer (for Individual) Northside Anes Consultants LLC		•	ion (for Individual) siologist	Memo Item												
	Receipt For: Aggregate Year-to-Date ▼																
	Primary General Other (specify) ▼		-	833.40													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dozier, William, M., , M.D.						ate o	f Re	ece	eipt							
	Mailing Address 547 Linwood Ave. NE						10 05 2016										
	City	State		Zip Code		-	Trans	acti	ior	D:	СЗ	39951	12				
	Atlanta	GA		30306-4424		A	moun	t of	Ea	ach F	Rec	eipt th	nis P	eriod			
	FEC ID number of contributing federal political committee.							41.67									
	Name of Employer (for Individual)Occupation (for Individual)American AnesthesiologyPhysician						М	emo	o It	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70															
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Draughon, Dustin, C., , M.D.						ate o	f Re	ece	eipt							
	Mailing Address 619 S 19th St Dept of Anes	Dept of Anes						10 03 2016									
	City	State		Zip Code								3990					
	Birmingham	AL		35249-6810		A	moun	t of	Ea	ach F	Rec	eipt th	nis P	Period			
	FEC ID number of contributing federal political committee.	C							,			y		41.	67		
	Name of Employer (for Individual) UAB	Occupation (for Individual) Resident						lemo	o li	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 375.03	]												
⊢	UBTOTAL of Receipts This Page (optional)					[	-		,		-	, ,		166.	68		

FOR LINE NUMBER:

PAGE 36 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)													
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17						
	ny information copied from such Reports and S for commercial purposes, other than using the				or the		pose of		g con	tributi							
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,														
	American Society of Anesthesic	ologists P	olitical Action Committ	ee													
Α.	Full Name of Individual (Last, First, Middle Init Dubuisson, Nancy, L., , M.D.	tial) or Full O	) or Full Organization Name				Date of Receipt										
	Mailing Address 321 Worth Ave		M M / D D / Y Y Y Y 10 14 2016														
	City Lafayette	State LA	Zip Code 70508-6040	Transaction ID : C340773 Amount of Each Receipt th						əriod							
	FEC ID number of contributing federal political committee.	С		_					83.3	3							
	Name of Employer (for Individual) Parish Management Consultants		upation (for Individual) sthesiologist		Μ	emo	o Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.64	1													
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Duffy, Michael, , , M.D.						eceipt										
	Mailing Address 736 Irving Ave		м м 10	/	10		201	16 16	Y								
	City	State	Zip Code		Trans	act	ion ID :	C34017	38								
	Syracuse	NY	13210-1687	A	Amount	t of	Each F	Receipt th	nis Pe	əriod							
	FEC ID number of contributing federal political committee.	С			1000.00												
	Name of Employer (for Individual) cny anesthesia group		Memo Item														
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]													
<u></u> с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dunbar, Peter, , , M.B., Ch.B.						eceipt										
	Mailing Address 7116 82nd Ave SE						10 11 2016										
	City Mercer Island	State WA	Zip Code 98040-5335	A				<b>C34025</b> Receipt th		əriod							
	FEC ID number of contributing federal political committee.	ů l								500.0	0						
	Name of Employer (for Individual) University of Washington	upation (for Individual) sthesiologist		M	emo	o Item											
	Receipt For: Primary General Other (specify)	Aggregate	]														
s	UBTOTAL of Receipts This Page (optional)				_		,	, ,	1:	583.3	3						
Т	OTAL This Period (last page this line number	only)						-									
FOR LINE NUMBER:

PAGE 37 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and a or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American Society of Anesthesi	ologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle Ir Dupont, Cedric, , , M.D.	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8140 N MO Pac Expy Ste 3-2	210		10 / D D / Y Y Y Y Y 10 11 2016							
City Austin	State TX	Zip Code 78759-8862	Transaction ID : C3404609           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) Mednax		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 716.29	]							
Full Name of Individual (Last, First, Middle Ir B. Dutton, Richard, P., , M.D., M.B.	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7040 Lupton Drive AQI Department			10 / D D / Y Y Y Y 2016							
City Dallas	State TX	Zip Code 75225	Transaction ID : C3398591 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) United States Anesthesia Partners		upation (for Individual) ef Quality Officer	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00								
Full Name of Individual (Last, First, Middle Ir c. Elmassian, Kenneth, , , D.O.	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2399 Pine Hollow Dr.			M M / D D / Y Y Y Y 10 02 2016							
City East Lansing	State MI	Zip Code 48823	Transaction ID : C3398622 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) Capital Area Anesthesia		upation (for Individual) sician Anesthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 933.34								
SUBTOTAL of Receipts This Page (optional)			1166.66							
TOTAL This Period (last page this line number	r only)									

FOR LINE NUMBER:

PAGE 38 OF

IT.			Use separate schedule(s)	(cł	neck onl	уо	ne)					
			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b	11c 15		2	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons	
$\setminus$	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesiol			ee								
Α.	Full Name of Individual (Last, First, Middle Initi Elmassian, MSN, CPSN, Georgia, , ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address 2399 Pine Hollow Dr.	1-			10 02 2016 Transaction ID : C3398623							
	City East Lansing	State MI	Zip Code 48823					C339862 leceipt th		riod		
	FEC ID number of contributing federal political committee.	С			<u> </u>					41.67	7	
	Name of Employer (for Individual) KEGE Consulting, PC		upation (for Individual) Icator		М	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date ▼ 241.67									
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name									
Β.	Engels, Emil, D., , M.D., M.B.				Date o	f Re	eceipt					
	Mailing Address 3127 Windsong Dr	Chata	Zin Oode	10 / 12 / 2016 Transaction ID : C3405660								
	City Oakton	State VA	Zip Code 22124-1832	-						riad		
	FEC ID number of contributing federal political committee.	C			Amoun			eceipt th	lis Pei	41.67	7	
	Name of Employer (for Individual) Mednax		upation (for Individual) esthesiologist		М	emo	o Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) V	L	416.67									
с.	Full Name of Individual (Last, First, Middle Initi Epstein, Jay, H., , M.D.	al) or Full O	Organization Name		Date o	f Re	eceipt					
	Mailing Address 7358 Sawgrass Point Dr				<sup>M</sup> 10		02	JL	201			
	City Pinellas Park	State FL	Zip Code 33782-4204				-	C339862 leceipt th	-	riod		
	FEC ID number of contributing federal political committee.	С			Ē		y	, , ,	5	500.00	)	
	Name of Employer (for Individual) GFA		upation (for Individual) sthesiologist		M	lem	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.00									
⊢	UBTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , ,	• -			y		5	83.34		

FOR LINE NUMBER:

PAGE 39 OF

171			Use separate schedule(s)	(ch	eck only	or or	ne)					
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12			
An	y information copied from such Reports and Sta	itements ma	ay not be sold or used by any pe	erson	13 for the p	pur	14 pose of	15 f soliciting	16 contribut	ions		
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	to so	olicit con	itrib	utions	from such	n committe	96.		
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	ee								
Α.	Full Name of Individual (Last, First, Middle Initia Epstein, Lawrence, , , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1 Gustave L Levy PI Anes. Depr Department of Anesthesiology				10 / D D / Y Y Y Y 2016							
	City New York	State NY	Zip Code 10029-6504	Transaction ID : C3401275 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							83.3	33		
	Name of Employer (for Individual) Icahn School Of Medicine @ Mt Sinai		upation (for Individual) sician		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.34									
R	Full Name of Individual (Last, First, Middle Initia Erickson, John, P., , M.D.	al) or Full O	rganization Name		Date of	Re	ceint					
	Mailing Address 1008 Fair Oaks Ave				10 <sup>M</sup>	/	02		y y 2016	Y		
	City Oak Park	State IL					C339862 Receipt th					
	FEC ID number of contributing federal political committee.	С	60302-1338			U			1000.0	00		
	Name of Employer (for Individual) U of Chicago		upation (for Individual) cher	_	Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
С.	Full Name of Individual (Last, First, Middle Initia Espinosa, Monique, , , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address PO Box 16370 Anes. Dept.				<sup>M</sup> 10	/	08		2016	Y		
	City Miami	State FL	Zip Code 33101					: C340168 Receipt th				
	FEC ID number of contributing federal political committee.	С					,	,	83.3	34		
	Name of Employer (for Individual) University of Miami		upation (for Individual) sthesiologist		Me	emc	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.40									
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	1166.6	67		
т	OTAL This Period (last page this line number or	וy)		-			<del>.</del>	- <b>T</b>				

FOR LINE NUMBER:

PAGE 40 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck onl	у ог	ne)	L			
11	LIVIIZED REGEIFIJ		for each category of the Detailed Summary Page		¥ 11a 13		11b	11c 15		2 6 [	17
	ny information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ributic	ons
	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesio	logists P	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Init Evans, David, H., , M.D.	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 13 Woodmere Drive				10 <sup>M</sup>	01 2016					
	City Dothan	State AL	Zip Code 36305	_				C339854 eceipt th		riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		5	00.00	)
	Name of Employer (for Individual) SAMC		upation (for Individual) onic Pain Management		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
–	Full Name of Individual (Last, First, Middle Init Evans, James, , , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceint				
0.	Mailing Address 2302 Kingsmill Cir		10 / Y Y Y Y 2016								
	City	State	Zip Code		Trans	acti	ion ID :	C339860	)4		
	Tyler	TX		Amoun	t of	Each R	eceipt th	is Per	riod		
	FEC ID number of contributing federal political committee.	С								50.00	)
	Name of Employer (for Individual) Trinity Clinic Anesthesia		upation (for Individual) esthesiologist		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Evans, John, E., , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 59 Aquinas St				10 <sup>M</sup>	/	D D D 18	/ Y	2016		
	City Lake Oswego	State OR	Zip Code 97035-2330					C341079 eceipt th		riod	_
	FEC ID number of contributing federal political committee.	С			<u> </u>		, . ,	- -		00.00	)
	Name of Employer (for Individual) oag		upation (for Individual) sician		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
s	UBTOTAL of Receipts This Page (optional)		•••••			_	, . , .		10	50.00	)
T	OTAL This Period (last page this line number of	only)	····· •							- 10	

FOR LINE NUMBER:

PAGE 41 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	neck onl	у о	ne)	L			
11			for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c		2	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists Po	olitical Action Committe	ee							
<u>∠</u> А.	Full Name of Individual (Last, First, Middle Init Fairbanks, Stacy, L., , M.D.	tial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 12631 E 17th Ave				м м 10	/	D D D 03	) / Y	y 201	16	Ý
	City Aurora	State CO	Zip Code 80045					C339887		riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		1	100.00	0
	Name of Employer (for Individual) University of Colorado Denver		upation (for Individual) sthesiologist		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]							
B.	Full Name of Individual (Last, First, Middle Init Fant, George, E., , M.D.	tial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address P.O. Box 8305	State	Zip Code		10 <sup>M</sup>		11	J L	201	6	ŕ
	Gadsden	AL	35902-8305					C340459 leceipt th		riod	
	FEC ID number of contributing federal political committee.	С					7			83.3	3
	Name of Employer (for Individual) Anesthesia Associates P. A.		upation (for Individual) esthesiologist		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	]							
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Fazzone, Anthony, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 44 S Main St				<sup>M</sup> 10	/	01	) / Y	201		Y
	City Randolph	State VT	Zip Code 05060-1381				-	C33985	-	riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, <u>,</u>	3	300.00	0
	Name of Employer (for Individual) Gifford Medical Center Receipt For:	Anes	upation (for Individual) sthesiologist		M	emo	o Item				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			• -			, . , .	, y	4	183.33	3

#### SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 42 OF

			Use separate schedule(s)	(cl	neck only	y or	ne)			
	IZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12	
	ormation copied from such Reports and Stat commercial purposes, other than using the n									
· · · · · ·	AE OF COMMITTEE (In Full)								I COMMIN	
	nerican Society of Anesthesiolo	ogists Po	olitical Action Commi	ttee						
	Name of Individual (Last, First, Middle Initial cher, Gregory, W., , M.D.	l) or Full Or	Organization Name		Date of	f Re	eceipt			
Mail	ing Address 183 Cat Rock Rd P.O. Box 1010				м м 10	1	D D D 10	/ Y	ү ү 2016	Ŷ
City Cos	Cob	State CT	Zip Code 06807-1202					C340174 eceipt th		1
	ID number of contributing ral political committee.	С							83	.33
men	ne of Employer (for Individual) norial Sloan Kettering Cancer Center		upation (for Individual) esthesiologist		M	emo	tem			
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.34							
	Name of Individual (Last, First, Middle Initial ch, Jane C.K., , , M.D.	l) or Full Or	Organization Name		Date of	f Re	eceipt			
	ing Address 750 NE 13th Street, #200 Dept of Anes	1			M M 10	/	D D 18	/ Y	2016	Y
City	ahoma City	State OK	Zip Code 73104-5024	_				C341079		4
FEC	ID number of contributing ral political committee.	C	73104-3024		Amoun			eceipt th	1000	_
	ne of Employer (for Individual) homa Allergy Clinic		upation (for Individual) esthesiologist		M	emo	tem			
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
	Name of Individual (Last, First, Middle Initial	l) or Full Or	Organization Name		Date of	f Re	eceipt			
	ing Address 6808 Stone Mill Dr				м м 10	/	12	/ Y	2016	Ŷ
City Kno	oxville	State TN	Zip Code 37919-7496					C340462 eceipt th		1
	ID number of contributing ral political committee.	С			<u> </u>		, .		83	.34
Univ	e of Employer (for Individual) versity Anesthesiologists		upation (for Individual) sthesiologist		M	emc	tem Item			
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.40							
SUBT	OTAL of Receipts This Page (optional)			•			,	,	1166	.67
тота	L This Period (last page this line number on	ly)		•			-			

FOR LINE NUMBER:

PAGE 43 OF

	-	Use separate schedule(s)	(check only or	ne)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b 11c	12						
Any information copied from such Reports a or for commercial purposes, other than usir											
NAME OF COMMITTEE (In Full)	ig the name and a	doress of any political committee				<u>e.</u>					
American Society of Anesth	esiologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Mide <b>A</b> . Fontenot, Jason, P., , M.D.	lle Initial) or Full C	rganization Name	Date of Re	eceipt							
Mailing Address 2832 Woodhaven Drive			10 <sup>M</sup>	10 02 2016							
City Opelousas	State LA	Zip Code 70570		ion ID : C339906 Each Receipt th							
FEC ID number of contributing federal political committee.	С				83.3	3					
Name of Employer (for Individual) Anesthesia Associates of Opelousas		upation (for Individual) esthesiologist	Memo	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99									
Full Name of Individual (Last, First, Mido B. Frame, William, A., , M.D.	lle Initial) or Full C	rganization Name	Date of Re	eceipt							
Mailing Address 2300 N Edward St	1-		M M /	D D / Y 08	2016	Y					
City	State	Zip Code 62526-4163		ion ID : C340250							
Decatur		02320-4103	Amount of	Each Receipt th	is Period	_					
FEC ID number of contributing federal political committee.	C			-yryr-	83.3	7					
Name of Employer (for Individual) Associated Anesthesiologists of Decatu		upation (for Individual) esthesiologist	Memo	o Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify)		833.34									
Full Name of Individual (Last, First, Mide <b>C.</b> Friedman, Gary, B., , M.D.	lle Initial) or Full C	rganization Name	Date of Re	eceipt							
Mailing Address 8 Prospect St.			10 <sup>M</sup>	02 / Y	9 2016	Ŷ					
City Nashua	State NH	Zip Code 03060		tion ID : C339905 Each Receipt th							
FEC ID number of contributing federal political committee.	C			y y	41.6	3					
Name of Employer (for Individual) Nashua Anesthesia Partners		upation (for Individual) sthesiologist	Memo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.66									
SUBTOTAL of Receipts This Page (option	al)			, <u>,</u>	208.3	3					
TOTAL This Period (last page this line nu	mber only)										

FOR LINE NUMBER:

PAGE 44 OF

	-	Use separate schedule(s)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 1'		11b	11c	12						
Any information copied from such Reports a or for commercial purposes, other than usir				the pu									
NAME OF COMMITTEE (In Full)	ig the name and a			COIL	ibutiona	s nom suc							
American Society of Anesth	esiologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Mide A. Fuller, Wayne, A., , M.D.	lle Initial) or Full O	rganization Name	Dat	e of F	Receipt								
Mailing Address 1269 E. Giles Rd.				10 / D D / Y Y Y Y Y 2016									
City Muskegon	State MI	Zip Code 49445				C339904 Receipt th							
FEC ID number of contributing federal political committee.	С				-gr.		83.3	33					
Name of Employer (for Individual) American Anesthesiology		upation (for Individual) sthesiologist		Men	no Item	I							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1083.29	1										
Full Name of Individual (Last, First, Mido B. Fulton, Matthew, B., , D.O.	lle Initial) or Full O	rganization Name	Dat	e of F	Receipt								
Mailing Address 2729 Crystal Spring Ave				10		D / Y	ү ү 2016	Ŷ					
City Roanoke	State VA	Zip Code 24014-2321				: C340776							
FEC ID number of contributing federal political committee.		C			Amount of Each Receipt this Period								
Name of Employer (for Individual)		upation (for Individual)	- 6	Men	no Item		1 1 40						
Valley Anesthesia, P.C.		ESTHESIOLOGIST											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		, 250.00											
Full Name of Individual (Last, First, Mide C. Gal, Jonathan, S., , M.D.	lle Initial) or Full O	rganization Name	Dat	e of F	Receipt								
Mailing Address 1 Gustave L Levy PI # 1 Dept of Anesthesiology	1			10 <sup>M</sup>		01	2016 Y	Y					
City New York	State NY	Zip Code 10029-6500				D : C33984 Receipt th							
FEC ID number of contributing federal political committee.	C			_	y		1000.0	00					
Name of Employer (for Individual) Mount Sinai Medical Center		upation (for Individual) sthesiologist		Mer	no Item	1							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1										
SUBTOTAL of Receipts This Page (option	al)				,		1333.3	33					
TOTAL This Period (last page this line nu	mber only)												

FOR LINE NUMBER:

PAGE 45 OF

		Use separate schedule(s)	(check	only c	one)	L					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	a 🗌	11b	11c	12	<b>1</b> -7			
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma	Ay not be sold or used by any p ddress of any political committe	erson for the to solicit	ne pu contri	14 rpose o	f soliciting	16 g contribut	17 ions			
NAME OF COMMITTEE (In Full)					bullotto						
American Society of Anesthes	siologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middle Gallegos, Phillip, , , M.D.	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 2013 Marble Pass Dr				10 / D D / Y Y Y Y 10 01 2016							
City Keller	State TX	Zip Code 76248-0286				: C339857 Receipt th		_			
FEC ID number of contributing federal political committee.	C						500.0	00			
Name of Employer (for Individual) USAP Pinnacle Anesthesia		upation (for Individual) sthesiologist		Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]								
Full Name of Individual (Last, First, Middle B. Gentile, Frank, M., , M.D.	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 8 S 311 Blackthorne Lane			1	М 0	07		2016	Ŷ			
City	State	Zip Code	Tra								
Naperville	IL	60540	Amo	unt of	f Each I	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С				-	-	41.6	67			
Name of Employer (for Individual) Edward Hospital		upation (for Individual) esthesiologist		Mem	o Item						
Receipt For:	Aggregate	Year-to-Date ▼									
Primary     General       Other (specify) ▼		416.70	1								
Full Name of Individual (Last, First, Middle C. Giam, Patrick, , , M.D.	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 6537 Brompton Rd. 2411 Fountain View, Suite 2			_	0	01		2016	Y			
City Houston	State TX	Zip Code 77005-3903				: C339848 Receipt th	-				
FEC ID number of contributing federal political committee.	С				y	y	83.3	33			
Name of Employer (for Individual) U.S. Anesthesia Partners		upation (for Individual) sician		Mem	io Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.34	1								
SUBTOTAL of Receipts This Page (optional).					9		625.0	00			
TOTAL This Period (last page this line number	er only)	······			-						

FOR LINE NUMBER:

PAGE 46 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	iologists P	olitical Action Commit	ee							
Full Name of Individual (Last, First, Middle Giesecke, Noel, Martin, , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5010 Crawford St			10 / D D / Y Y Y Y Y 10 04 2016							
City Houston	State TX	Zip Code 77004-5735	Transaction ID : C3399298 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1500.00							
Name of Employer (for Individual) UTHealth McGovern Medical School		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	]							
Full Name of Individual (Last, First, Middle B. Gilbertson, Lesley, I., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9250 Given Road			10 05 2016							
City	State	Zip Code	Transaction ID : C3399756							
Cincinnati	OH	45243-1146	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) University of Cincinnati		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00	]							
Full Name of Individual (Last, First, Middle C. Gloyna, David, F., , md	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2401 S 31st 2401 South 31st			10 / D D / Y Y Y Y 2016							
City Temple	State TX	Zip Code 76508-0001	Transaction ID : C3399295           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) Baylor, Scott & White		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]							
SUBTOTAL of Receipts This Page (optional).			3000.00							
TOTAL This Period (last page this line number	er only)									

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

#### Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	$\square$	11b	b	11c	12	<b>1</b> -7			
Any information copied from such Reports a or for commercial purposes, other than usir				or the		pose							
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Committe	ее	_	_	_	_						
Full Name of Individual (Last, First, Midd         A.       Golbaba, Babak, H., , M.D.         Mailing Address       7894 E 126th St S Apt 1         City       Bixby         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         St John Medical Center         Receipt For:         Primary       General         Other (specify) ▼	036 State OK C Ane	rganization Name Zip Code 74008 upation (for Individual) sthesiologist Year-to-Date ▼ 416.70	Date of Receipt 10 11 2016 Transaction ID : C3402559 Amount of Each Receipt this Period 41.67 Memo Item										
Full Name of Individual (Last, First, Midd         B. Goldstein, Marilyn, J., , M.D.         Mailing Address 412 Ridgepoint Court         City         Piney Flats         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Bristol Anesthesia Services         Receipt For:         Primary       General         Other (specify) ▼	State TN C Occ Ane	rganization Name Zip Code 37686 upation (for Individual) isthesiologist Year-to-Date ▼ 666.64		mount	of	on I	16 I <b>D : C:</b> ch Rec	341035	2016 3 is Period 83.3	_			
Full Name of Individual (Last, First, Midd         Goldzweig, Peter, , , D.O.         Mailing Address         942 Wood Hollow Ln         City         Ridgewood         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         TeamHealth         Receipt For:         Primary       General         Other (specify)	State NJ C	rganization Name Zip Code 07450-2230 upation (for Individual) sthesiologist Year-to-Date ▼ 374.99		mount	/ acti of	ion	01 ID : C ch Rec	339848	2016 36 is Period 41.6				
Primary General	al)	374.99	- ř	-		, ,	-	9 	166.6	57			

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 48 OF

	-	Use separate schedule(s)	(check only	one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12	17			
Any information copied from such Reports or for commercial purposes, other than us			erson for the p	ourpose of so		contributi	ons			
NAME OF COMMITTEE (In Full)										
angle American Society of Anest	hesiologists P	olitical Action Commit	ee							
Full Name of Individual (Last, First, Mi A. Goodrich, Andrew, W., , D.O.	ddle Initial) or Full O	rganization Name	Date of	Receipt						
Mailing Address 1775 W Hibiscus Blvd Anes Division	Ste 215		10 / Y Y Y Y 10 04 2016							
City Melbourne	State FL	Zip Code 32901-2627		action ID : C: of Each Rec						
FEC ID number of contributing federal political committee.	C				Ţ	1000.0	0			
Name of Employer (for Individual) BPA		upation (for Individual) sthesiologist	Me	emo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
Full Name of Individual (Last, First, Mi	ddle Initial) or Full O	rganization Name								
B. Goodridge, Timothy, J., , A.A. Mailing Address 3006 Agave Loop	С		Date of	/ D D	/ Y	2016	Y			
City	State	Zip Code	10	06 Action ID : C3	340034	2016 8				
Round Rock	ТХ	78681-2467		of Each Rec						
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) Baylor Scott & White		upation (for Individual) esthesiologist Assistant	Me	emo Item						
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary     General       Other (specify) ▼		2000.00	]							
Full Name of Individual (Last, First, Mi. Gosney, Michael, C., , M.D.	ddle Initial) or Full O	rganization Name	Date of	Receipt						
Mailing Address 108 Chase Dr			<sup>M</sup> 10	/ D D 02		2016 Y	Y			
City Muscle Shoals	State AL	Zip Code 35661-2950		action ID : C: of Each Rec						
FEC ID number of contributing federal political committee.	С			,	y	83.3	3			
Name of Employer (for Individual) Anesthesia Medical Consultants, LLC		upation (for Individual) sician	Me	emo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1083.34	]							
SUBTOTAL of Receipts This Page (optic	nal)	······ /		, , , ,	y	2083.3	3			
TOTAL This Period (last page this line n	umber only)	1			æ					

FOR LINE NUMBER:

PAGE 49 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	,											
American Society of Anesthe	siologists P	olitical Action Commit	ee									
Full Name of Individual (Last, First, Middle Grant, James, D., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1574 Sodon Lake Dr			10 01 / Y Y Y Y 10 01 2016									
City Bloomfield Hills	State MI	Zip Code 48302-2362	Transaction ID : C3398546 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		1000.00									
Name of Employer (for Individual) American Anesthesiology of Michigan		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1208.35	]									
Full Name of Individual (Last, First, Middle B. Green, John, C., , M.D.	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 3418 Osprey Ridge Ct			M M / D D / Y Y Y Y 10 04 2016									
City Tallahassee	State FL	Zip Code 32312	Transaction ID : C3399342									
FEC ID number of contributing	C	32312	Amount of Each Receipt this Period									
federal political committee. 		upation (for Individual)	Memo Item									
Anesthesiology Associates of Tallahass	Ane	esthesiologist										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
Full Name of Individual (Last, First, Middle C. Gregory, George, A., , M.D.	e Initial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 15 Cedar Avenue			M M / D D / Y Y Y Y 10 03 2016									
City Larkspur	State CA	Zip Code 94939	Transaction ID : C3398724 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) Retired from UCSF		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]									
SUBTOTAL of Receipts This Page (optiona	)		1550.00									
TOTAL This Period (last page this line num	ber only)											

FOR LINE NUMBER:

PAGE 50 OF

IT.			(ch	(check only one)										
11			for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of		contrik		ns			
	NAME OF COMMITTEE (In Full)		address of any pointear commute	0 10 3							•			
	American Society of Anesthesio	logists P	olitical Action Committ	ee										
Α.	Full Name of Individual (Last, First, Middle Initi Gros, Albert, J., , M.D.	al) or Full O	Organization Name		Date of Receipt									
	Mailing Address P.O. Box 459				M M / D D / Y Y Y Y 10 02 2016									
	City Opelousas	State LA	Zip Code 70571		Transaction ID : C3399064 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>		-	-	8	3.33				
	Name of Employer (for Individual) Anesthesia Associates of Opelousas	Occi Ane		M	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	]										
В.	Full Name of Individual (Last, First, Middle Initi Guo, James, S., , M.D.	al) or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address 2411 Fountain View Dr Ste 200				10 <sup>M</sup>	1	D D D 04	/ Y	y y 2016	Y	]			
	City	State	Zip Code					C339930						
	Houston	TX 77057-4832				of	Each R	eceipt th	is Peric	bd	_			
	FEC ID number of contributing federal political committee.	С		500.00										
	Name of Employer (for Individual) Greater Houston Anes.	I) Occupation (for Individual) Anesthesiologist					Memo Item							
	Receipt For:	Aggregate												
	Primary General Other (specify) ▼		, 500.00	]										
с.	Full Name of Individual (Last, First, Middle Initi Gutzke, Glen, E., , M.D.	al) or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address 112 Trappers Ct				10 <sup>M</sup>	1	D D 18	/ Y	2016	Y	]			
	City Naperville	State IL	Zip Code 60565-5441				-	C341039 eceipt th		bd				
	FEC ID number of contributing federal political committee.	С			Ē		y .	,	4	1.67				
	Name of Employer (for Individual) DuPage Valley Anesthesiologists, LTD		upation (for Individual) sthesiologist		M	emo	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70	]										
s	UBTOTAL of Receipts This Page (optional)			•			,	,	62	5.00				
Т	OTAL This Period (last page this line number of	only)		•						-				

FOR LINE NUMBER:

PAGE 51 OF

		Use separate schedule(s)	(check onl	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12							
Any information copied from such or for commercial purposes, othe													
NAME OF COMMITTEE (In F													
		olitical Action Committ	ee										
Full Name of Individual (Last, Guzman-Reyes, Sara, , , I		rganization Name	Date of	f Receipt									
Mailing Address 6431 Fannin I	Msb 5.020		M M 10	/ D D 05	/ Y	y y 2016	Y						
City Houston	State TX	Zip Code 77030	Trans Amount	<b>)9</b> is Period									
FEC ID number of contributing federal political committee.	C				<u> </u>	500.0	0						
Name of Employer (for Individ Information Requested	,	upation (for Individual) sthesiologist	м	emo Item									
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 1000.00	1										
Full Name of Individual (Last, B. Halliday, Norman, J., , I		rganization Name	Date of	f Receipt									
Mailing Address 660 NE 105th	St		M M 10										
City Miami Shores	State FL	Zip Code 33138-2054		action ID : ( t of Each Re									
FEC ID number of contributing federal political committee.	C		20.00										
Name of Employer (for Individ University of Miami	,	upation (for Individual) rsician	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		205.85	1										
Full Name of Individual (Last, C. Hancock, Courtney, N		rganization Name	Date of	f Receipt									
Mailing Address 670 Croswell	Ave SE		M M 10	/ D D 08	/ Y	2016	Y						
City East Grand Rapids	State MI	Zip Code 49506		saction ID : t of Each Re									
FEC ID number of contributing federal political committee.	C			, , ,	, y	83.3	34						
Name of Employer (for Individ Anesthesia Practice Consultant		upation (for Individual) sthesiologist	Memo Item										
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 933.40	1										
SUBTOTAL of Receipts This Pa	ge (optional)					603.3	34						
TOTAL This Period (last page th	nis line number only)				-								

FOR LINE NUMBER:

PAGE 52 OF

IT.			) (	check on	ly o	ne)	(check only one)								
11	EIVILLED REGEIFIJ		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b	11c 15		2 6 [	17				
	y information copied from such Reports and St for commercial purposes, other than using the				on for the		pose of	soliciting	g contr	ributic	ons				
	NAME OF COMMITTEE (In Full)														
$\rangle$	American Society of Anesthesio	logists P	olitical Action Comn	nittee											
Α.	Full Name of Individual (Last, First, Middle Initi Hardman, H. David, , , M.D.	ial) or Full O	Organization Name		Date of Receipt										
	Mailing Address 228 Galway Dr	- 1			10 / Y Y Y Y 10 2016										
	City Chapel Hill	State NC	Zip Code 27517	Transaction ID : C3398483 Amount of Each Receipt this Perior						riod					
	FEC ID number of contributing federal political committee.	С							10	00.00	)				
	Name of Employer (for Individual) University of North Carolina		upation (for Individual) rsician		M	lemo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00												
в.	Full Name of Individual (Last, First, Middle Initi Harned, Michael, E., , M.D.	ial) or Full O	Organization Name		Date o	of Re	eceipt								
	Mailing Address 1223 Summit Dr				10 / D D / Y Y Y Y Y 2016										
	City	State	Zip Code 40502-2272	Trans	sact	ion ID :	C339908	8		_					
	Lexington	KY		Amoun	nt of	Each R	eceipt th	is Per	iod						
	FEC ID number of contributing federal political committee.	С		20.00											
	Name of Employer (for Individual) University of Kentucky	Occupation (for Individual) Physician			Memo Item										
	Receipt For:	Aggregate													
	Primary     General       Other (specify) ▼														
С.	Full Name of Individual (Last, First, Middle Initi Hartney-Baucom, Anne, T., , M.D.		Organization Name		Date o	of Re	eceipt								
	Mailing Address 5671 Peachtree Dunwoody Ro				10 <sup>M</sup>	/	D D D 01	/ Y	2016						
	City Atlanta	State GA	Zip Code 30342-5013				-	C339854 eceipt th	-	riod					
	FEC ID number of contributing federal political committee.	С					y :	, y	10	00.00	)				
	Name of Employer (for Individual) Physician Specialists in Anesthesia PC		upation (for Individual) sthesiologist		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 3000.00												
	UBTOTAL of Receipts This Page (optional)			▶	F	-	,	, , , , , , , , , , , , , , , , , , ,	20	20.00					
1	<b>OTAL</b> This Period (last page this line number of	oniy)		🕨 👘	- Laster	1	-	-	1	-					

FOR LINE NUMBER:

PAGE 53 OF

тс			Use separate schedule(s)	(ch	eck onl	y or	ne)	(check only one)								
	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12							
	information copied from such Reports and Stat or commercial purposes, other than using the n															
· · · · ·	IAME OF COMMITTEE (In Full)								I COMMI	lee.						
	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee												
	ull Name of Individual (Last, First, Middle Initial Harwood, Michael, B., , M.D.	) or Full Oi	rganization Name		Date of Receipt											
N	lailing Address 1100 Park Pl				10 / 15 / Y Y Y Y 2016											
	Sity Zionsville	State IN	Zip Code 46077-1058					C341036 eceipt th		 						
	EC ID number of contributing ederal political committee.	С							41	67						
S	lame of Employer (for Individual) Southeast Anesthesiologists, P.C.	Occu Staff		М	emc	tem										
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36													
	ull Name of Individual (Last, First, Middle Initial Hawkins, Joy, L., , M.D.	) or Full O	rganization Name		Date of	f Re	eceipt									
N	Aailing Address 12631 E 17th Ave, MS 8203				10 <sup>M</sup>	1	D D D 11	/ Y	2016	Y						
	Sity Aurora	State CO					C340459 eceipt th									
	EC ID number of contributing ederal political committee.	C				1000.00										
	lame of Employer (for Individual) niversity of Colorado School of Medic	Occupation (for Individual) Anesthesiologist			М	emc	tem									
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00														
	ull Name of Individual (Last, First, Middle Initial Hebl, James, R., , M.D.	) or Full O	rganization Name		Date of	f Re	ceipt									
N	Aailing Address 200 First Street, SW Anes. Dept.	1			м м 10	1	06	/ Y	2016	Y						
	City Rochester	State MN	Zip Code 55905-0001					C339995 eceipt th								
	EC ID number of contributing ederal political committee.	С			<u> </u>		,	, j	1000	00						
Ν	lame of Employer (for Individual) /layo Clinic		upation (for Individual) sician		М	emo	) Item									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00													
SU	BTOTAL of Receipts This Page (optional)		•••••				, .	9	2041.	67						
то	TAL This Period (last page this line number on	ly)	•••••	-				-								

FOR LINE NUMBER:

PAGE 54 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
American Society of Anesthes	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle Helgeson, Lars, E., , M.D.	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 702 Summer Hill Rd.			10 03 / Y Y Y Y 2016									
City Madison	State CT	Zip Code 06443	Transaction ID : C3399290 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		1000.00									
Name of Employer (for Individual) Yale University		upation (for Individual) sician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1									
Full Name of Individual (Last, First, Middle B. Henderson, Wayne, Z., , M.D.	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1800 Medical Center Pkwy	# 330		10 01 2016									
City Murfreesboro	State TN	Zip Code 37129-2567	Transaction ID : C3398592 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer (for Individual) Murfreesboro Anesthesia Group		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		500.00	]									
Full Name of Individual (Last, First, Middle C. Henslee, Christopher, S., , M.D.		rganization Name	Date of Receipt									
Mailing Address 1850 N Central Ave Ste 16	1		10 / Y Y Y Y Y 2016									
City Phoenix	State AZ	Zip Code 85004-4633	Transaction ID : C3406914           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual) Valley Anesthesiology Consultants		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.40	]									
SUBTOTAL of Receipts This Page (optional).			1583.34									
TOTAL This Period (last page this line numb	er only)											

FOR LINE NUMBER:

PAGE 55 OF

IT.	EMIZED RECEIPTS		(ch	(check only one)										
11			for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c		r	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ributic	ons			
	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesio	logists P	olitical Action Committ	ee										
Α.	Full Name of Individual (Last, First, Middle Init Hertzberg, Linda, B., , M.D.	tial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 6622 N. Forkner Ave.				10 / D D / Y Y Y Y 2016									
	City Fresno	State CA	Zip Code 93711					C339847 Receipt th		riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>			-		83.33	;			
	Name of Employer (for Individual) Linda B Hertzberg MD Inc	Occuphys		М	emo	) Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 933.39	]										
в.	Full Name of Individual (Last, First, Middle Init Hestdalen, Rodney, F., , M.D.	tial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 5020 S Park Ln				10 / D D / Y Y Y Y Y 2016									
	City	State	Zip Code		Trans	acti	ion ID :	C339863	39		_			
	Spokane	WA	99223-1421		Amoun	t of	Each R	Receipt th	nis Per	iod				
	FEC ID number of contributing federal political committee.	C				500.00								
	Name of Employer (for Individual) providence medical group	Occupation (for Individual) anesthesiology			M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
с.	Full Name of Individual (Last, First, Middle Init Hilton, Ebony, J., , M.D.	tial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 167 Ashley Ave Ste 301				<sup>M</sup> 10	/	D 13		2016					
	City Charleston	State SC	Zip Code 29425-8905				-	C34056		riod				
	FEC ID number of contributing federal political committee.	С			Ē		<u>y</u>	, ,		83.34				
	Name of Employer (for Individual) Med Univ of SC Dept of Anes		upation (for Individual) sthesiologist		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 833.40											
s	UBTOTAL of Receipts This Page (optional)			▶ _			y.	. ,	6	66.67				
т	OTAL This Period (last page this line number of	only)		•				-	_	-				

FOR LINE NUMBER:

PAGE 56 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) American Society of Anesth	nesiologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Mid A. Hollinger, Ingrid, B., , M.D.	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1 Gustave L Levy PI # 1	010		M M / D D / Y Y Y Y 10 10 2016								
City New York	State NY	Zip Code 10029-6504	Transaction ID : C3402515 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		200.00								
Name of Employer (for Individual) Mount Sinai Medical Center		upation (for Individual) sician anesthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1150.01	]								
Full Name of Individual (Last, First, Mid B. Hollinger, Ingrid, B., , M.D.	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1 Gustave L Levy PI # 1			10 / Y Y Y Y 2016								
City New York	State NY	Zip Code 10029-6504	Transaction ID : C3401740 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		83.33								
Name of Employer (for Individual) Mount Sinai Medical Center		upation (for Individual) sician anesthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1150.01	]								
Full Name of Individual (Last, First, Mid C. Holmsen, Dag, , , M.D.	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 73 Oxen Dr			10 / Y Y Y Y 2016								
City Oakland	State ME	Zip Code 04963-4654	Transaction ID : C3398626           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer (for Individual) Kennebec Anesthesia Associates		upation (for Individual) sician	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]								
SUBTOTAL of Receipts This Page (option	' nal)		533.33								
TOTAL This Period (last page this line nu	mber only)										

FOR LINE NUMBER:

PAGE 57 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
Any information copied from such Reports ar	nd Statements ma	A not be sold or used by any political committee	13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	and name and a	across of any pointed committee	s to contractions norm such committee.									
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle Houseman, Timothy, W., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address PO Box 1025 Eastern Shore Anesthesia			M M / D D / Y Y Y Y 10 03 2016									
City Fairhope	State AL	Zip Code 36533-1025	Transaction ID : C3398725 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual) Eastern Shore Anesthesia	Occ MD	upation (for Individual)	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.40	]									
Full Name of Individual (Last, First, Middle B. Hudson, Mark, E., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 70 Barr Rd	1-		10 / Y Y Y Y 2016									
City	State PA	Zip Code	Transaction ID : C3399019									
Finleyville	PA	15332	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		500.00									
Name of Employer (for Individual) University of Pittsburgh		upation (for Individual) rsician	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		1291.69	]									
Full Name of Individual (Last, First, Middle C. Hughes, Hayden, R., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1941 21st Ave S			10 / Y Y Y Y 10 13 / 2016									
City Birmingham	State AL	Zip Code 35209-1345	Transaction ID : C3406601 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.33									
Name of Employer (for Individual) uab		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 625.00	]									
SUBTOTAL of Receipts This Page (optional	)		666.67									
TOTAL This Period (last page this line num	ber only)											

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

FOR LINE NUMBER:

PAGE 58 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	-											
American Society of Anesth	esiologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Mide A. Hughes, Jonathan, R., , M.D.	lle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 350 Blountville Hwy Ste	207		M M / D D / Y Y Y Y 10 10 2016									
City Bristol	State TN	Zip Code 37620-1671	Transaction ID : C3401748 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual) Bristol Anesthesia Services		upation (for Individual) sthesiologists	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 933.40	]									
Full Name of Individual (Last, First, Mido B. Hulver, Ryan, , , D.O.	lle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 3719 S Atlanta PI			10 / D D / Y Y Y Y Y 2016									
City	State OK	Zip Code	Transaction ID : C3406599									
	OK	74105-3526	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		41.67									
Name of Employer (for Individual) St. John Medical Center		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		250.02	1									
Full Name of Individual (Last, First, Mide C. Hunter, James, M., , JR		rganization Name	Date of Receipt									
Mailing Address Anesthesiology Departm 619 S. 19th Street JT92	6C		10 / D D / Y Y Y Y 10 11 2016									
City Birmingham	State AL	Zip Code 35249	Transaction ID : C3404597           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individual) UAHSF		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 599.99	]									
SUBTOTAL of Receipts This Page (option	al)		208.34									
TOTAL This Period (last page this line nu	mber only)											

FOR LINE NUMBER:

PAGE 59 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
American Society of Anesthes	siologists P	olitical Action Commit	ee								
Full Name of Individual (Last, First, Middle A. Hurley, Robert, W., , M.D., Ph.D	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 959 N. Mayfair Rd			M M / D D / Y Y Y Y 10 05 2016								
City	State WI	Zip Code	Transaction ID : C3399759								
Wauwatosa	VVI	53226	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) Medical College of Wisconsin		upation (for Individual) sician	Memo Item								
	Aggregate	Year-to-Date ▼									
Other (specify)		433.33	]								
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name									
B. Hurwitz, Erin, , , M.D.			Date of Receipt								
Mailing Address 13321 N. Meridian Ave Suite 402	Otata	7.0.0.1	10 / D D / Y Y Y Y 10 11 2016								
City Oklahoma City	State OK	Zip Code 73120	Transaction ID : C3404611								
FEC ID number of contributing		13120	Amount of Each Receipt this Period								
federal political committee.	C		41.67								
Name of Employer (for Individual) Affiliated Anesthesiologists, LLC		upation (for Individual) /sician Anesthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		, 312.52	1								
Full Name of Individual (Last, First, Middle C. Hutson, Larry, R., , JR	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 3816 Creekview			10 11 2016								
City	State TX	Zip Code 76504-2107	Transaction ID : C3404589								
	1	76504-2107	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual) Baylor Scott & White		upation (for Individual) sthesiologist	Memo Item								
Receipt For:		Year-to-Date ▼	-								
Primary General Other (specify)		500.00	1								
SUBTOTAL of Receipts This Page (optional).			625.00								
TOTAL This Period (last page this line numb	er only)	······									

FOR LINE NUMBER:

PAGE 60 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	(check only one)									
11			for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17			
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				for the		pose of	soliciting	g contrik		ns			
	American Society of Anesthesic	ologists P	olitical Action Commit	tee										
Α.	Full Name of Individual (Last, First, Middle Ini Hwang, Jaemy, M., , M.D.	tial) or Full O		Date of Receipt										
	Mailing Address 250 Breakwater				10 / D D / Y Y Y Y 2016									
	City Fishers	State IN	Zip Code 46037					C340167 leceipt th		bd	_			
	FEC ID number of contributing federal political committee.	С			<u> </u>				4	1.67				
	Name of Employer (for Individual) Southeast Anesthesiologists PC	Occi Phy		Μ	emc	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70											
в.	Full Name of Individual (Last, First, Middle Ini Ingoglia, Michael, T, , M.D.	tial) or Full O	organization Name		Date of	f Re	eceipt							
	Mailing Address 29-103 Waters View Circle Apt# 1D City	State		M M 10	/	D D D 17		2016	Y	]				
	Cohoes	NY	Zip Code 12047					C341038 leceipt th		bd				
	FEC ID number of contributing federal political committee.	С		83.33										
	Name of Employer (for Individual) Albany Medical Center	Occupation (for Individual) Anesthesiogist			Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65											
с.	Full Name of Individual (Last, First, Middle Ini Jacobs, Jeffrey, S., , M.D.	tial) or Full O	organization Name		Date of	f Re	eceipt							
	Mailing Address 11041 Pine Lodge Trl	Otata	7.0.4		10 <sup>M</sup>		11	JL	2016	Y	]			
	City Davie	State FL	Zip Code 33328-7317					C34046		bd				
	FEC ID number of contributing federal political committee.	С			83.33									
	Name of Employer (for Individual) Cleveland Clinic Receipt For:	Ane	upation (for Individual) sthesiologist	Memo Item										
	Primary General Other (specify)	Aggregate												
s	UBTOTAL of Receipts This Page (optional)			•			, .		20	8.33				
Γ	OTAL This Period (last page this line number	only)		-							П			

FOR LINE NUMBER:

PAGE 61 OF

			Use separate schedule(s)	(ch	neck only	or or	ne)					
	IZED RECEIPTS		for each category of the Detailed Summary Page	3	<b>K</b> 11a		11b	11c	12			
	formation copied from such Reports and Stat commercial purposes, other than using the n											
· · · · · · · · · · · · · · · · · · ·	AE OF COMMITTEE (In Full)											
An	nerican Society of Anesthesiolo	ogists Po	olitical Action Committe	ee								
	Name of Individual (Last, First, Middle Initia cobs, Jeffrey, S., , M.D.	) or Full Or	ganization Name		Date of	Re	ceipt					
Mail	ing Address 11041 Pine Lodge Trl				10 12 / Y Y Y Y 10 12 2016							
City Dav		State FL	Zip Code 33328-7317					: C34056 Receipt t	<b>59</b> his Period			
	D number of contributing political committee.	С			<u> </u>				83.:	33		
Clev	ne of Employer (for Individual) veland Clinic		pation (for Individual) thesiologist		Me	emo	Item					
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.39									
	Name of Individual (Last, First, Middle Initia nosy, Norah, R., , M.D.	) or Full Or	ganization Name		Date of	Re	ceipt					
	ing Address 13123 E 16th Ave # B090			<sup>M</sup> 10	1	D 06		2016	Y			
City Aur		State CO	Zip Code 80045-7106	-				C34001				
FEC	DIA D number of contributing Pral political committee.	C	00043-7100		Amount	OT	Each i	Receipt t	his Period 50.0	00		
	ne of Employer (for Individual) drens Hospital Colorado Dept of An		pation (for Individual) sician Anesthesiologist	_	Me	emo	Item					
Rec	eipt For:		Year-to-Date V	-								
	Primary General Other (specify) ▼	Aggregate	500.00									
	Name of Individual (Last, First, Middle Initia nes, Cathie, T., , M.D.	) or Full Or	ganization Name		Date of	Re	ceipt					
Mail	ing Address 10 Adams Street				<sup>M</sup> 10	/	D 15		2016	Y		
City We	stwood	State MA	Zip Code 02090					: C34103 Receipt t	69 his Period			
	D number of contributing political committee.	С			<u> </u>	_	y .	, ,	41.	37		
Nor	Name of Employer (for Individual) Northwest Anesthesia Physicians		pation (for Individual) thesiologist		Me	emc	ltem					
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02									
SUBT	OTAL of Receipts This Page (optional)		••••••				, .		175.0	00		
тота	L This Period (last page this line number on	ly)	····· •				,	-				

FOR LINE NUMBER:

PAGE 62 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck onl	y or	ne)				
11			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c		2	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee							
Α.	Full Name of Individual (Last, First, Middle Ini Jones, Daniel, T., , M.D.	tial) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 10241 Colville Ln				M M / D D / Y Y Y Y 10 04 2016						
	City Indianapolis	State IN	Zip Code 46236-8507					C33993		riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>				1	125.00	)
	Name of Employer (for Individual) Community Anesthesia Associates		upation (for Individual) sthesiologist		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.00	]							
В.	Full Name of Individual (Last, First, Middle Ini Joseph, Vilma, A., , M.D. Mailing Address 682 Frick St	itial) or Full O	rganization Name	_	Date o	f Re			V	X	
	City	State	Zip Code	_	10		17	J L	201	6	
	Elmont	NY	11003-4135					C341032 leceipt th		riod	
	FEC ID number of contributing federal political committee.	С								41.67	7
	Name of Employer (for Individual) Montefiore Medical Center		upation (for Individual) rsician		М	emc	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.67	]							
<u>с.</u>	Full Name of Individual (Last, First, Middle Ini Kanai, Lilian, , , M.D.	itial) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 1329 Lusitana St Ste 604				10 <sup>M</sup>		01	JL	201		
	City Honolulu	State HI	Zip Code 96813-2431					C33984		riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>,</u>	, ,	2	250.00	)
	Name of Employer (for Individual) Self		upation (for Individual) sician		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			<u> </u>		_	, . , .	· · ·	4	116.67	7

FOR LINE NUMBER:

PAGE 63 OF

171			Use separate schedule(s)	(cł	neck only	y or	ne)	L				
11			for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
/	American Society of Anesthesiol	ogists Po	olitical Action Committ	ee								
A.	Full Name of Individual (Last, First, Middle Initia Kelly, James, B., , JR	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 11720 Madison Ave				10 04 2016							
	City Kansas City	State MO	Zip Code 64114-6504					C339934 Receipt th				
	FEC ID number of contributing federal political committee.	C						-	1000.	00		
	Name of Employer (for Individual) St. Luke's Physician Specialists		upation (for Individual) sthesiologist		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1								
в.	Full Name of Individual (Last, First, Middle Initia Kercheville, Scott, , , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 14 Eton Green Circle				10 <sup>M</sup>	/	02		y y 2016	Y		
	City San Antonio	State TX	Zip Code 78257		Transaction ID : C3398615 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		83.33								
	Name of Employer (for Individual) Tejas Anesthesia		upation (for Individual) rsician		M	emo	ttem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		916.63									
C.	Full Name of Individual (Last, First, Middle Initia Kercheville, Scott, , , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 14 Eton Green Circle				<sup>M</sup> 10	1	D 09		2016 Y	Y		
	City San Antonio	State TX	Zip Code 78257					C340251 Receipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	83.:	33		
	Name of Employer (for Individual) Tejas Anesthesia		upation (for Individual) sician		M	emo	ttem					
Receipt For: Primary General Other (specify)		Aggregate Year-to-Date ▼ 916.63										
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	1166.0	66		
т	OTAL This Period (last page this line number or	nly)		•								

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 64 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
II LIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12	<b>1</b> 47						
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Commit	ee							
Full Name of Individual (Last, First, Middle A. Khan, Talal, , , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3901 Rainbow Blvd Rm 24	67		10 / Y Y Y Y 10 10 2016							
City Kansas City	State KS	Zip Code 66160-8500	Transaction ID : C3402537 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.0	0						
Name of Employer (for Individual) Kumc		upation (for Individual) sician anesthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
Full Name of Individual (Last, First, Middle B. Kloss, Christina, , , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 707 SW Washington St. Suite 700			10 / D D / Y Y Y Y 2016	Y						
City Portland	State OR	Zip Code 97205	Transaction ID : C3401722 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С			0						
Name of Employer (for Individual) OAG		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
Full Name of Individual (Last, First, Middle C. Knight, Andrew, A., , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 224 Cheval Lane			M M / D D / Y Y Y Y 10 09 2016	Y						
City Walnut Creek	State CA	Zip Code 94596-6037	Transaction ID : C3401696 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.0	0						
Name of Employer (for Individual) MACMGI		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		,	1125.0	0						

FOR LINE NUMBER:

PAGE 65 OF

ı <del>ب</del>	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck onl	у о	ne)	L				
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b	11c	12	Г	17	
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contri	ibutio	ns	
	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	American Society of Anesthesic	ologists P	olitical Action Commit	ee								
Α.	Full Name of Individual (Last, First, Middle Ini Knox, Todd, W., , M.D.	itial) or Full O	rganization Name		Date of Receipt							
	Mailing Address 2004 Maryknoll Pl				10 01 / Y Y Y Y 2016							
	City Springfield	State IL	Zip Code 62704-3253					C33984		od		
	FEC ID number of contributing federal political committee.	С		<u> </u>		-		50	00.00			
	Name of Employer (for Individual) Associated Anesthesiologists of Spring		upation (for Individual) sthesiologist		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
в.	Full Name of Individual (Last, First, Middle Ini Koebert, Robert, F., , M.D.	itial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 541 E Erie St Unit 404				<sup>M</sup> 10	/	05	/ Y	y 2016	Y Y	1	
	City	State	Zip Code		Trans	act	ion ID :	C339977	76		_	
	Milwaukee	WI	53202-6237		Amoun	t of	Each R	leceipt th	nis Peri	od		
	FEC ID number of contributing federal political committee.	С					-y 1		٤	33.33		
	Name of Employer (for Individual) Aurora Medical Group		upation (for Individual) esthesiologist		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.53	]								
с.	Full Name of Individual (Last, First, Middle Ini Koveleskie, Joseph, , , M.D.	itial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 5500 Prytania St #435				<sup>M</sup> 10	1	05		y 2016		]	
	City New Orleans	State LA	Zip Code 70115-4237					C33995		od		
	FEC ID number of contributing federal political committee.	С			Ē		y	, ,	Ę	33.34		
	Name of Employer (for Individual) Ochsner Medical Center	Occi Phys		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 883.40	1								
s	UBTOTAL of Receipts This Page (optional)				[.		7	,	66	66.67		
т	OTAL This Period (last page this line number	only)					-	-		-		

FOR LINE NUMBER:

PAGE 66 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	neck onl	у о	ne)				
11	LIVIIZED REGEIFIJ		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c 15	12	г	17
	ny information copied from such Reports and Si for commercial purposes, other than using the				for the		pose of	soliciting	, contri	ibutic	ns
	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesio	logists P	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Init Krhovsky, David, M., , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 2248 Shawnee Dr SE				м м 10	/	D D 12	/ Y	y 2016	ү ү 6	
	City Grand Rapids	State MI	Zip Code 49506-5335	_				C340564 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		7		Ę	83.33	
	Name of Employer (for Individual) Spectrum Health Hospital Group		upation (for Individual) Medical Affairs		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
	Full Name of Individual (Look Firet Middle Initial		version News	_							
В.	Full Name of Individual (Last, First, Middle Init Kucharski, Donna, A., , M.D.	iai) or fuii O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 430 Ascent Drive Apt 15306	Ctoto	Zin Code		10 <sup>M</sup>	/	02	/ Y	2016		
	City Wexford	State PA	Zip Code 15090					C339859 eceipt th		iad	
	FEC ID number of contributing federal political committee.	С								00.00	
	Name of Employer (for Individual) Allegheny health network		upation (for Individual) diac Anesthesiologist		M	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00								
с.	Full Name of Individual (Last, First, Middle Init Kucik, Corry, J., , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 3750 Saddle Drive 7700 Arlington Blvd	1			<sup>M</sup> 10	1	D D D 01	/ Y	2016		
	City Carlsbad	State CA	Zip Code 92010					C339858 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, <u>,</u>	Ę	83.33	
	Name of Employer (for Individual) US Navy		ipation (for Individual) sthesiologist		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.30								
s	UBTOTAL of Receipts This Page (optional)		•••••	•	<u> </u>		y	,	116	66.66	
Т	OTAL This Period (last page this line number of	only)	••••••	•							

FOR LINE NUMBER:

PAGE 67 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Commit	ee						
Full Name of Individual (Last, First, Midd A. Lace, Christopher, J., , M.D.		rganization Name	Date of Receipt						
Mailing Address 12401 E 17th Ave Ste B1	113		M M / D D / Y Y Y Y 10 06 2016						
City Aurora	State CO	Zip Code 80045-2548	Transaction ID : C3400101 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) University of Colorado		upation (for Individual) sician Anesthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
Full Name of Individual (Last, First, Midd <b>B.</b> Lagasse, Robert, S., , M.D.	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 39 Iron Gate Rd			10 / Y Y Y Y 2016						
City Stamford	State CT	Zip Code 06903-3820	Transaction ID : C3399070 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer (for Individual) Yale Department of Anesthesiology		upation (for Individual) esthesiologist	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
Full Name of Individual (Last, First, Midd C. Lagman, Steven, , , M.D.	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 202 S Park St			10 / D D / Y Y Y Y Y 2016						
City Madison	State WI	Zip Code 53715-1507	Transaction ID : C3398605           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		20.00						
Name of Employer (for Individual) Madison Anesthesiology Consultants LLP		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	]						
SUBTOTAL of Receipts This Page (optional	al)		570.00						
TOTAL This Period (last page this line nun	nber only)								

FOR LINE NUMBER:

PAGE 68 OF

			Use separate schedule(s)	(cł	neck onl	у о	ne)	L				
II EIVI	IZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17	
	ormation copied from such Reports and commercial purposes, other than using t				for the		pose of	soliciting	g contri	ributio	ons	
/ An	nerican Society of Anesthes	IOIOGISTS P	olitical Action Commit	tee								
	Name of Individual (Last, First, Middle mberg, James, J., , D.O.	Initial) or Full O	rganization Name		Date o	f Re	eceipt					
Mai	ing Address 220 University Mnr E				10 12 2016							
City		State PA	Zip Code					C340564				
	shey	FA	17033-2827		Amoun	t of	Each R	leceipt th	is Per	iod		
	D number of contributing political committee.	С			<u> </u>	_	-			41.67	,	
Nan	ne of Employer (for Individual)	Осси	upation (for Individual)		М	emo	tem					
	n State Hershey Medical Center	Phy	sician Fellow									
Rec	eipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼											
				- 11								
	Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name									
	siter, Nathan, , , M.D.				Date of	f Re	eceipt					
	ing Address 18904 Shilstone Way	0			10 03 2016 Transaction ID : C3398726							
City	nond	State OK	Zip Code 73003									
		OK	73003		Amoun	t of	Each H	leceipt th	iis Peri	IOD	_	
	CID number of contributing aral political committee.	C			Ľ.		-			41.67	,	
	ne of Employer (for Individual) hwest Anesthesia		upation (for Individual) esthesiologist		M	emo	o Item					
Rec	eipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify) ▼		416.70	4								
<b>C</b> . <u>L</u> e	Name of Individual (Last, First, Middle e, Carlos-Nicholas, L., , M.D.	Initial) or Full O	rganization Name		Date of	f Re	eceipt					
	ing Address 9529 Hopeland Drive				<sup>M</sup> 10	1	D 12		2016			
City Au:		State TX	Zip Code 78749	_				C34056				
			10149		Amoun	t of	Each R	leceipt th	is Peri	iod		
	D number of contributing and political committee.	С			Ľ.		y	- y	5	83.33	}	
Nan	ne of Employer (for Individual)	Осси	upation (for Individual)		M	emo	o Item					
	itol Anesthesiology	Anes	sthesiology									
Rec	eipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify)											
			249.99									
SUBT	<b>OTAL</b> of Receipts This Page (optional).			•			,	. ,	16	66.67	, .	
тота	L This Period (last page this line numbe	er only)						-		-		

FOR LINE NUMBER:

PAGE 69 OF

			Use separate schedule(s)	(cł	neck only	or or	ne)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12			
An	y information copied from such Reports and Stat	ements ma	ay not be sold or used by any p	erson	13 for the p	ourp	14 Dose of	15 f solicitin	d contribu	17 tions		
	for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)	· / Б										
	American Society of Anesthesiolo	ogists Po	olitical Action Committ	ee								
Δ	Full Name of Individual (Last, First, Middle Initia Lee, Jeffrey, A., , M.D.	) or Full O	organization Name		Date of	Re	ceint					
<b>~</b> .	Mailing Address 6650 Pasture Lands PI.				Date of Receipt							
		01-1-	Zin Optio		10		17		2016			
	City Winter Garden	State FL	Zip Code 34787-6229					: C34103	<b>85</b> nis Period			
	FEC ID number of contributing				Amount		Lacini			_		
	federal political committee.	C			<u>L</u>				50.	00		
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item					
	USAP Receipt For:	,	sician									
	Primary General	Aggregate	Year-to-Date ▼	. 1								
	Other (specify) V		650.00									
	Full Name of Individual (Last, First, Middle Initia Lee, Maxine, M., , M.D., M.B.	) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 5432 Woodchuck Ln.				10 <sup>M</sup>	/	D 13		2016	Y		
	City	State	Zip Code		Transaction ID : C3406597 Amount of Each Receipt this Period							
	Roanoke	VA	24018									
	FEC ID number of contributing federal political committee.	С						1 40	83.	33		
	Name of Employer (for Individual) ACV, Inc		upation (for Individual) esthesiologist		Me	emo	Item					
	Receipt For:		Year-to-Date ▼									
	Primary General			11.								
	Other (specify) <b>v</b>		, 1033.30	1								
	Full Name of Individual (Last, First, Middle Initia Leib, Marc, L., , M.D.	) or Full O	organization Name		Date of	Po	coint					
	Mailing Address PO Box 44527					/	D	D / Y	YY	Y		
		1-			10		01	_ L	2016			
	City Phoenix	State AZ	Zip Code 85064-4527	_			-	: C33985	58 nis Period			
	FEC ID number of contributing				Amount	01		ieceipi ii		_		
	federal political committee.	C			<u> </u>	_	9		83.	33		
	Name of Employer (for Individual)		upation (for Individual)		Me	emo	Item					
	Self Employed Receipt For:	1	sthesiologist	_								
	Primary General	Aggregate	Year-to-Date ▼	1								
	Other (specify)		750.01	4								
S	UBTOTAL of Receipts This Page (optional)								216.	66		
			J	_			y	,				
т	OTAL This Period (last page this line number on	ly)		•				1.45				

FOR LINE NUMBER:

PAGE 70 OF

	Use separate schedule(s)	(checl	c only	on	e)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	ŀ		11b	11c	12		
Any information copied from such Reports and or for commercial purposes, other than using t			erson for							
NAME OF COMMITTEE (In Full)		dureas of any political commute	5 10 30110					1 commu		
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle I A. Lindauer, Steven, Lee, , M.D.	nitial) or Full C	rganization Name	Da	ite of	Red	ceipt				
Mailing Address 12411 Abbey Park			N	10 08 2016						
City San Antonio	State TX	Zip Code 78249					C340253 Receipt th	<b>33</b> iis Period	_	
FEC ID number of contributing federal political committee.	С			_		,		83.	33	
Name of Employer (for Individual) UTHSCSA		upation (for Individual) esthesiologist		Me	mo	ltem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
Full Name of Individual (Last, First, Middle I <b>B.</b> Lingaraju, Rajiv, , , M.D.	nitial) or Full C	rganization Name	Da	ite of	Red	ceipt				
Mailing Address 2200 Arch Street #602			IV	10 <sup>M</sup>	/	D 17		2016	Y	
City	State PA	Zip Code		Transaction ID : C3408806 Amount of Each Receipt this						
Philadelphia	FA	19103	An	nount	of I	Each F	Receipt th	is Period		
FEC ID number of contributing federal political committee.	С					,		41.	67	
Name of Employer (for Individual) West Jersey Anesthesia Associates		upation (for Individual) esthesiologist		Me	mo	ltem				
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify) ▼		416.70	1							
Full Name of Individual (Last, First, Middle I Lockhart, Asa, C., , M.D.	nitial) or Full C	rganization Name	Da	ite of	Red	ceipt				
Mailing Address 2106 Kennebunk Ln.			_ L	10	/	D 01		2016	Y	
City Tyler	State TX	Zip Code 75703					C339849 Receipt th	98 iis Period		
FEC ID number of contributing federal political committee.	С		ļĻ	_		,	· ·	83.:	33	
Name of Employer (for Individual) Golden Caduceus Consultants	Occ Phy:	_ L	Me	mo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.39								
SUBTOTAL of Receipts This Page (optional)						,	. ,	208.3	33	
TOTAL This Period (last page this line number	er only)		Γ							

FOR LINE NUMBER:

PAGE 71 OF

		Use separate schedule(s)	(check only one)							
ILWILLD KEVEIF13		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle Lok, Jason, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5496 East Taft Road			10 09 2016							
City North Syracuse	State NY	Zip Code 13212	Transaction ID : C3401723 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) New York Spine & Wellness Center		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify) $\mathbf{v}$	Aggregate	Year-to-Date ▼ 374.99	]							
Full Name of Individual (Last, First, Middle <b>B. Long, Michael, A., , M.D.</b>	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3941 Foxfire Ln			10 / Y Y Y Y 2016							
City	State	Zip Code	Transaction ID : C3401269							
Kingsport	TN	37664-4409	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individual) Bristol Anesthesia Services		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		833.36	]							
Full Name of Individual (Last, First, Middle Loushin, Michael, K., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 579 Lakeridge Dr			10 / D D / Y Y Y Y Y 2016							
City Shoreview	State MN	Zip Code 55126	Transaction ID : C3399067           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) TCAA		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]							
SUBTOTAL of Receipts This Page (optional).			375.00							
TOTAL This Period (last page this line number	er only)									

FOR LINE NUMBER:

PAGE 72 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	siologists P	olitical Action Commit	iee							
Full Name of Individual (Last, First, Middle Mack, Maria, J., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7514 91st Ave SW			10 13 2016							
City Tacoma	State WA	Zip Code 98498-3941	Transaction ID : C3405673 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer (for Individual) St. Joseph Med. Ctr.		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
Full Name of Individual (Last, First, Middle B. Mackey, David, , , M.D.	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address Dept. of Anesthesiology Pe 1515 Holcombe Boulevard	l, Unit 409	I	10 / 17 / 2016							
City	State TX	Zip Code	Transaction ID : C3408483							
Houston		77030-4009	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer (for Individual) Consultant		upation (for Individual) Isultant	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		1000.00								
Full Name of Individual (Last, First, Middle C. Mahajan, Aman, , , M.D., Ph.D	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 757 Westwood Plz, Suite 2331L			10 / D D / Y Y Y Y 2016							
City Los Angeles	State CA	Zip Code 90095-8358	Transaction ID : C3401702 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) UCLA		upation (for Individual) sician	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]							
SUBTOTAL of Receipts This Page (optional)	)		2025.00							
TOTAL This Period (last page this line numb	·									
FOR LINE NUMBER:

PAGE 73 OF

Use separate schedule(s)	(che	ck only	on on	e)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the p		oose of			
NAME OF COMMITTEE (In Full)									
American Society of Anesthes	siologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle <b>A.</b> Malik, Asif, M., , M.D.	Initial) or Full O	rganization Name		ate of	Re	ceipt			
Mailing Address 2758 Charnwood Dr				м м 10	/	D D D 12	) / Y	y y 2016	Y
City Troy	State MI	Zip Code 48098-2184	A				C340563 leceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_		7		166.	70
Name of Employer (for Individual) Henry Ford Health System		upation (for Individual) sthesiologist		Me	emo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	1						
			<u> </u>						
Full Name of Individual (Last, First, Middle           B.         Marco, Alan, P., , M.D.	Initial) or Full O	rganization Name	C	Date of	Re	ceipt			
Mailing Address 569 Calumet Place				™ <sup>™</sup> 10	/	D D D D D D D D D D D D D D D D D D D	/ Y	2016	Y
City	State OH	Zip Code					C340118		
Beavercreek		45434-6287	A	mount	of	Each H	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С		1Ļ			<b>y</b>		1000.	00
Name of Employer (for Individual) Wright State Physicians, Inc.		upation (for Individual) sician		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify) ▼		1100.00							
Full Name of Individual (Last, First, Middle C. Marcovitz, Michael, J., , M.D.	Initial) or Full O	rganization Name	C	ate of	Re	ceipt			
Mailing Address 4483 Ford Rd.				<sup>M</sup> 10	/	D D D D D D D D D D D D D D D D D D D		y y 2016	Y
City Ann Arbor	State MI	Zip Code 48105	A				C340774 leceipt th	<b>16</b> is Period	
FEC ID number of contributing federal political committee.	С		ļ	_		y		50.	00
Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC		upation (for Individual) sthesiologist		Me	emo	Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 716.68	]						
SUBTOTAL of Receipts This Page (optional).						,	.,	1216.	70
TOTAL This Period (last page this line numb	er only)								

FOR LINE NUMBER:

PAGE 74 OF

ידו			Use separate schedule(s)	(ch	neck onl	y or	ne)				
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 11a		]11b	11c	12		1
	y information copied from such Reports and Sta for commercial purposes, other than using the r										17
	NAME OF COMMITTEE (In Full)			e 10 S				TOTT SUCI		nee.	
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committ	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Marcovitz, Michael, J., , M.D.	al) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 4483 Ford Rd.	_			10 <sup>M</sup>	/	15	) / Y	y y 2016	Y	
	City Ann Arbor	State MI	Zip Code 48105					C341034 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		4	1.17	
	Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC		upation (for Individual) esthesiologist		М	emo	tem Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 716.68	1							
В.	Full Name of Individual (Last, First, Middle Initia Marcovitz, Michael, J., , M.D.	al) or Full O	Organization Name		Date o	f Re	eceipt				
	Mailing Address 4483 Ford Rd.				10 <sup>M</sup>	/	15	) / Y	2016	Y	
	City	State	Zip Code	_				C341035			
	Ann Arbor	MI	48105		Amoun	t of	Each F	leceipt th	iis Perio	d	_
	FEC ID number of contributing federal political committee.	C			Ľ.		-		50	0.00	
	Name of Employer (for Individual) Anesthesia Associates of Ann Arbor, PC		upation (for Individual) esthesiologist		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		716.68	]							
c.	Full Name of Individual (Last, First, Middle Initia Marshall, Lori, , , M.D.	al) or Full O	Organization Name		Date of	f Re	eceipt				
	Mailing Address 514 F East Woodrow Wilson	1			<sup>M</sup> 10	/	04		2016	Y	
	City Jackson	State MS	Zip Code 39216					C339934 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,	,		).00	
	Name of Employer (for Individual) Premier Pain Care		upation (for Individual) sthesiology/Pain Management		M	lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]							
s	UBTOTAL of Receipts This Page (optional)			•			,		554	.17	
т	OTAL This Period (last page this line number or	וy)		•	<b>—</b>		-				

FOR LINE NUMBER:

PAGE 75 OF

ITEMIZED RECEIPTS	Use separate schedule(s)		(check only one)
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of AnestI	nesiologists P	olitical Action Commit	ee
Full Name of Individual (Last, First, Mic <b>A.</b> Martel, Colleen, G., , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 523 Robert E Lee Blvd			10 10 / Y Y Y Y 10 10 2016
City New Orleans	State LA	Zip Code 70124-2542	Transaction ID : C3402517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33	
Name of Employer (for Individual) Tulane University		upation (for Individual) sician Anesthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.97	]
Full Name of Individual (Last, First, Mic B. Martin, David, P., , M.D., Ph.D	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address Department of Anesthe Mayo Clinic			10 / Y Y Y Y 2016
City Rochester	State MN	Zip Code 55905	Transaction ID : C3399115 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Mayo Clinc		upation (for Individual) esthesiologist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Mic C. Martin, John, , , M.D.	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 116 Hidden Cove Ct			10 / Y Y Y Y 10 11 2016
City Seneca	State SC	Zip Code 29672-9139	Transaction ID : C3404607 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual) GHS/UMG		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	1
SUBTOTAL of Receipts This Page (optio	nal)		1166.66
TOTAL This Period (last page this line no	umber only)		

FOR LINE NUMBER:

PAGE 76 OF

Use separate schedule(s)	(chec	k only	on	e)	L							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×		_	11b	11c	12				
Any information copied from such Reports ar or for commercial purposes, other than using			erson foi		burp							
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle Mason, Linda, J., , M.D.	e Initial) or Full O	rganization Name	Da	ate of	Red	ceipt						
Mailing Address 1665 Halsey St			Γ	10 03 2016								
City Redlands	State CA	Zip Code 92373-7262					C339929 Receipt th	<b>93</b> his Period				
FEC ID number of contributing federal political committee.	С			_		,		1000.	00			
Name of Employer (for Individual) Loma Linda Faculty Medical Group INC		upation (for Individual) sthesiologist		Me	mo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]									
Full Name of Individual (Last, First, Middle <b>B.</b> Mastropolo, Gregg, A., , A.AC	e Initial) or Full O	rganization Name	Da	ate of	Rec	ceipt						
Mailing Address 150 S Little Tor Rd				10 <sup>M</sup>	/	D 18	) / Y	2016	Y			
City New City	State NY	Zip Code 10956-3126					C341079 Receipt th	98 his Period				
FEC ID number of contributing federal political committee.	C					,		41.	67			
Name of Employer (for Individual) Quinnipiac University		upation (for Individual) ical Assistant Professor		Me	mo	Item						
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify) ▼		291.69	]									
Full Name of Individual (Last, First, Middle C. Matlin, Fredric, J., , M.D.	e Initial) or Full O	rganization Name	Da	ate of	Red	ceipt						
Mailing Address 23 Lodge Ln				10 <sup>M</sup>	/	D 13		ү ү 2016	Y			
City Miller Place	State NY	Zip Code 11764-1913					C340567 Receipt th	74 nis Period				
FEC ID number of contributing federal political committee.	С		ļ			,	, ,	83.	34			
Name of Employer (for Individual) Long Island Anesthesia Physicians, LLP		upation (for Individual) STHESIOLOGIST		Me	mo	ltem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.40	]									
SUBTOTAL of Receipts This Page (optional	)					,	. ,	1125.	01			
TOTAL This Period (last page this line num	ber only)											

FOR LINE NUMBER:

PAGE 77 OF

		Use separate schedule(s)	(check only one)								
116			for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Matter, Jean-Paul, , , M.D.	l) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address PO Box 43381				10 <sup>M</sup>	/	02		2016	Ŷ	
	City Cincinnati	State OH	Zip Code 45243-0381					: C339860 Receipt th	<b>06</b> his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		45.	00	
	Name of Employer (for Individual) Seven Hills Anesthesia		pation (for Individual) sthesiologist		Me	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00								
	Full Name of Individual (Last, First, Middle Initia Maxwell, Scott, W., , M.D.	l) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 16305 Scotland Way				м м 10	1	D 04		ү ү 2016	Y	
	City Edmond	State OK	Zip Code 73013	-			-	<b>C33990</b>	<b>90</b> nis Period		
	FEC ID number of contributing federal political committee.	С				. 01			41.	67	
	Name of Employer (for Individual) Affiliated Anesthesiologists, LLC		pation (for Individual) sthesiologist		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 416.70								
	Full Name of Individual (Last, First, Middle Initia McArdle, Philip, J., , M.B.,B.Ch.	l) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 3746 Dunbarton Dr				10 <sup>M</sup>	1	03		2016	Y	
	City Mountain Brook	State AL	Zip Code 35223-2706					: C33990 Receipt th	66 nis Period		
	FEC ID number of contributing federal political committee.	С			Ľ.		y :		83.	33	
	Name of Employer (for Individual)		pation (for Individual) thesiologist		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99								
s	JBTOTAL of Receipts This Page (optional)		••••••				,		170.	00	
т	OTAL This Period (last page this line number on	ıly)	•••••	-							

FOR LINE NUMBER:

PAGE 78 OF

	Use separate schedule(s)	(cł	(check only one)								
	EIVIIZED REVEIPIO		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b	11c 15		2	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons
$\left[ \right]$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	_		ee							
Α.	Full Name of Individual (Last, First, Middle Init McNaull, Peggy, P., , M.D.	tial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 137 Colvard Park Dr				<sup>M</sup> 10	/	D D 12	/ Y	ү 201	Y 1	
	City Durham	State NC	Zip Code 27713-5816	_				C340565 eceipt th		riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>					41.67	7
	Name of Employer (for Individual) UNC	Occi MD	ipation (for Individual)		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	1							
— B	Full Name of Individual (Last, First, Middle Ini Mesrobian, James, R., , M.D.	tial) or Full O	rganization Name		Date o	f Rd	acaint				
υ.	Mailing Address 827 E Birch Ave				10 Date 0	/	01	/ Y	201	ү 6	
	City	State	Zip Code					C339855			
	Whitefish Bay	WI	53217-5360		Amoun	t of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>					83.33	3
	Name of Employer (for Individual) TeamHealth Anesthesia		upation (for Individual) ional Medical Director		M	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		, 750.01	1							
С.	Full Name of Individual (Last, First, Middle Init Messenger, Brigitte, M., , M.D.	tial) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 1924 Alcoa Hwy # U109				<sup>M</sup> 10		01	JL	201		
	City Knoxville	State TN	Zip Code 37920-1511					C339850	-	riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	, y		83.33	3
	Name of Employer (for Individual) University of Tennessee		ipation (for Individual) thesiologist		M	em	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.33	]							
F	<b>CUBTOTAL</b> of Receipts This Page (optional)			▶ - ▶			, .	,	2	208.33	3

FOR LINE NUMBER:

PAGE 79 OF

	Use separate schedule(s)	check only one)									
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full)		address of any pointear committee								
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	е							
Α.	Full Name of Individual (Last, First, Middle Initia Michaels, Robert, K., , M.D.	ll) or Full O	Organization Name	Date of Receipt							
	Mailing Address 3632 Beech Tree Dr			M M / D D / Y Y Y Y 10 05 2016							
	City Orlando	State FL	Zip Code 32835	Transaction ID : C3399515 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		41.67							
	Name of Employer (for Individual) JLR Medical Group		upation (for Individual) esthesiologist	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70								
в.	Full Name of Individual (Last, First, Middle Initia Minhaj, Mohammed, , , M.D., M.B.	l) or Full O	Organization Name	Date of Receipt							
	Mailing Address 416 Blythe Rd			10 05 / Y Y Y Y 2016							
	City Riverside	State IL	Zip Code 60546	Transaction ID : C3399763 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		500.00							
	Name of Employer (for Individual) University of Chicago		supation (for Individual) ysician	Memo Item							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify) ▼		500.00								
с.	Full Name of Individual (Last, First, Middle Initia Mintz, Paul, S., , M.D.	ll) or Full O	Organization Name	Date of Receipt							
	Mailing Address 200 Reading Blvd			M M / D D / Y Y Y Y 10 14 2016							
	City Wyomissing	State PA	Zip Code 19610-2236	Transaction ID : C3407737 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		41.67							
	Name of Employer (for Individual) reading anesthesia Associates		upation (for Individual) esthesiologist	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.03								
s	UBTOTAL of Receipts This Page (optional)			583.34							
т	OTAL This Period (last page this line number or	וy)									

FOR LINE NUMBER:

PAGE 80 OF

	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         □
			13     14     15     16       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthe	esiologists P	olitical Action Commit	ee
Full Name of Individual (Last, First, Middl A. Mitter, Nanhi, R., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 232 Spalding Gates Dr			M M / D D / Y Y Y Y 10 06 2016
City Atlanta	State GA	Zip Code 30328-1457	Transaction ID : C3400869
	0,1	30320-1437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) St. Joseph's Hospital of Atlanta		upation (for Individual) sthesiologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00	]
Full Name of Individual (Last, First, Middl B. Montiague, Raul, R., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 7803 Railyard Dr SW			10 11 2016
City	State	Zip Code	Transaction ID : C3402560
Byron Center	MI	49315-9525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer (for Individual) Anesthesia Medical Consultants, PC		upation (for Individual) sthesiologist	Memo Item
Receipt For:	I	Year-to-Date ▼	
Primary General Other (specify) ▼		833.40	1
Full Name of Individual (Last, First, Middl C. Moore, James, , , M.D.	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 757 Westwood Plaza, Su Department of Anesthesi	ology		M M / D D / Y Y Y Y 10 16 2016
City Los Angeles	State CA	Zip Code 90095-7403	Transaction ID : C3410359 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual) UCLA		upation (for Individual) sician	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		519.98	1
SUBTOTAL of Receipts This Page (optiona	l)		416.67
TOTAL This Period (last page this line num	ber only)		

FOR LINE NUMBER:

PAGE 81 OF

Use separate schedule(s)	Use separate schedule(s)	(che	check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12			
Any information copied from such Reports or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)	ig the name and a										
American Society of Anesth	esiologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Mide Moran, Kenneth, R., , M.D.	dle Initial) or Full C	rganization Name	C	ate of	Re	ceipt					
Mailing Address 4029 Hidden Hill Ct				м м 10	/	D 03		2016	Y		
City Powell	State OH	Zip Code 43065-7112	A				C339893 Receipt th	34 his Period			
FEC ID number of contributing federal political committee.	С			_	_			41.	67		
Name of Employer (for Individual) The Ohio State Wexner Medical Center		upation (for Individual) sthesiologist		Me	emo	ltem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.66	]								
Full Name of Individual (Last, First, Mide B. Morrow, Scott, C., , M.D.	lle Initial) or Full C	rganization Name		ate of	Re	ceipt					
Mailing Address 220 Genius Drive				<sup>M</sup> 10	/	13		ү ү 2016	Ŷ		
City Winter Park	State FL	Zip Code 32789					C340567				
FEC ID number of contributing	C	32109	A	mount	of	Each F	Receipt th	nis Period	00		
federal political committee.		upation (for Individual)	-1 ì	Me	emo	ltem					
JLR Medical Group		esthesiologist									
Receipt For:	Aggregate	Year-to-Date ▼	_								
Other (specify) ▼		, 500.00									
Full Name of Individual (Last, First, Mide C. Moss, William, E., , D.O.	lle Initial) or Full C	rganization Name		ate of	Re	ceipt					
Mailing Address 3142 Rock Park Dr				<sup>M</sup> 10	1	D 06		2016	Y		
City Fort Collins	State CO	Zip Code 80528-9483	A				C340126	68 nis Period			
FEC ID number of contributing federal political committee.	С					, .	9	83.:	33		
Name of Employer (for Individual) NCAP		upation (for Individual) sthesiologist		Me	emo	tem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V 850.01	]								
SUBTOTAL of Receipts This Page (option	al)					, .	. ,	175.(	00		
TOTAL This Period (last page this line nu	mber only)					-					

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

FOR LINE NUMBER:

(check only one)

PAGE 82 OF

			Detailed Summary Page	×	11a 13		11b 14		11c 15		12 16	17
An or	y information copied from such Reports and Stal for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by an address of any political comm	y person t ttee to so	or the licit cor	purp ntrib	pose of outions	f soli from	iciting 1 such	con cor	ntribut mmitte	ions ee.
	NAME OF COMMITTEE (In Full) American Society of Anesthesiolo	ogists P	olitical Action Comm	ittee								
A.	Full Name of Individual (Last, First, Middle Initia Mueller, Jeff, T., , M.D.	l) or Full O	Prganization Name		Date of	Re	eceipt					
	Mailing Address Mayo Clinic Hospital 5777 East Mayo Boulevard City	State	Zip Code		10 <sup>M</sup>	/	18				)16	Y
	Phoenix	AZ	85054		Amount		i <b>on ID :</b> Each F			-	eriod	
	FEC ID number of contributing federal political committee.	С							-gr-	1	000.0	0
	Name of Employer (for Individual) Mayo Clinic		upation (for Individual) sician		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
B.	Full Name of Individual (Last, First, Middle Initia Murphy, Bryant, A., , M.D.	l) or Full O	organization Name		Date of	Re	eceipt					
	Mailing Address 367 Kimberwicke Dr	State	Zip Code		10 <sup>M</sup>	/	06		Y	201	16	Y
	Fayetteville	NC	28311-7106		Trans: Amount		<b>on ID :</b> Each F			-	eriod	
	FEC ID number of contributing federal political committee.	С							-		41.6	7
	Name of Employer (for Individual) UNC School of Medicine		upation (for Individual) esthesiologist		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03									
C.	Full Name of Individual (Last, First, Middle Initial Musumeci, Ross, J., , M.D., M.B.	l) or Full O	organization Name		Date of	Re	eceipt					
	Mailing Address 98 Wayne Rd	1-			<sup>M</sup> 10	/	D 14			201	16 <sup>°</sup>	Y
	City Needham	State MA	Zip Code 02494-1770		Trans Amount		ion ID : Each F				eriod	
	FEC ID number of contributing federal political committee.	С					,		,		83.3	3
	Name of Employer (for Individual) Anaesthesia Associates of MA		upation (for Individual) sthesiologist		M	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 708.35									
s	UBTOTAL of Receipts This Page (optional)						, .		,	1	125.0	0
т	OTAL This Period (last page this line number on	ly)					-					

FOR LINE NUMBER:

PAGE 83 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVILED REGEIFIS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anest	nesiologists P	olitical Action Commit	ee
Full Name of Individual (Last, First, Mid A. Nagy, Ryan, D., , M.D.	Idle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1120 South Dr FH 204			M M / D D / Y Y Y Y 10 02 2016
City	State	Zip Code	Transaction ID : C3398619
Indianapolis	IN	46202-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Indiana University Health		upation (for Individual) of Medical Officer	Memo Item
	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	]
Full Name of Individual (Last, First, Mid	ldle Initial) or Full O	rganization Name	
B. Naples, Joseph, J., , M.D.			Date of Receipt
Mailing Address 6565 Fannin St # MCB			10 / P P Y Y Y 2016
City Houston	State TX	Zip Code 77030-2703	Transaction ID : C3400910 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Houston Methodist		upation (for Individual) ir - Dept. of Anesthesiology	Memo Item
Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼		1100,00	]
Full Name of Individual (Last, First, Mid C. Naughton, Norah, N., , M.D.	ldle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1H247 UH SPC 5048 1500 East Medical Cer	nter Drive		10 / Y Y Y Y 10 01 2016
City Ann Arbor	State MI	Zip Code 48109	Transaction ID : C3399047
		40109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer (for Individual) University of Michigan		upation (for Individual) sthesiologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		824.98	1
SUBTOTAL of Receipts This Page (option	nal)		2083.33
TOTAL This Period (last page this line n	umber only)		

FOR LINE NUMBER:

PAGE 84 OF

	•	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthe	siologists P	olitical Action Committ	ee
Full Name of Individual (Last, First, Middle A. Neeld, John, , , JR	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 3025 River North Pkwy			10 / Y Y Y Y Y 2016
City Atlanta	State GA	Zip Code 30328-1117	Transaction ID : C3404744
		00020 1111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) retired		upation (for Individual) sthesiologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	1
		-1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912 - 1912	1
Full Name of Individual (Last, First, Middle B. Nester, Kyle, P., ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4150 Nelson Road Building A			10 / Y Y Y Y 10 01 2016
City	State	Zip Code	Transaction ID : C3399044
Lake Charles	LA	70605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual) Anesthesia Associates		upation (for Individual) rsician Anesthesiologist	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		, 766.64	]
Full Name of Individual (Last, First, Middle C. Nguyen, Tuyet Ha, D, , M.D.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7277 E. Parkview Ln			10 07 2016
City	State	Zip Code	Transaction ID : C3401680
Scottsdale	AZ	85255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		62.50
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Metro Anesthesia Consultants Receipt For:	I	sthesiologist	
Primary General	Aggregate	Year-to-Date <b>V</b>	
Other (specify)		312.50	
SUBTOTAL of Receipts This Page (optional	)		645.83
TOTAL This Period (last page this line numl	·		

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 85 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12									
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) American Society of Anest	hesiologists P	olitical Action Commit	ee									
Full Name of Individual (Last, First, Mi A. Nicolescu, Teodora-Orhidee, , , N		rganization Name	Date of Receipt									
Mailing Address PO Box 26901												
Department of Anesthe	esia State	Zip Code	10 18 2016									
Oklahoma City	OK	73126-0901	Transaction ID : C3411019 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual) ouhsc	Occ MD	upation (for Individual)	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.34	]									
Full Name of Individual (Last, First, Mi <b>B.</b> Nixon, Heather, C., , M.D.	ddle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1740 W. Taylor Ave Suite 3200: Anesthes		Zin Code	10 / Y Y Y Y 2016									
City Chicago	State IL	Zip Code 60612	Transaction ID : C3399348 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.63									
Name of Employer (for Individual) University of Illinois at Chicago		upation (for Individual) rsician	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.66	]									
Full Name of Individual (Last, First, Mi <b>c. Norling, Mark, A., , M.D.</b>	ddle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 715 NW Macleay Blvd Ste 1517			M M / D D / Y Y Y Y 10 18 / 2016									
City Portland	State OR	Zip Code 97210-2757	Transaction ID : C3410792 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer (for Individual) Oregon Anesthesiology Group		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]									
SUBTOTAL of Receipts This Page (option	nal)		591.63									
TOTAL This Period (last page this line r	umber only)											

FOR LINE NUMBER:

PAGE 86 OF

	-	Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12			
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Commit	ee			
Full Name of Individual (Last, First, Midd A. Norton, Paul, C., , M.D.	le Initial) or Full C	rganization Name	Data of Descipt			
A. Norton, Paul, C., , M.D. Mailing Address 623 Jonathan Clay Dr.			Date of Receipt			
City Shreveport	State LA	Zip Code 71106	Transaction ID : C3402531 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		41.67			
Name of Employer (for Individual) MCA		upation (for Individual) sthesiologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.69	]			
Full Name of Individual (Last, First, Middl <b>B.</b> Nounou, Joseph, M., , M.D.	le Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 668 Lakeside Dock Dr			10 / Y Y Y Y 2016			
City Kingsport	State TN	Zip Code 37663-4109	Transaction ID : C3402561 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	°					
Name of Employer (for Individual) Bristol Anesthesia Services		upation (for Individual) esthesiologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 933.40	]			
Full Name of Individual (Last, First, Midd C. Ombaba, Siang King, , ,	le Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 27906 Cascabel Ln			10 / Y Y Y Y 10 15 2016			
City San Antonio	State TX	Zip Code 78260-1814	Transaction ID : C3410372           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		41.67			
Name of Employer (for Individual) Star anesthesia		upation (for Individual) sician anesthesiologist	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.02	1			
SUBTOTAL of Receipts This Page (optiona	al)		166.68			
TOTAL This Period (last page this line nun	nber only)					

FOR LINE NUMBER:

PAGE 87 OF

		Use separate schedule(s)	(chec	k only	/ on	ne)	L						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 12		11b	11c	12	<b>_</b>				
Any information copied from such Reports and or for commercial purposes, other than using t													
NAME OF COMMITTEE (In Full)		and the second s											
American Society of Anesthes	iologists P	olitical Action Committ	ee										
Full Name of Individual (Last, First, Middle Padakandla, Udaya, , , M.B.	Initial) or Full C	rganization Name	D	ate of	Re	ceipt							
Mailing Address 4449 Young Dr.							10 18 2016						
City Carrollton	State TX	Zip Code 75010-1145					: C341102 Receipt th	23 nis Period					
FEC ID number of contributing federal political committee.	С							41.	67				
Name of Employer (for Individual) US Anesthesia Providers		upation (for Individual) sician		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 374.99	1										
Full Name of Individual (Last, First, Middle <b>B.</b> Paganelli, William, C., , M.D., Ph.I		rganization Name	D	ate of	Re	ceipt							
Mailing Address 197 Olde Orchard Ln	1-			<sup>M</sup> 10	/	D 15		y y 2016	Y				
City	State VT	Zip Code 05482-6765					C340774						
Shelburne	VI	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C							10.	00				
Name of Employer (for Individual) University of Vermont Medical Center	Occ Ane		Me	emo	Item								
Receipt For:	Aggregate												
Primary     General       Other (specify) ▼		287.51	]										
Full Name of Individual (Last, First, Middle C. Page, Sam, L., , M.D.	Initial) or Full C	rganization Name	D	ate of	Re	ceipt							
Mailing Address 17 Windsor Terrace Ln			_ L	<sup>M</sup> 10	/	D 01		ү ү 2016	Y				
City Creve Coeur	State MO	Zip Code 63141-9000				-	C33985 Receipt th	66 his Period					
FEC ID number of contributing federal political committee.	С			-		y .	9	83.:	33				
Name of Employer (for Individual) Western Anesthesiology		upation (for Individual) sician		Me	əmo	ltem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1583.40	1										
SUBTOTAL of Receipts This Page (optional).						,		135.0	00				
TOTAL This Period (last page this line number	er only)		Γ										

FOR LINE NUMBER:

PAGE 88 OF

IT.			Use separate schedule(s)				(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c		r	17		
	ny information copied from such Reports and St for commercial purposes, other than using the						pose of	soliciting	g conti	ributic	ons		
	NAME OF COMMITTEE (In Full)			0 10 0									
	American Society of Anesthesio	logists P	olitical Action Committ	ee									
Α.	Full Name of Individual (Last, First, Middle Init Paiste, Juhan, , , M.D.	ial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address JT 845 619 19th St S				10 / D D / Y Y Y Y 10 01 2016								
	City Birmingham	State AL	Zip Code 35249-6810					C339856 leceipt th		riod			
	FEC ID number of contributing federal political committee.	С			41.67								
	Name of Employer (for Individual) UAB	idual) Occupation (for Individual) MD											
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 541.66	1									
в.	Full Name of Individual (Last, First, Middle Init Palmrose, Frank, E., , M.D.	ial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 1001 SW Coronado Street			10 <sup>M</sup>	/	D D D 14	/ Y	2016	ү ү 6				
	City	State	Zip Code		Trans	acti	on ID :	C340772	28				
	Portland	OR	97219		Amoun	t of	Each R	leceipt th	nis Per	riod			
	FEC ID number of contributing federal political committee.	С		41.63						3			
	Name of Employer (for Individual) OAG, PC		upation (for Individual) esthesiologist	Memo Item									
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 874.99	]									
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Palmrose, Frank, E., , M.D.	ial) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 1001 SW Coronado Street				10 <sup>M</sup>	/	D D 19	) / Y	201				
	City Portland	State OR	Zip Code 97219				-	C341124 Receipt th		riod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	y	5	00.00	)		
	Name of Employer (for Individual) OAG, PC	Anes	upation (for Individual) sthesiologist		M	emo	) Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 874.99	]									
⊢	UBTOTAL of Receipts This Page (optional)			• •			, . , .		5	83.30			

FOR LINE NUMBER:

PAGE 89 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	(check only one)							
11			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b	11c 15		2 6	17	
	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose of	soliciting	g conti	ributio	ons	
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	ologists P	olitical Action Committ	tee								
Α.	Full Name of Individual (Last, First, Middle In Pandya, Parag, , , M.D.	iitial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 210 Royal Vw			M M / D D / Y Y Y Y 10 13 2016								
	City Pittsford	State NY	Zip Code 14534-9633					C340659 eceipt th		riod		
	FEC ID number of contributing federal political committee.	С			<u> </u>					83.33	3	
	Name of Employer (for Individual) Finger Lakes Health		Occupation (for Individual) Anesthesiologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.65	1								
в.	Full Name of Individual (Last, First, Middle In Pappas, John, L., , M.D. Mailing Address 294 Barden Rd	iitial) or Full O	rganization Name		Date of	f Re	eceipt	/ Y	Y	Y Y	7	
	City	State	Zip Code		10 Trans	acti	18 ion ID :	C341101	2010 1 <b>8</b>	6		
	Bloomfield Hills	MI	48304-2711		Amoun	t of	Each R	eceipt th	nis Per	riod		
	FEC ID number of contributing federal political committee.	C				83.33						
	Name of Employer (for Individual) AAMI		upation (for Individual) sthesiologist		М	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.31	]								
<u>с.</u>	Full Name of Individual (Last, First, Middle In Pastore, Timothy, P., , M.D.	iitial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 2183 Stopper Dr.				10 <sup>M</sup>		02	JL	201			
	City Montoursville	State PA	Zip Code 17754-9697				-	C339862 eceipt th	-	riod		
	FEC ID number of contributing federal political committee.	С			Ľ.		y :	, , ,	5	00.00	)	
	Name of Employer (for Individual) Anesthesia Associates of Williamsport Receipt For:	Phys	ipation (for Individual) iician/Anesthesiologst		M	emo	o Item					
	Primary General Other (specify)	Aggregate	Year-to-Date	1								
⊢	<b>UBTOTAL</b> of Receipts This Page (optional)					_	5		6	66.66	;	

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

FOR LINE NUMBER:

PAGE 90 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle Patterson, Todd, H., , D.O.	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1439 Wedgewood Ave			M M / D D / Y Y Y Y 10 17 2016						
City	State	Zip Code	Transaction ID : C3410368						
Des Plaines	IL	60018-1315	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) PRAA		upation (for Individual) esthesiologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		583.31	1						
			·						
Full Name of Individual (Last, First, Middle <b>B.</b> Pauker, Kenneth, Y., , M.D.	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 18 Sierra Vista			10 / D D / Y Y Y Y 10 19 2016						
City	State	Zip Code	Transaction ID : C3411243						
Laguna Niguel	CA	92677-7952	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.33						
Name of Employer (for Individual) retired		upation (for Individual) esthesiologist	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		833.34	]						
Full Name of Individual (Last, First, Middle C. Pearson, Don, R., , JR	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 4326 Beechwood Rd			M M / D D / Y Y Y Y 10 13 2016						
City Knoxville	State TN	Zip Code 37920-6014	Transaction ID : C3406607						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) University Anesthesiologists		upation (for Individual) sician	Memo Item						
Receipt For: Primary General	Aggregate	Year-to-Date V	1						
Other (specify)		749.97	1						
SUBTOTAL of Receipts This Page (optional	)		249.99						
TOTAL This Period (last page this line num	ber only)								

FOR LINE NUMBER:

PAGE 91 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle I Pease, Sonya, M., , M.D.	nitial) or Full C	Organization Name	Date of Receipt							
Mailing Address 5373 Pennock Point Road			M M / D D / Y Y Y Y 10 05 2016							
City	State	Zip Code	Transaction ID : C3399762							
Jupiter	FL	33469-3515	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer (for Individual) TeamHealth Anesthesia		upation (for Individual) esthesiologist	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General	Aggregate		1							
Other (specify) V		1000.00								
Full Name of Individual (Last, First, Middle I B. Penca, Stephen, J., , M.D.	nitial) or Full C	Organization Name	Date of Receipt							
Mailing Address 5 Rushing Meadow Ct.			10 / D D / Y Y Y Y 2016							
City	State	Zip Code	Transaction ID : C3399297							
Arlington	ТХ	76016	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer (for Individual) Information Requested		upation (for Individual) esthesiologist-MD	Memo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Primary General Other (specify) ▼		, 500.00	1							
Full Name of Individual (Last, First, Middle I C. Perry, Jeremie, J., , M.D.	nitial) or Full C	Organization Name	Date of Receipt							
Mailing Address 2410 Whispering Oaks Ct.			M M / D D / Y Y Y Y 10 16 2016							
City Abilene	State TX	Zip Code 79606-4366	Transaction ID : C3410361							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Hendrick Anesthesia Network		upation (for Individual) sician	Memo Item							
Receipt For:		Year-to-Date ▼	-							
Other (specify)		916.69	]							
SUBTOTAL of Receipts This Page (optional)			1583.33							
TOTAL This Period (last page this line number	r only)									

FOR LINE NUMBER:

PAGE 92 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	Political Action Committe	ee
A.	Full Name of Individual (Last, First, Middle Initial         Peterson, Mary Dale, , , M.D.         Mailing Address 210 Naples St.         City         Corpus Christi         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Driscoll         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occu Phy	Drganization Name Zip Code 78404 upation (for Individual) visician Year-to-Date ▼ 1000.00	Date of Receipt
В.	Full Name of Individual (Last, First, Middle Initial Philip, Beverly, K., , M.D.         Mailing Address Dept Anes Periop Pain Med         75 Francis St         City         Boston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         BWH Anesthesiology         Receipt For:         Primary       General Other (specify) ▼	State MA C Occ. Ane	Drganization Name Zip Code 02115-6110 Supation (for Individual) esthesiologist Year-to-Date ▼ 1020.00	Date of Receipt
C.	Full Name of Individual (Last, First, Middle Initia         Philip, James, H., , M.D.         Mailing Address       Brigham and Womens Hosp Ar         75 Francis St         City         Boston         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Brigham and Women's Hospital Anesthesi         Receipt For:         Primary       General         Other (specify)	State MA C Occu Anes	Drganization Name Zip Code 02115-6110 upation (for Individual) esthesiologist Year-to-Date ▼ 1020.00	Date of Receipt
-	UBTOTAL of Receipts This Page (optional)			3000.00
T	OTAL This Period (last page this line number of	nıy)	••••••	

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

FOR LINE NUMBER:

PAGE 93 OF

			Use separate schedule(s)	(ch	(check only one)						
ITEMIZED			for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12		
	copied from such Reports and S										
\	al purposes, other than using the	e name and a	ddress of any political committee	e to so	DIICIT COI	ntrib	outions f	rom such		ttee.	
	OMMITTEE (In Full) n Society of Anesthesic	ologists P	olitical Action Committe	ee							
	f Individual (Last, First, Middle Ini ra, K., , M.D.	itial) or Full O	rganization Name		Date of	f Re	eceipt				
	ess 6925 Spring Valley Lane Unit 308-S			<sup>M</sup> 10	/	D D 01	/ Y	ү ү 2016	Y		
City Export		State PA	Zip Code 15632	_				C339904 eceipt th	<b>I5</b> is Perioc	1	
	ber of contributing cal committee.	С			<u> </u>				83	.33	
Excela Health	ployer (for Individual) n		Occupation (for Individual) Anesthesiologist								
Receipt For: Primary Other (	y General (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	]							
	f Individual (Last, First, Middle Ini ara, K., , M.D.	itial) or Full O	rganization Name		Date of	f Re	eceipt				
	ess 6925 Spring Valley Lane Unit 308-S	Chata		10 / D D / 2016 Transaction ID : C3398583							
City Export		State PA	Zip Code 15632						is Perioc	4	
FEC ID num	ber of contributing cal committee.	С			83.33						
Name of Em Excela Health	ployer (for Individual) 1		upation (for Individual) esthesiologist	Memo Item							
Receipt For: Primary Other (	y General (specify) ▼	Aggregate	Year-to-Date ▼ 583.31	]							
	f Individual (Last, First, Middle Ini Sara, K., , M.D.	itial) or Full O	rganization Name		Date of	f Re	ceipt				
Mailing Addre	ess 6925 Spring Valley Lane Unit 308-S				10 <sup>M</sup>	1	13	/ Y	2016	Y	
City Export		State PA	Zip Code 15632					C340660 eceipt th	<b>)0</b> is Perioc	ł	
	ber of contributing cal committee.	С			<u> </u>		<b>,</b>	, ,	83	.33	
Excela Health	ployer (for Individual) h		upation (for Individual) sthesiologist		М	emo	tem				
Receipt For: Primary Other (	y General (specify)	Aggregate	Year-to-Date ▼ 583.31	]							
SUBTOTAL of	Receipts This Page (optional)			•			,	. ,	249.	.99	
TOTAL This Pe	eriod (last page this line number	only)		- •							

FOR LINE NUMBER:

PAGE 94 OF

17			Use separate schedule(s)	(che	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	,			
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full)		address of any political committee	10 30		uno	ulions	nom suci	1 commu				
$\rangle$	American Society of Anesthesiol	ogists P	olitical Action Committe	e									
A.	Full Name of Individual (Last, First, Middle Initia Plagenhoef, Deborah, L., , M.D.	al) or Full O	Date of Receipt										
	Mailing Address 3823 Brighton Creek Cir			10 03 2016									
	City Tyler	State TX					C339929 Receipt th	94 his Period					
	FEC ID number of contributing federal political committee.	С					,		1000.0	00			
	Name of Employer (for Individual) East Texas Anesthesiology Associates		upation (for Individual) /sician		Me	mo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
В.	Full Name of Individual (Last, First, Middle Initia Podnar, Jeffrey, J., , M.D.	al) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 3911 N. Ashland Ave., #C		Zip Code		<sup>M</sup> 10	/	D 18		2016	Ŷ			
	City Chicago	State					C341101						
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 83.33										
	Name of Employer (for Individual) Midwest Anesthesia Partners	Occupation (for Individual) Anesthesiologist			Me	mo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.64										
с.	Full Name of Individual (Last, First, Middle Initia Polce, Roma, C., , M.D.	al) or Full O	Organization Name		Date of	Re	ceipt						
	Mailing Address 3092 Red Arrow Dr.		1		<sup>M</sup> 10	/	D 15		2016	Y			
	City Las Vegas	State NV	Zip Code 89135-1303	,				C340774 Receipt th	<b>48</b> iis Period				
	FEC ID number of contributing federal political committee.	С					9	,	83.3	34			
	Name of Employer (for Individual) VAMC Southern Nevada		upation (for Individual) sthesiologist		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.40										
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,	1166.6	67			
т	OTAL This Period (last page this line number of	nly)					,						

FOR LINE NUMBER:

PAGE 95 OF

т			Use separate schedule(s)	(ch	neck only	/ or	ne)				
11			for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)										
$\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee							
A.	Full Name of Individual (Last, First, Middle Initia Pomerantz, Paul, , , M.B.A.	l) or Full Or	Organization Name		Date of	Re	eceipt				
	Mailing Address 550 N. Kingsbury St.				м м 10	1	D 03		ү ү 2016	Y	
	City Chicago	State IL	Zip Code 60654					C339902 Receipt th	27 nis Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		1000.0	00	
	Name of Employer (for Individual) ASA		upation (for Individual) ecutive		Me	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00								
в.	Full Name of Individual (Last, First, Middle Initia Prasad, Ravindra, V., , M.D.	l) or Full Or	Organization Name		Date of	Re	eceipt				
	Mailing Address N2201 North Wing CB 7010			10 / 19 / Y Y Y Y Y 2016							
	City Chapel Hill	State NC	Zip Code 27599-7010	Transaction ID : C34116 Amount of Each Receipt							
	FEC ID number of contributing federal political committee.	С						83.3	33		
	Name of Employer (for Individual) UNC School of Medicine	Occu Prof	O!	Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.97								
с.	Full Name of Individual (Last, First, Middle Initia Pregler, Johnathan, L., , M.D.	l) or Full Or	Organization Name		Date of	Re	eceipt				
	Mailing Address 10556 Dunleer Dr				10 <sup>M</sup>	1	D 12		2016	Y	
	City Los Angeles	State CA	Zip Code 90064-4318					: <b>C34047</b> Receipt th	53 his Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>y</u>	. ,	83.3	33	
Name of Employer (for Individual) UCLA Department of Anesthesiology			upation (for Individual) sician		Me	emo	o Item				
	Receipt For: Primary General Other (specify)	Primary General General									
s	UBTOTAL of Receipts This Page (optional)						,	,	1166.6	66	
т	OTAL This Period (last page this line number or	ıly)		-							

FOR LINE NUMBER:

PAGE 96 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	,								
American Society of Anesthe	esiologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle Rangi, Navdip, S., , M.D.	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10191 W. Shrewsbury Ru	n		M M / D D / Y Y Y Y 10 05 2016						
City Collierville	State TN	Zip Code 38017	Transaction ID : C3399516 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.34						
Name of Employer (for Individual) Medical Anesthesia		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40	1						
		7 7							
Full Name of Individual (Last, First, Middle B. Raty, Sally, , , M.D.	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6414 Rutgers Ave			10 / Y Y Y Y 10 13 2016						
City	State TX	Zip Code 77005	Transaction ID : C3405676						
		11005	Amount of Each Receipt this Period						
federal political committee.	FEC ID number of contributing federal political committee.								
Name of Employer (for Individual) Baylor College of Medicine		upation (for Individual) ector Residency Training	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		416.70	]						
Full Name of Individual (Last, First, Middle C. Ravikant, Neeju, , , M.D.	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 875 W Glengarry Circle			10 / D D / Y Y Y Y 10 16 2016						
City Bloomfield Hills	State MI	Zip Code 48301-2219	Transaction ID : C3408337           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		41.67						
Name of Employer (for Individual) Anesthesiology Associates of Ann Arbor		upation (for Individual) sthesiologist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70	1						
SUBTOTAL of Receipts This Page (optiona	l)		166.68						
TOTAL This Period (last page this line num	ber only)								

FOR LINE NUMBER:

PAGE 97 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17									
			person for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Commit	ee									
Full Name of Individual (Last, First, Middle A. Rebello, Elizabeth, , , M.D.	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6549 Westchester Ave			10 03 / Y Y Y Y 2016									
City Houston	State TX	Zip Code 77005	Transaction ID : C3398926 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer (for Individual) MD Anderson		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1									
Full Name of Individual (Last, First, Middle <b>3. Redmon, Benjamin, F., , M.D.</b>												
Mailing Address 231 Parker Rd			M M / D D / Y Y Y Y 10 08 2016									
City	State	Zip Code	Transaction ID : C3402508									
Chapel Hill	NC	27517-9142	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		36.63									
Name of Employer (for Individual) University of North Carolina		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		466.66	]									
Full Name of Individual (Last, First, Middle C. Redmon, Benjamin, F., , M.D.	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 231 Parker Rd			10 / Y Y Y Y 10 14 2016									
City Chapel Hill	State NC	Zip Code 27517-9142	Transaction ID : C3406916 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		10.00									
Name of Employer (for Individual) University of North Carolina		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 466.66	]									
SUBTOTAL of Receipts This Page (optional)	)		546.63									
TOTAL This Period (last page this line numb	per only)											

FOR LINE NUMBER:

PAGE 98 OF

IТ			Use separate schedule(s)	(ch	neck only	/ or	ne)	<u> </u>					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c		12	<u> </u>		
	ny information copied from such Reports and Sta for commercial purposes, other than using the n												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	American Society of Anesthesiolo	ogists Po	olitical Action Committe	ee									
A.	Full Name of Individual (Last, First, Middle Initia Reeves, Scott, , , M.D., MBA	l) or Full Oi	Organization Name		Date of	Re	eceipt						
	Mailing Address Musc Dept of Anesthesia 167 Ashley Avenue, Suite 301				10 / D D / Y Y Y Y 2016								
	City Charleston	State SC	Zip Code 29425-0001		Trans Amount			: <b>C3399</b> Receipt		eriod			
	FEC ID number of contributing federal political committee.	С			<u> </u>					500.0	0		
	Name of Employer (for Individual) MUSC		upation (for Individual) esthesiologists		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
в.	Full Name of Individual (Last, First, Middle Initia Richards, Jeffrey, S., , M.D.	l) or Full Oi	Organization Name		Date of	Re	eceipt						
	Mailing Address 301 University Blvd. Department of Anesthesiology				10 / Y Y Y Y 10 13 2016								
	City	State TX	Zip Code					C3406					
	Galveston		77555-0591	-	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			41.67								
	Name of Employer (for Individual) UTMB		Occupation (for Individual) Physician ggregate Year-to-Date ▼				) Item						
	Receipt For:	Aggregate											
	Primary General Other (specify) ▼		, 266.68										
C.	Full Name of Individual (Last, First, Middle Initia Richards, Paul, M., , D.O.	l) or Full Oi	Organization Name		Date of	Re	eceipt						
	Mailing Address 4665 Douglas Cir NW Ste 101				<sup>M</sup> 10	/	D 11			)16 16	Y		
	City Canton	State OH	Zip Code 44718-3673		Trans Amount			: <b>C3404</b> Receipt		eriod			
	FEC ID number of contributing federal political committee.	С					,			83.3	3		
	Name of Employer (for Individual) Ohio Anesthesia Group		upation (for Individual) sthesiologist		Me	emo	tem Item						
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 249.99											
s	UBTOTAL of Receipts This Page (optional)		•••••		<u> </u>		, .	. ,		625.00	0		
т	OTAL This Period (last page this line number on	ly)	••••••				_						

FOR LINE NUMBER:

PAGE 99 OF

T			Use separate schedule(s)	(ch	eck only	on	e)							
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12					
or	y information copied from such Reports and Sta for commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	Political Action Committe	e										
Α.	Full Name of Individual (Last, First, Middle Initia Rigol, Jason, A., , M.D.	ll) or Full O	Organization Name	Date of Receipt										
	Mailing Address 3117 Palm Vista				10 / D D / Y Y Y Y 10 12 2016									
	City Metairie	State LA	Zip Code 70003	Transaction ID : C3405656 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) self		supation (for Individual) rsician		Me	mo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00											
	Full Name of Individual (Last, First, Middle Initia Roberts, Michael, W., , II	l) or Full O	Drganization Name		Date of	Re	ceipt							
	Mailing Address 430 W Symmes St			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City Norman	StateZip CodeOK73069-5658				Transaction ID : C3399046           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		83.33										
	Name of Employer (for Individual) Northwest Anesthesia	Occi Ane		Me	mo	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01											
	Full Name of Individual (Last, First, Middle Initia Robertson, Sara, B, , M.D.	ll) or Full O	Drganization Name		Date of	Re	ceipt							
	Mailing Address 16800 Van Aken Blvd, #414				10 <sup>M</sup>	1	18		2016	Y				
	City Shaker Heights	State OH	Zip Code 44120	_			-	C341080 Receipt th	03 nis Period					
	FEC ID number of contributing federal political committee.	С					y .		100.0	00				
	Name of Employer (for Individual) University of Mississippi Medical Cent		upation (for Individual) liatric Anesthesiologist		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 100.00											
รเ	JBTOTAL of Receipts This Page (optional)		•				,	. ,	233.3	33				
т	OTAL This Period (last page this line number or	ıly)					-	-						

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

FOR LINE NUMBER:

PAGE 100 OF

		Use separate schedule(s)	(che	ck only	/ or	ne)	L							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12						
Any information copied from such Reports and or for commercial purposes, other than using t														
NAME OF COMMITTEE (In Full)		aarooo or any poincal committe	5 10 501		iu iu	01015	nom auci	. commu						
American Society of Anesthes	iologists P	olitical Action Committ	ee											
Full Name of Individual (Last, First, Middle <b>A.</b> Robertson, Sara, B, , M.D.	Initial) or Full C	organization Name	C	Date of Receipt										
Mailing Address 16800 Van Aken Blvd, #414	1													
City Shaker Heights	State OH	Zip Code 44120	A											
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) University of Mississippi Medical Cent		upation (for Individual) liatric Anesthesiologist		Me	emo	ltem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 100.00												
Full Name of Individual (Last, First, Middle B. Robertson, Sara, B, , M.D.	Initial) or Full C	organization Name		Date of	Re	ceipt								
Mailing Address 16800 Van Aken Blvd, #414		Chata Zin Code				D 18		2016	Y					
City Sheker Heighte	State OH	Zip Code 44120					C341080							
Shaker Heights FEC ID number of contributing		44120	A	Amount of Each Receipt this Period										
federal political committee.	С					100.00								
Name of Employer (for Individual) University of Mississippi Medical Cent		Occupation (for Individual) Pediatric Anesthesiologist			emo	Item								
Receipt For:	Aggregate	Aggregate Year-to-Date ▼												
Other (specify) ▼														
Full Name of Individual (Last, First, Middle C. Robison, Jon, R., , M.D.	Initial) or Full C	organization Name	C	Date of	Re	ceipt								
Mailing Address 1690 E. 3250 N.				м м 10	1	06		2016	Y					
City North Logan	State UT	Zip Code 84341	A				C340126 Receipt th	<b>33</b> is Period						
FEC ID number of contributing federal political committee.	С					<b>,</b>	. y	250.0	00					
Name of Employer (for Individual) Interwest Anesthesia Assoc. LLC		upation (for Individual) sthesiologist		Me	emc	tem								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]											
SUBTOTAL of Receipts This Page (optional).						, .	. ,	450.0	00					
TOTAL This Period (last page this line number	er only)		. [			-	-							

FOR LINE NUMBER:

PAGE 101 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17								
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	haajalaajata D	alitical Action Committe									
American Society of Anest	inesiologists P		ee								
Full Name of Individual (Last, First, Mi Roethle, Scott, T., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5005 W 131 Terr			M M / D D / Y Y Y Y 10 01 2016								
City Leawood	State KS	Zip Code 66209	Transaction ID : C3398466 Amount of Each Receipt this Period								
		00203									
FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer (for Individual) AAKC		upation (for Individual) sthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼		2250.04	1								
			1								
Full Name of Individual (Last, First, Mi B. Ropp, Kate, M., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3345 SW 97th Ave			M M / D D / Y Y Y Y 10 09 2016								
City	State	Zip Code	Transaction ID : C3401711								
Portland	OR	97225-2922	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual) Oregon Anesthesiology Group		upation (for Individual) iatric Anesthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary     General       Other (specify) ▼		500.00	]								
Full Name of Individual (Last, First, Mi C. Rosen, Gerald, P., , M.D.	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4300 Alton Rd # 1401			10 04 2016								
City	State	Zip Code	Transaction ID : C3399352								
Miami Beach	FL	33140-2948	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.67								
Name of Employer (for Individual) Miami Beach Anesthesiology Assoc.		upation (for Individual) sthesiologist	Memo Item								
Receipt For:		Year-to-Date ▼									
Primary General Other (specify)		416.70									
SUBTOTAL of Receipts This Page (optic	onal)		1541.67								
TOTAL This Period (last page this line r	number only)	······									

FOR LINE NUMBER:

PAGE 102 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the	atements mana and a	ay not be sold or used by any pendotress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	96
Full Name of Individual (Last, First, Middle Initi         Rosenberg, Andrew, D., , M.D.         Mailing Address 55 Field Ln         City         Roslyn Heights         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         NYU School of Medicine         Receipt For:         Primary       General         Other (specify)	State NY C Occ Phy	Zip Code 11577-2605 upation (for Individual) rsician Year-to-Date ▼ 1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initi         B. Rosenquist, Richard, W, , M.D.         Mailing Address 9500 Euclid Ave # C25         Dept. of Pain Mgmt.         City         Cleveland         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Cleveland Clinic         Receipt For:         Primary       General         Other (specify) ▼	State OH C Occ Phy	Zip Code 44195-0001	Date of Receipt
Full Name of Individual (Last, First, Middle Initi C. Rossi, Michael, G., , D.O. Mailing Address 6583 Cottingham Place City Memphis FEC ID number of contributing federal political committee. Name of Employer (for Individual) St Jude Children's Research Hospital Receipt For: Primary General Other (specify)	State TN C Occ Ane	Drganization Name Zip Code 38120 upation (for Individual) sthesiologist Year-to-Date ▼ 633.32	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		· · ·	2083.33

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

#### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 103 OF

ITEMIZED RECEIPTS	ž	Use separate schedule(s)	(check o	only o	ne)								
TEIMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12	17					
Any information copied from such Report or for commercial purposes, other than u					rpose of								
NAME OF COMMITTEE (In Full) American Society of Anes	thesiologists P	olitical Action Commit	ee										
Full Name of Individual (Last, First, M ARothman, Brian, S., , M.D.	iddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1301 Medical Center	Dr # 4648			10 16 / Y Y Y Y Y 2016									
City Nashville	State TN	Zip Code 37232-0028		Transaction ID : C3410354 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C						41.0	37					
Name of Employer (for Individual) Vanderbilt University Medical Center		upation (for Individual) sician		Mem	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70	1										
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Routenberg, Lawrence, J., , M.D.												
Mailing Address 1318 Fox Hollow Rd		State Zip Code				10 / D D / Y Y Y Y 2016							
City Schenectady	State NY	Zip Code 12309-2527				C340171							
FEC ID number of contributing federal political committee.	C	C				Amount of Each Receipt this Period							
Name of Employer (for Individual) Schenectady Anesthesia Assoc		Occupation (for Individual) Anesthesiologist			o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
Full Name of Individual (Last, First, M C. Saldutti, Gregg, M., , M.D.	iddle Initial) or Full O	rganization Name	Date	of R	eceipt								
Mailing Address 7 Lockland ave			10	)	06	JL	2016	Y					
City Haddon Twp	State NJ	Zip Code 08108				C340087 Receipt th	<b>75</b> is Period						
FEC ID number of contributing federal political committee.	C				y .	, ,	500.0	00					
Name of Employer (for Individual) South jersey anesthesia		upation (for Individual) sthesiologist		Mem	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]										
SUBTOTAL of Receipts This Page (opti	onal)				y	. ,	1041.6	37					
TOTAL This Period (last page this line	number only)					1 m							

FOR LINE NUMBER:

PAGE 104 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle Sardesai, Mahesh, P., , M.D.	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 5230 Centre Avenue Suite 205			M M / D D / Y Y Y Y 10 14 2016									
City Pittsburgh	State PA	Zip Code 15232	Transaction ID : C3406917 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.34									
Name of Employer (for Individual) UPMC		upation (for Individual) esthesiologist	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.40	]									
Full Name of Individual (Last, First, Middle B. Sawhney, Deepak, , , M.D.	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 13101 Southwest Fox Ridg	e Road		10 18 2016									
City	State	Zip Code	Transaction ID : C3410797									
McMinnville	OR	97128-8500	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		500.00									
Name of Employer (for Individual) Information Requested		upation (for Individual) prmation Requested	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		500.00	]									
Full Name of Individual (Last, First, Middle C. Schenning, Katie, J., , M.D., M		organization Name	Date of Receipt									
Mailing Address 3737 N Willamette Blvd			10 / Y Y Y Y 10 13 2016									
City Portland	State OR	Zip Code 97217-5143	Transaction ID : C3406530 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		250.00									
Name of Employer (for Individual) Oregon Health & Science University		upation (for Individual) sthesiologist	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]									
SUBTOTAL of Receipts This Page (optional)			833.34									
TOTAL This Period (last page this line numb	er only)											

FOR LINE NUMBER:

PAGE 105 OF

ITEMIZED RECEIPTS	•	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     1       person for the purpose of soliciting contributions       ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)		_									
American Society of Ane	esthesiologists P	olitical Action Commit	tee								
Full Name of Individual (Last, First, A. Schulman, Steven, B., , M.D.	Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 100 Port Washingt	on Blvd		10 / Y Y Y Y 2016								
City Roslyn	State NY	Zip Code 11576-1353	Transaction ID : C3401726 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		83.33								
Name of Employer (for Individual) NY CV Anesthesiologists		upation (for Individual) sician	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.34	]								
Full Name of Individual (Last, First <b>B.</b> Schwalbe, Steven, , , M.D.,		rganization Name	Date of Receipt								
Mailing Address 7901 Broadway E. Anes Dept	2-69 State	Zip Code	10 09 2016								
City Elmhurst	NY	11373-1329	Transaction ID : C3401729 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) Mount Sinai Medical Services		upation (for Individual) esthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]								
Full Name of Individual (Last, First C. Schwarz, Adam, M., , M.I		rganization Name	Date of Receipt								
Mailing Address 1212 4th St SE Ap		1	10 / D D / Y Y Y Y 10 17 2016								
City Washington	State DC	Zip Code 20003-3499	Transaction ID : C3410377           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		83.33								
Name of Employer (for Individual) MAPMG	Occi pain	upation (for Individual)	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98									
SUBTOTAL of Receipts This Page (	pptional)		1166.66								
TOTAL This Period (last page this lin	ne number only)										

FOR LINE NUMBER:

PAGE 106 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a 11b 11c 12								
			13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	0										
American Society of Anesth	esiologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Midd A. Sellers, Alethia, Baldwin, , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address Jefferson Tower 862											
619 19th St. So City	State	Zip Code	Transaction ID : C3399358								
Birmingham	AL	35249-1900	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) UAB		upation (for Individual) sthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify) ▼		250.00									
Full Name of Individual (Last, First, Midd B. Shannon, Connor, L., , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 254 Ridge Ave			10 04 2016								
City	State	Zip Code	Transaction ID : C3399351								
Winnetka	IL	60093-3855	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		83.33								
Name of Employer (for Individual) Midwest Anesthesia Providers, LTD		upation (for Individual) esthesiologist	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify)		583.31	]								
Full Name of Individual (Last, First, Midd C. Sheplock, George, , , M.D.	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 705 Riley Hospital Drive	, Rm 2820		10 / Y Y Y Y Y 10 12 2016								
City Indianapolis	State IN	Zip Code 46202-5200	Transaction ID : C3405638 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer (for Individual) IU Health Physicians		upation (for Individual) iatric anesthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2250.00	]								
SUBTOTAL of Receipts This Page (option	al)		1333.33								
TOTAL This Period (last page this line nur	mber only)	······									

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

FOR LINE NUMBER:

PAGE 107 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	L									
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 13 14	11c	12 16	17							
Any information copied from such Rep or for commercial purposes, other than			erson for the purpose of	of soliciting	contributi	ions							
NAME OF COMMITTEE (In Full)													
American Society of Ane	esthesiologists P	olitical Action Committ	e										
Full Name of Individual (Last, First, Siddiqui, Afreen, , , M.B.,B.S.	Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1 Darl Ct													
City East Greenwich	State RI	Zip Code 02818-1129	Transaction ID : C3411651 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) VA hospital		upation (for Individual) sthesiologist	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70											
Full Name of Individual (Last, First, B. Simon, Michael, B., , M.D.	Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 35 Gellatly Dr			10 / D D / Y FY FY 2016										
City Wanningara Falla	State	Zip Code	Transaction ID										
Wappingers Falls		12590-6452	Amount of Each	Receipt thi	s Period								
FEC ID number of contributing federal political committee.	C		83.33										
Name of Employer (for Individual) Sheridan Healthcorp		upation (for Individual) sician	Memo Item										
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Other (specify) ▼		850.01											
Full Name of Individual (Last, First, Singleton, Mark, A., , M.D		rganization Name	Date of Receipt										
Mailing Address 7106 Marlborough	Terrace		10 / D		2016	Y							
City Berkeley	State CA	Zip Code 94705	Transaction ID Amount of Each										
FEC ID number of contributing federal political committee.	C			- 9	83.3	3							
Name of Employer (for Individual) University of California, San Francisc		upation (for Individual) sician/professor	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 583.31											
SUBTOTAL of Receipts This Page (c	ptional)			. ,	208.3	3							
TOTAL This Period (last page this lin	e number only)												

FOR LINE NUMBER:

PAGE 108 OF

IТ				e separate schedule(s)	(C	heck onl	уо	ne)						
11				each category of the tailed Summary Page		<b>×</b> 11a 13		11b 14	11c		r	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose of	soliciting	contr	ributic	ons		
	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesiol	ogists P	olitic	al Action Committe	e									
Α.	Full Name of Individual (Last, First, Middle Initia Slonin, Jonathan, H., , M.D., M.B.	al) or Full O	rganiz	ation Name		Date of Receipt								
	Mailing Address 5191 SW Longspur Lane					10 / D D / Y Y Y Y 10 01 2016								
	City Palm City	State FL	Z	ip Code 34990	_				C339855		riod			
	FEC ID number of contributing federal political committee.	С				<u> </u>					83.33	}		
	Name of Employer (for Individual) TeamHealth Anesthesia		•	n (for Individual) ologist		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 833.34										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Smith, Blair, , , M.D.	al) or Full O	or Full Organization Name					eceipt						
	Mailing Address 1046 Lake Colony Ln					10	/	12	/ Y	2016		1		
	City	State	Z	ip Code		Trans	act	ion ID :	C340479	8				
	Vestavia	AL		35242-7405		Amoun	t of	Each R	leceipt th	is Per	riod			
	FEC ID number of contributing federal political committee.	С				83.33								
	Name of Employer (for Individual) University of Alabama Health Services	Occupation (for Individual) Anesthesiologist			Memo Item									
	Receipt For:	Aggregate	egate Year-to-Date ▼ 833.34											
<u> </u>	Full Name of Individual (Last, First, Middle Initians Smythe, Paul, R., , M.D.	al) or Full O	rganiz	ation Name		Date o	f Re	eceipt						
	Mailing Address Department of Anesthesiology 1500 E. Medical Center Drive					10 <sup>M</sup>	1	01	) / Y	2016				
	City Ann Arbor	State MI		ip Code 48109	_				C33990		riod			
	FEC ID number of contributing federal political committee.	С				Ē		y	, , ,	1	00.00	)		
	Name of Employer (for Individual) University of Michigan Medical School			n (for Individual) blogist		M	em	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	ate Year-to-Date ▼ 1300.00											
s	UBTOTAL of Receipts This Page (optional)			▶	_			9	, ,	2	66.66	;		
т	OTAL This Period (last page this line number o	nly)		<b>▶</b>					-		-			
FOR LINE NUMBER:

PAGE 109 OF

IT.			Use separate schedule(s)			(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12				
	ny information copied from such Reports and Si												
or	for commercial purposes, other than using the	name and a	address of any political committe	e to s	SOLICIT COL	ntrib	utions f	rom sucr	committe	e.			
$ \rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logiete P	Political Action Committ	-00									
	American Obciety of Amesthesio												
Α.	Full Name of Individual (Last, First, Middle Init Smythe, Paul, R., , M.D.	ial) or Full C	Organization Name	Date of Receipt									
	Mailing Address Department of Anesthesiology												
	1500 E. Medical Center Drive City	State	Zip Code	_	10 <b>T</b> roug		15	0040774	2016				
	Ann Arbor	MI	48109					C340774 Receipt th					
	FEC ID number of contributing												
	federal political committee.	C			<u>L-</u>		7		100.0	0			
	Name of Employer (for Individual)	Occ	cupation (for Individual)		M	emo	Item						
	University of Michigan Medical School	esthesiologist											
	Receipt For:	Aggregate	e Year-to-Date ▼										
	Primary General Other (specify) ▼		1300.00	11.									
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name										
В.	Soleta, Amy, Opilla, , M.D.						ceipt						
	Mailing Address 4551 NE 35th Ave				10 <sup>M</sup>	1	D D 14	/ Y	2016	Y			
	City	State	Zip Code		Trans	acti	on ID :	C340772	7				
	Portland	OR	97211	_	Amount	t of	Each R	leceipt th	is Period				
	FEC ID number of contributing federal political committee.	С				-	-	41.6	63				
	Name of Employer (for Individual) OHSU	Memo Item											
	Receipt For:	·	diatric anesthesiologist e Year-to-Date ▼										
	Primary General	, iggi oguto		11.									
	Other (specify) <b>v</b>	L	416.66										
C.	Full Name of Individual (Last, First, Middle Init Sontag, Mark, T., , M.D.	ial) or Full C	Organization Name		Date of	f Re	ceipt						
	Mailing Address 1101 W Clairemont Ave Ste 20	C			M M	/	D D	) / Y	Y Y	Y			
	Eau Claire Anes	State	Zip Code	_	10 <b>-</b>		07	004040	2016				
	City Eau Claire	WI	54701-6161	-			-	C340169 leceipt th					
	FEC ID number of contributing federal political committee.	С					,		500.0	00			
	Name of Employer (for Individual) Eau Claire Anesthesiologists		cupation (for Individual) esthesiologist		М	emc	tem						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	]									
s	UBTOTAL of Receipts This Page (optional)			•			,	,	641.6	63			
Т	OTAL This Period (last page this line number of	only)		-									

FOR LINE NUMBER:

PAGE 110 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)		_								
American Society of Anesthe	siologists P	olitical Action Commit	ee							
Full Name of Individual (Last, First, Middle Sorbin, Kortnee, L., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10718 W 163rd Ter			10 12 2016							
City Overland Park	State KS	Zip Code 66221	Transaction ID : C3405641 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individual) AAKC		upation (for Individual) esthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	1							
Full Norse of Individual (Look First Middle	Initial) or Full O	version News								
B. Soto, Roy, G., , M.D.										
Mailing Address 3250 Chestnut Run Drive	10 D D / Y Y Y Y 2016									
City Bloomfield Hills	State MI	Zip Code 48302	Transaction ID : C3398868 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		41.67							
Name of Employer (for Individual) Mednax		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		416.70	]							
Full Name of Individual (Last, First, Middle C. Srour, Habib, , , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1091 Clear Creek Rd			10 / Y Y Y Y 10 11 2016							
City Nicholasville	State KY	Zip Code 40356-8792	Transaction ID : C3404599 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.33							
Name of Employer (for Individual) University of Kentucky		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.32	]							
SUBTOTAL of Receipts This Page (optional)		)	208.33							
TOTAL This Period (last page this line numb	per only)									

FOR LINE NUMBER:

PAGE 111 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
			13     14     15     16     17       berson for the purpose of soliciting contributions       be to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Anes	sthesiologists P	olitical Action Commit	tee								
Full Name of Individual (Last, First, M A. Stark, Ksenia, K., , M.D.		rganization Name	Date of Receipt								
Mailing Address 13321 N Meridian Av Suite 402	1		10 / D D / Y Y Y Y Y 10 11 2016								
City Oklahoma City	State OK	Zip Code 73120-8316	Transaction ID : C3404591 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		41.67								
Name of Employer (for Individual) Affiliated Anesthesiologists		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	]								
Full Name of Individual (Last, First, M B. Stead, Stanley, W., , M.D., M		rganization Name	Date of Receipt								
Mailing Address 4819 Andasol Avenu Suite 100	e										
City Encino	State	Zip Code 91316-3802	Transaction ID : C3398548 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual) Stead Health Group, Inc.		upation (for Individual) sician	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]								
Full Name of Individual (Last, First, M C. Stein, Erica, , , M.D.	liddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 410 W 10th Ave., An N411 Doan Hall			10 / D D / Y Y Y Y Y 2016								
City Columbus	State OH	Zip Code 43210-1240	Transaction ID : C3398468 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) Ohio State University		ipation (for Individual) iician	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.34	]								
SUBTOTAL of Receipts This Page (op	tional)		1125.00								
TOTAL This Period (last page this line	number only)										

FOR LINE NUMBER:

PAGE 112 OF

IT.		Use separate schedule(s)			(check only one)								
11			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b	11c 15		2	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons		
	NAME OF COMMITTEE (In Full)												
$\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee									
A.	Full Name of Individual (Last, First, Middle Initi Stennett, Richard, A., , M.D.	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 16 Spencer Dr				10 / D / Y Y Y Y 2016								
	City Morristown	State NJ	Zip Code 07960-3537					C339863 eceipt th		riod			
	FEC ID number of contributing federal political committee.	С		<u> </u>				5	500.00	)			
	Name of Employer (for Individual) AAM		ipation (for Individual) sician		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stenzel, Matthew, J., , M.D.						eceipt						
	Mailing Address 2096 Lakeland Way			м м 10		09	/ Y	y 201	ү ү 6				
	City	State	Zip Code		Trans	act	ion ID :	C340170	)9				
	Eugene	OR	97408-5930		Amoun	t of	Each R	eceipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	C					250.00						
	Name of Employer (for Individual) Oregon Anesthesiology Group, PC		upation (for Individual) sthesiologist	Memo Item									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) V		350.00										
C.	Full Name of Individual (Last, First, Middle Initi Stephenson, John, H., , M.D.	al) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 5671 Peachtree Dunwoody Ro Suite 610				<sup>M</sup> 10	J.	D D D 01	JL	ү 201		ſ		
	City Atlanta	State GA	Zip Code 30342				-	C339847		riod			
	FEC ID number of contributing federal political committee.	С								83.33	3		
	Name of Employer (for Individual) Physician Specialists in Anesthesia, P		ıpation (for Individual) thesiologist		M	lem	o Item						
	Receipt For: Primary General Other (specify)												
⊢	UBTOTAL of Receipts This Page (optional)				ļ.		,	, , , , , , , , , , , , , , , , , , ,	8	333.33	3		
Г	<b>OTAL</b> This Period (last page this line number of	only)	•••••••	•		1.	_			-			

FOR LINE NUMBER:

PAGE 113 OF

	-	Use separate schedule(s)	(chec	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12						
Any information copied from such Reports a or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)						ulions		Commu	ee.					
American Society of Anesthe	esiologists P	olitical Action Committ	ee											
Full Name of Individual (Last, First, Middl A. Stever, Jennifer, M., , A.A.	e Initial) or Full C	rganization Name	D	ate of	Re	ceipt								
Mailing Address 19 Downshire Lane				10 / Y Y Y Y 10 19 2016										
City Decatur	State GA	Zip Code 30033					C341123 Receipt th	32 his Period						
FEC ID number of contributing federal political committee.	С				_	-		500.	00					
Name of Employer (for Individual) Emory Healthcare		upation (for Individual) ified anesthesiologist assistant		Me	)mo	tem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]											
Full Name of Individual (Last, First, Middl B. Stone, Kenneth, R., , M.D.	D	ate of	Re	ceipt										
Mailing Address 317 Laurelwood Rd							D / Y	ү ү 2016	Y					
City	State CT	Zip Code					C339861							
Orange		06477-1654	Ai	mount	of	Each F	Receipt th	nis Period						
federal political committee.	FEC ID number of contributing federal political committee.						83.33							
Name of Employer (for Individual) Bridgeport Anesthesia Assoc		upation (for Individual) sthesiologist		Me	€	Item								
Receipt For:	Aggregate	Year-to-Date 🔻												
Primary General Other (specify) ▼		833.34												
Full Name of Individual (Last, First, Middl c. Strobel, Alan, F., , M.D., M.B.	e Initial) or Full C	rganization Name	D	ate of	Re	ceipt								
Mailing Address 1331 E Waverly St				<sup>M</sup> 10	/	D 01		2016	Y					
City Tucson	State AZ	Zip Code 85719-3661					C339859 Receipt th	93 nis Period						
FEC ID number of contributing federal political committee.	С		ļ		_	y .	,	500.	00					
Name of Employer (for Individual) AF Strobel, MD PC		Occupation (for Individual) Physician				tem								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]											
SUBTOTAL of Receipts This Page (optiona	I)				_	, .	,	1083.3	33					
TOTAL This Period (last page this line num	ber only)					-								

FOR LINE NUMBER:

PAGE 114 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	siologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle A. Stroud, Jason, M., , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 8132 Deerpointe Dr			10 13 / Y Y Y Y 10 13							
City Toledo	State OH	Zip Code 43617-1819	Transaction ID : C3406539 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.37							
Name of Employer (for Individual) University of Toledo		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 933.34	1							
Full Name of Individual (Last, First, Middle B. Stroud, Jason, M., , M.D.										
Mailing Address 8132 Deerpointe Dr	10 / Y Y Y Y 2016									
City Toledo	State OH	Zip Code 43617-1819	Transaction ID : C3406541 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.33							
Name of Employer (for Individual) University of Toledo		upation (for Individual) esthesiologist	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		933.34	]							
Full Name of Individual (Last, First, Middle C. Sullivan, Erin, A, , M.D.	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address Dept of Anes PUH C-224 200 Lothrop St.			10 D D / Y Y Y Y 2016							
City Pittsburgh	State PA	Zip Code 15213-2536	Transaction ID : C3401697           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.34							
Name of Employer (for Individual) UPMC		upation (for Individual) sthesiologist	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1016.73	]							
SUBTOTAL of Receipts This Page (optional)			250.04							
TOTAL This Period (last page this line numb	per only)									

FOR LINE NUMBER:

PAGE 115 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 11								
			13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Society of Ar	esthesiologists P	olitical Action Committ	ee								
Full Name of Individual (Last, Firs A. Sullivan, Erin, A, , M.D.	t, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address Dept of Anes PUI 200 Lothrop St.	H C-224		10 / Y Y Y Y 10 11 2016								
City Pittsburgh	State PA	Zip Code 15213-2536	Transaction ID : C3402570 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		83.33								
Name of Employer (for Individual) UPMC		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1016.73	]								
Full Name of Individual (Last, Firs B. Szokol, Joseph, W., , M.D	Date of Receipt										
Mailing Address 976 Sunset Rd.	10 / Y Y Y Y Y 2016										
City	State	Zip Code 60093-3641	Transaction ID : C3398459								
Winnetka	IL	00093-3041	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.										
Name of Employer (for Individual) NorthShore University HealthSyste		upation (for Individual) sician	Memo Item								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		1250.00	]								
Full Name of Individual (Last, Firs C. Takhtehchian, Kurosh, ,		rganization Name	Date of Receipt								
Mailing Address 822 E Glenwood			10 / Y Y Y Y 10 19 2016								
City Glenview	State IL	Zip Code 60025-3304	Transaction ID : C3411654 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		41.67								
Name of Employer (for Individual) midwest anesthesia partners		upation (for Individual) sthesiologist	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.36	]								
SUBTOTAL of Receipts This Page	(optional)		1125.00								
TOTAL This Period (last page this I	ine number only)										

FOR LINE NUMBER:

PAGE 116 OF

171			Use separate schedule(s)	(ch	eck only	/ or	ne)						
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12		17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	g contrik		IS		
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee									
A.	Full Name of Individual (Last, First, Middle Initia Teetor, Travis, J., , M.D.	al) or Full O	Date of Receipt										
	Mailing Address 19309 Briggs St				10 02 2016								
	City	State	Zip Code		Trans	acti	on ID :	C339860	)7				
	Omaha	NE	68130	_	Amount	of	Each R	eceipt th	is Peric	bd			
	FEC ID number of contributing federal political committee.	С					-		10	0.00			
	Name of Employer (for Individual) Boys Town National Research Hospital	Occu Staf		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		1000.00										
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Data of	De							
в.	Thal, Gary, D., , M.D. Mailing Address 111 E. Chestnut St. Apt. 49A				Date of	Re		/ Y	2016	Y			
	City	State	Zip Code		Trans	acti	on ID : (	C339862	.8				
	Chicago	IL	60611	_	Amount	of	Each R	eceipt th	is Perio	bd			
	FEC ID number of contributing federal political committee.		50						0.00				
	Name of Employer (for Individual) Self	upation (for Individual) sician		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		, 500.00										
С.	Full Name of Individual (Last, First, Middle Initia Thalji, Zuhair, A., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 8434 Buckingham Ct.	1			10 <sup>M</sup>	/	D D 12	/ Y	2016	Y			
	City Willow Springs	State IL	Zip Code 60480					C340690					
	FEC ID number of contributing federal political committee.	C			Amount	of	Each R	eceipt th		od 0.00			
	Nome of Employer (for Individual)	Opp	upation (for Individual)	_	М	emo	Item						
	Name of Employer (for Individual) Midwest Anesthesiologists		sician										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Other (specify)		500.00										
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			, .	,	110	0.00			
т	OTAL This Period (last page this line number or	nly)		•				1.45		-			

FOR LINE NUMBER:

PAGE 117 OF

ı <del>ب</del>			Use separate schedule(s)			(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12					
	y information copied from such Reports and S													
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	solicit co	ntrik	outions	from such	n committe	ee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Commit	tee										
V		logicio i		.00										
Α.	Full Name of Individual (Last, First, Middle Init Thornton, Donald, , , M.D.	ial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 13014 E. Apache Pass In.				10 04 2016									
	City	State	Zip Code		Trans	act	ion ID :	C339903	8					
	Spokane valley	WA	99206		Amoun	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С						і. 1 уг.	100.0	00				
	Name of Employer (for Individual) PMG	Occu MD	Occupation (for Individual) MD											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General	00 0		- L										
	Other (specify)		300.00											
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name											
Β.	Thornton, Donald, , , M.D.					f Re	eceipt							
	Mailing Address 13014 E. Apache Pass In.				<sup>M</sup> 10	/	04		2016	Y				
	City	State WA	Zip Code	-				C339903						
	Spokane valley	VVA	99206		Amoun	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	C						-	100.0	00				
	Name of Employer (for Individual) PMG	Occi MD	upation (for Individual)		М	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		- L										
	Other (specify) <b>v</b>	L	, 300.00											
c.	Full Name of Individual (Last, First, Middle Init Thornton, Donald, , , M.D.	ial) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 13014 E. Apache Pass In.				<sup>M</sup> 10	/	04		2016	Y				
	City	State	Zip Code		Trans	sact	ion ID :	C339904	10					
	Spokane valley	WA	99206		Amoun	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С					,	,	100.0	00				
	Name of Employer (for Individual) PMG	Occu MD	upation (for Individual)		М	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify)													
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			▶ ▶	[ . [ .		, , , , , , , , , , , , , , , , , , ,	5	300.0	00				

FOR LINE NUMBER:

PAGE 118 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name of Individual (Last, First, Middle A. Toledo, Paloma, , , M.D., M.P.	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 100 E. Huron St. #2504			M M / D D / Y Y Y Y 10 13 2016									
City Chicago	State IL	Zip Code 60611	Transaction ID : C3406559									
		00011	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		1000.00									
Name of Employer (for Individual) Northwestern University		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		1000.00	1									
			·									
Full Name of Individual (Last, First, Middle <b>B.</b> Touney, Thomas, , , D.O.	•											
Mailing Address 4720 Brookview Drive			10 / Y Y Y Y Y 10 15 2016									
City	State	Zip Code	Transaction ID : C3410345									
West Des Moines	IA	50265	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Medical Center Anesthesiologists		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		, 262.50	]									
Full Name of Individual (Last, First, Middle C. Touney, Thomas, , , D.O.	Initial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 4720 Brookview Drive			10 15 / Y Y Y Y 10 15									
City West Des Moines	State IA	Zip Code 50265	Transaction ID : C3410373									
FEC ID number of contributing			Amount of Each Receipt this Period									
federal political committee.	C		2.08									
Name of Employer (for Individual)		upation (for Individual)	Memo Item									
Medical Center Anesthesiologists Receipt For:		sthesiologist	_									
Primary General	Aggregate	Year-to-Date ▼	1									
Other (specify)		262.50	1									
SUBTOTAL of Receipts This Page (optional)	)		1043.75									
TOTAL This Period (last page this line num	per only)											

FOR LINE NUMBER:

(check only one)

PAGE 119 OF

		for each category of the Detailed Summary Page	<b>≭</b> 11a □ 11b □ 11c □ 12									
	Otatana		13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
American Society of Anesthes	iologists P	olitical Action Committe	<b>€</b>									
Full Name of Individual (Last, First, Middle I Tountas, Melissa, A., , M.D.	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 9219 Cromwell Woods Sq.			10 / Y Y Y Y 2016									
City Orlando	State FL	Zip Code 32827	Transaction ID : C3402519									
		52021	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) JLR/USAP		upation (for Individual) esthesiologist	Memo Item									
Receipt For:		Year-to-Date ▼	—									
Primary General	, iggi oguto											
Other (specify) V		375.03										
Full Name of Individual (Last, First, Middle I B. Troianos, Christopher, A., , M.D.	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 2 Haskell Drive												
City	State	Zip Code	Transaction ID : C3398645									
Bratenahl	ОН	44108	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		83.33									
Name of Employer (for Individual) Cleveland Clinic		upation (for Individual) esthesiologist	Memo Item									
Receipt For:	Aggregate	Year-to-Date V	_									
Primary     General       Other (specify) ▼		499.98										
Full Name of Individual (Last, First, Middle I c. Turner, Christopher, , , M.D., Ph		organization Name	Date of Receipt									
Mailing Address 600 Highland Ave B6 319 C Dept of Anesthesiology	SC		10 / Y Y Y Y 10 05 / 2016									
City	State	Zip Code	Transaction ID : C3399772									
Madison	WI	53792-3272	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
UW Health	Ane	sthesiology Faculty										
Receipt For:	Aggregate	Year-to-Date V										
Primary General		446 70	1									
Other (specify)		416.70										
SUBTOTAL of Receipts This Page (optional)			166.67									
TOTAL This Period (last page this line numbe	er only)	••••••										

FOR LINE NUMBER:

PAGE 120 OF

17			Use separate schedule(s)	(ch	neck onl	у ог	ne)						
11			for each category of the Detailed Summary Page		<b>K</b> 11a		]11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
<u>.</u>	NAME OF COMMITTEE (In Full)												
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committ	ee									
Α.	Full Name of Individual (Last, First, Middle Initia Tzeng, Gary, F., , M.D.	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 582 S Rex Blvd				10 / Y Y Y Y 10 15 2016								
	City Elmhurst	State IL	Zip Code 60126-4259					C340775		d			
	FEC ID number of contributing federal political committee.	С					-y		83	.33			
	Name of Employer (for Individual) DVA		upation (for Individual) sician		М	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 499.98	]									
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ursillo, Christopher, R., , M.D.						eceipt						
	Mailing Address 47 New Scotland Ave # MC131 Attn: Regina Miner						15	) / Y	2016	Y			
	City Albany	State NY	Zip Code 12208-3412					C341034					
	FEC ID number of contributing federal political committee.	C						Receipt th		.67			
	Name of Employer (for Individual) Albany Medical Center	upation (for Individual) sthesiologist		М	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35	]									
с.	Full Name of Individual (Last, First, Middle Initia Vance, Jennifer, , , M.D.	al) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address 1500 E Medical Center Dr Spc				10 <sup>M</sup>	1	D 13		2016 <sup>°</sup>	Y			
	City Ann Arbor	State MI	Zip Code 48109-5014					C340567 Receipt th		d			
	FEC ID number of contributing federal political committee.	С			Ľ.		y	. ,	83	.34			
	Name of Employer (for Individual) University of Michigan Dept of Anesthe		upation (for Individual) liothoracic Anesthesiologist		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.40	]									
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	208	.34			
т	OTAL This Period (last page this line number or	וy)		•									

FOR LINE NUMBER:

PAGE 121 OF

		Use separate schedule(s)	(check or	nly or	ne)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	47		
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name of Individual (Last, First, Middle I A. Vinta, Sandhya, Rani, , M.D.	nitial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 1551 Moncrey Ave			M 10	M M / D D / Y Y Y Y 10 03 2016						
City League City	State TX	Zip Code 77573-2078				C339929 Receipt th				
FEC ID number of contributing federal political committee.	С					-	50.0	0		
Name of Employer (for Individual) UTMB		upation (for Individual) sician	ים	Memo	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 433.32	1							
			·							
Full Name of Individual (Last, First, Middle I B. Vizena, Annette, , , M.D.	nitial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 1236 East Elizabeth, Suite 1			M 10		D 14	) / Y	2016	Y		
City	State	Zip Code	Tran	sacti	on ID :	C340776	3			
Fort Collins	CO	80524-4000	Amou	nt of	Each F	Receipt th	is Period			
FEC ID number of contributing federal political committee.	С						50.0	0		
Name of Employer (for Individual) NCAP		upation (for Individual) esthesiologist	י 🗖 📄	Memo	ltem					
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		550.00	]							
Full Name of Individual (Last, First, Middle I C. Volker, Cassie, , , M.D.	nitial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 16320 Barton St.			M 10		01	D / Y	y y 2016	Ŷ		
City Overland Park	State KS	Zip Code 66221				C339849 Receipt th				
FEC ID number of contributing federal political committee.	С				y .		41.6	57		
Name of Employer (for Individual) Anesthesia Associates of Kansas City		upation (for Individual) sthesiologist		Memo	ttem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70	]							
SUBTOTAL of Receipts This Page (optional)					, .	,	141.6	7		
TOTAL This Period (last page this line number	er only)									

FOR LINE NUMBER:

PAGE 122 OF

IТ			Use separate schedule(s)	(ch	neck only	y or	ne)	L			
11	FEMIZED RECEIPTS         for each category of the           Detailed Summary Page         Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c 15	12	Г	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting	g contri	ibutic	ons
$\setminus$	NAME OF COMMITTEE (In Full)	ologiata D	alitical Action Committ	~~							
$\backslash$	American Society of Anesthesic			ee							
А.	Full Name of Individual (Last, First, Middle In Vollers, James, Michael, , M.D.	itial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 750 NE 13th St Suite 200				10 <sup>M</sup>	/	D D 08	/ Y	2016		
	City Oklahoma City	State OK	Zip Code 73126-0901					C340252 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		8	33.33	
	Name of Employer (for Individual) Oklahoma University Medical Science Ce		upation (for Individual) esthesiologist		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	]							
в.	Full Name of Individual (Last, First, Middle In Wagner, Lance, W., , M.D.	itial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 150 55th St	Otata	Zin Oode		10 <sup>M</sup>	/	D D 09	/ Y	2016		
	City Brooklyn	State NY	Zip Code 11220-2559					C340173 eceipt th		boi	
	FEC ID number of contributing federal political committee.	С								33.33	;
	Name of Employer (for Individual) UPB		upation (for Individual) rsician		M	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.32	]							
с.	Full Name of Individual (Last, First, Middle In Wald, Samuel, H., , M.D.	itial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 518 Torwood Lane				10 <sup>M</sup>	/	D D D 05	JL	2016		
	City Los Altos	State CA	Zip Code 94022				-	C339975 eceipt th	-	od	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	8	33.33	5
	Name of Employer (for Individual) Stanford University		upation (for Individual) scian		М	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.34	]							
s	UBTOTAL of Receipts This Page (optional)						,	5	24	19.99	
Т	OTAL This Period (last page this line number	only)		•			-	-		-	

FOR LINE NUMBER:

PAGE 123 OF

IT.				Jse separate schedule(s)	(C	heck on	ly o	ne)			
11	TEMIZED RECEIPTS for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and SI for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	American Society of Anesthesio	logists P	olit	ical Action Committe	ee						
Α.	Full Name of Individual (Last, First, Middle Init Wallace-Talifarro, Ebon, J., , M.D.	ial) or Full O	rgar	nization Name		Date o	of Re	eceipt			
	Mailing Address 5109 N. Ravenswood Ave					10 <sup>M</sup>	1 /	D 12		2016	Y
	City Chicago	State IL		Zip Code 60640					C340565		
	FEC ID number of contributing federal political committee.	С				<u> </u>		ap. 1		4.1	7
	Name of Employer (for Individual) VANES		•	ion (for Individual) esiologist		N	lem	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 225.02							
В.	Full Name of Individual (Last, First, Middle Init Walsh, James, J., , M.D.	ial) or Full O	rgar	nization Name		Date o	of Re	acaint			
υ.	Mailing Address 166 83rd St.					10 Date e		10		2016	Ŷ
	City	State		Zip Code		Trans	sact	ion ID :	C340251	8	
	Brooklyn	NY		11209	_	Amour	nt of	Each I	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С						-yr- 1		41.6	57
	Name of Employer (for Individual) NAPA	Occi phys		tion (for Individual) an		N	lem	o Item			
	Receipt For:	Aggregate	Yea	r-to-Date ▼							
	Primary General Other (specify) ▼		<b>,</b>	416.70							
С.	Full Name of Individual (Last, First, Middle Init Walsh, Leslie, L., , DO	ial) or Full O	rgar	nization Name		Date o	of Re	eceipt			
	Mailing Address 1633 Newcastle Ct					<sup>M</sup> 10	1 /	D 14		2016	Y
	City Rochester Hills	State MI		Zip Code 48306-3679					: C340776 Receipt th		
	FEC ID number of contributing federal political committee.	С				<u>[</u>		y .	,	500.0	0
	Name of Employer (for Individual) Information Requested		•	ion (for Individual) siologist		N	lem/	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 500.00							
⊢	UBTOTAL of Receipts This Page (optional)				•	[] [	-	, ,	· · ·	545.8	4

#### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_

FOR LINE NUMBER:

PAGE 124 OF

171		Use separate schedule(s)		(ch	neck only	/ or	ne)	L			
11			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c		2	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	g cont	ributio	ons
$\setminus$	NAME OF COMMITTEE (In Full)		_								
	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Waltz, Michael, D., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 300 Cliff Line Rd				M M 10	/	16	) / Y	201	Y 10	
	City	State	Zip Code		Trans	acti	on ID :	C34103	60		
	Golden	СО	80403-1574	_	Amount	of	Each R	leceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			83.33	3
	Name of Employer (for Individual) PAS		upation (for Individual) sthesiologist		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		499.98	1							
в.	Full Name of Individual (Last, First, Middle Initia Warters, Robert, D., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 109 Bee St.				10 <sup>M</sup>	1	D 13	/ Y	201	6	
	City	State SC	Zip Code					C340654			
	Charleston	30	29401-5799		Amount	of	Each R	leceipt th	nis Pe	riod	_
	FEC ID number of contributing federal political committee.	С			Ľ.		-	-	1(	00.00	)
	Name of Employer (for Individual) Medical University of South Carolina		upation (for Individual) sthesiologist		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1000.00								
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Washington, Erikka, L., , M.D.	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 6431 FANNIN msb 5.020				<sup>M</sup> 10	1	D 19		201		
	City	State	Zip Code		Trans	act	ion ID :	C34112	22		
	HOUSTON	ТХ	77030		Amount	of	Each R	leceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	C			Ľ.	_	, . ,			41.6	7
	Name of Employer (for Individual) UTHSC-Houston Dept of Anesthesiology		upation (for Individual) sician		M	emc	ltem				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		416.70								
	UBTOTAL of Receipts This Page (optional)				<u> </u>				11	25.00	)
	OTAL This Period (last page this line number or			-		-	9 I	,			Ť

FOR LINE NUMBER:

PAGE 125 OF

	-	Use separate schedule(s)	(check	only	one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 1	-	11		11c	12	<u> </u>
Any information copied from such Reports and or for commercial purposes, other than using				the p		e of s			
NAME OF COMMITTEE (In Full)									
American Society of Anesthes	siologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle Weatherford, Ralph, M., , M.D.	Initial) or Full C	rganization Name	Dat	e of F	Recei	pt			
Mailing Address 218 Morning Glory Ln				10 <sup>M</sup>	/	12	/ Y	2016	Y
City Dothan	State AL	Zip Code 36305-5818					<b>340564</b> ceipt thi	7 s Period	
FEC ID number of contributing federal political committee.	C			_	-7-		-7	83.3	33
Name of Employer (for Individual) ACMG		upation (for Individual) sthesiologist		Mer	no Ite	əm			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	1						
Full Name of Individual (Last, First, Middle B. Weesner, Kathryn, A., , M.D.	Initial) or Full C	rganization Name	Dat	e of F	Recei	pt			
Mailing Address 8717 W 110th St Ste 600				<sup>™</sup>	/	12	/ Y	2016	Y
City	State	Zip Code					340564	-	
Overland Park	KS	66210-2126	Am	ount d	of Ea	ch Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				-			83.3	37
Name of Employer (for Individual) AAKC		upation (for Individual) esthesiologist		Mer	no Ite	əm			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		882.94	1						
Full Name of Individual (Last, First, Middle . Weingarten, Toby, , , M.D.	,	rganization Name	Dat	e of F	Recei	pt			
Mailing Address Department of Anesthesiol 200 First St. SW	1			10 <sup>M</sup>	1	18		2016 Y	Y
City Rochester	State MN	Zip Code 55905-0001					ceipt thi	<b>0</b> s Period	
FEC ID number of contributing federal political committee.	С			_	y		y	50.0	00
Name of Employer (for Individual) Mayo Clinic		upation (for Individual) sthesiologist		Mer	no Ite	əm			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 491.69	1						
SUBTOTAL of Receipts This Page (optional)					,		9	216.7	70
TOTAL This Period (last page this line numb	er only)				-		- 45-		

FOR LINE NUMBER:

PAGE 126 OF

	DECEIDTE		Use separate schedule(s)	(che	eck only	on on	e)	L		
	RECEIPTS		for each category of the Detailed Summary Page	×	11a	$\vdash$	11b	11c	12	
	n copied from such Reports and Sta cial purposes, other than using the n					purp				
<u></u>	COMMITTEE (In Full)							UIII SUCI	T COMMIN	<del>.</del>
	in Society of Anesthesiolo	ogists Po	olitical Action Committe	ee						
	of Individual (Last, First, Middle Initia I, Eric, , , M.D.	l) or Full Or	rganization Name	[	Date of	Red	ceipt			
Mailing Addr	ress 14733 Maple St.				<sup>м</sup> М 10	/	D D 19	/ Y	2016	Y
City Overland Pa	ark	State KS	Zip Code 66223					C341165 eceipt th	56 iis Period	
	nber of contributing ical committee.	С			_		y- 1	- -	83.3	33
Name of En AAKC	nployer (for Individual)		upation (for Individual) sician		Me	emo	Item			
Receipt For: Primar Other		Aggregate `	Year-to-Date ▼ 499.98							
Full Name c B. Wells, Ly	of Individual (Last, First, Middle Initia mda, , , M.D.	l) or Full Or	rganization Name	[	Date of	Red	ceipt			
	ress 4098 Wood Ln				м м 10	/	D D D 12	/ Y	2016	Y
City Keswick		State VA	Zip Code 22947-2900	A				C340566 eceipt th	<b>32</b> iis Period	
	nber of contributing ical committee.	С					y		83.3	33
	nployer (for Individual) Virginia Health System		upation (for Individual) esthesiologist		Me	emo	Item			
Receipt For:		Aggregate `	Year-to-Date 🔻							
Primar Other	ry General (specify) ▼		916.67							
	of Individual (Last, First, Middle Initia Eric, , , M.D.	l) or Full Or	rganization Name	[	Date of	Red	ceipt			
	ress 3804 Royal Fox Dr	1			<sup>M</sup> 10	/	06	/ Y	ү ү 2016	Y
City Saint Charle	es	State IL	Zip Code 60174-8743	<i>F</i>				C340126	60 his Period	
	nber of contributing ical committee.	С					y .	y .	1000.0	)0
West Centra	nployer (for Individual) al Anesthesiology Group		upation (for Individual) sician Anesthesiologist		Me	emo	ltem			
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 1000.00							
SUBTOTAL of	f Receipts This Page (optional)						,		1166.6	36
TOTAL This F	Period (last page this line number on	ıly)	·····	.						

FOR LINE NUMBER:

PAGE 127 OF

Use separate schedule(s)	(ch	eck only	/ or	ne)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>′</b> 11a 13		11b 14	11c	12 16	17		
Any information copied from such Reports a or for commercial purposes, other than using				for the		oose of	soliciting	contribu	tions		
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	esiologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middl A. Wetzel, Ezekiel, J., , M.D.	e Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 2201 MARIE PLACE				10 / Y Y Y Y 2016							
City Monroe	State LA	Zip Code 71201					C339977 Receipt th				
FEC ID number of contributing federal political committee.	С						- -	83.:	37		
Name of Employer (for Individual) Parish Anesthesia of Monroe		upation (for Individual) diac Anesthesiologist		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 933.34	]								
Full Name of Individual (Last, First, Middl B. Weyers, E., Willis, , M.D.	e Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 278 HIGH RIDGE LN				<sup>M</sup> 10	/	02		2016	Y		
City	State NC	Zip Code				-	C339860	-			
PITTSBORO	NC	27312		Amount	of	Each F	Receipt th	is Period			
FEC ID number of contributing federal political committee.	C			Ľ.		-		10.	00		
Name of Employer (for Individual) UNC Hospitals		upation (for Individual) sthesiologist/ Intensivist		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary     General       Other (specify) ▼		475.03									
Full Name of Individual (Last, First, Middl C. Weyers, E., Willis, , M.D.	e Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 278 HIGH RIDGE LN				<sup>M</sup> 10	/	D 19		2016 Y	Y		
City PITTSBORO	State NC	Zip Code 27312					C341165 Receipt th				
FEC ID number of contributing federal political committee.	С			<u> </u>		y .		41.	67		
Name of Employer (for Individual) UNC Hospitals		upation (for Individual) sthesiologist/ Intensivist		Me	emo	ttem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 475.03	]								
SUBTOTAL of Receipts This Page (optiona	l)		•			,	. ,	135.(	)4		
TOTAL This Period (last page this line num	ber only)		•				45				

FOR LINE NUMBER:

PAGE 128 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(ch	eck only	/ or	ne)						
		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12	17		
Any information copied from such Reports a or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
American Society of Anesthe	esiologists P	olitical Action Committ	ee								
Full Name of Individual (Last, First, Middl A. Wheat, John, L, , M.D.	e Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 4357 Kentucky Ave				10 / Y Y Y Y Y 2016							
City Indianapolis	State IN	Zip Code 46221-3525					C339951	17 nis Period			
FEC ID number of contributing federal political committee.	С							25.	00		
Name of Employer (for Individual) Indiana University		upation (for Individual) ident		Me	emo	ltem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
Full Name of Individual (Last, First, Middl B. Whitney, Susan, J., , M.D.	e Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 2402 W 69th Ter				10 <sup>M</sup>	/	03		y y 2016	Y		
City Mission Lills	State KS	Zip Code					C339872				
Mission Hills	_	66208-2711		Amount	of	Each F	leceipt th	nis Period	_		
FEC ID number of contributing federal political committee.	C			Ŀ-		-	7	83.	34		
Name of Employer (for Individual) Anesthesia Associated of Kansas City		upation (for Individual) esthesiologist		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		833.40	1								
Full Name of Individual (Last, First, Middl C. Wiktor, Marisa, A., , D.O.	e Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 8735 E. 23rd Ave				<sup>M</sup> 10	/	D 12		2016	Y		
City Denver	State CO	Zip Code 80238					C340564 Receipt th	<b>49</b> his Period			
FEC ID number of contributing federal political committee.	С			<u> </u>		,			67		
Name of Employer (for Individual) University of Colorado		upation (for Individual) sthesiologist		Me	emo	tem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.04	]								
SUBTOTAL of Receipts This Page (optiona	l)		•			, .	. ,	110.0	01		
TOTAL This Period (last page this line num	nber only)		•								

FOR LINE NUMBER:

PAGE 129 OF

IT.			Use separate schedule(s)	(ch	eck onl	у ог	ne)			
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12	<u> </u>
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full)		······							
$\rangle$	American Society of Anesthesiol	ogists Po	olitical Action Committ	ee						
A.	Full Name of Individual (Last, First, Middle Initia Wiktor, Marisa, A., , D.O.	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 8735 E. 23rd Ave				10 <sup>M</sup>	/	15	) / Y	ү ү 2016	Y
	City Denver	State CO	Zip Code 80238					C341037 Receipt th		1
	FEC ID number of contributing federal political committee.	С							41	.67
	Name of Employer (for Individual) University of Colorado		upation (for Individual) sthesiologist		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.04	]						
B	Full Name of Individual (Last, First, Middle Initia Wild, David, M., , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 3901 Rainbow Blvd Mailstop 1034	-			M M 10	/	D I I		2016	Y
	City Kanaga City	State KS	Zip Code					C340459		
	Kansas City	1.0	66160-8500	_	Amoun	t of	Each F	Receipt th	is Period	1
	FEC ID number of contributing federal political committee.	С			Ľ.	_	-		41	.67
	Name of Employer (for Individual) Kansas University Medical Center		upation (for Individual) esthesiologist		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.33	]						
с.	Full Name of Individual (Last, First, Middle Initia Wilder, Nicole, S., , M.D.	al) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 5596 N Dixboro Rd				10 <sup>M</sup>	/	02		2016	Y
	City Ann Arbor	State MI	Zip Code 48105-9415					C339860 Receipt th		1
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	- -	41	.67
	Name of Employer (for Individual) University of Michigan Health System S		upation (for Individual) iatric Cardiac Anesthesiologist		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70	]						
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	125	.01
т	OTAL This Period (last page this line number or	וy)		•	<b>_</b> .		,			

FOR LINE NUMBER:

PAGE 130 OF

17			Use separate schedule(s)	(ch	neck only	y or	ne)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c	12	4 - 7		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of					
$\overline{)}$	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesiol	ogists Po	olitical Action Committe	ee								
A.	Full Name of Individual (Last, First, Middle Initia Wildt, David, J., , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 3021 Berkshire				M M / D D / Y Y Y Y Y 10 09 2016							
	City Cleveland Hts	State OH	Zip Code 44118-2756	_				C340251 Receipt th				
	FEC ID number of contributing federal political committee.	C			<u> </u>		-		83.	33		
	Name of Employer (for Individual) University of Michigan		upation (for Individual) ow Critical Care		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.01	]								
в.	Full Name of Individual (Last, First, Middle Initia Williams, James, H., , M.D.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address N2201 UNC Hospitals, Campus Dept of Anesthesiology		Zin Code		10 <sup>M</sup>	/	02		2016	Y		
	City Chapel Hill	State NC	Zip Code 27599-7010					C339905 Receipt th				
	FEC ID number of contributing federal political committee.	С					7		25.	00		
	Name of Employer (for Individual) University of North Carolina		upation (for Individual) esthesiologist		Me	emo	ttem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		477.08									
с.	Full Name of Individual (Last, First, Middle Initia Williams, John, P., , M.D., B.S.	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5004 W Grove Ln				<sup>M</sup> 10	1	D 01		ү 2016	Y		
	City Gibsonia	State PA	Zip Code 15044					C339904 Receipt th				
	FEC ID number of contributing federal political committee.	С			Ľ.		y :	, y	83.	33		
	Name of Employer (for Individual) VAHSC Pittsburgh		upation (for Individual) sician		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1083.33									
s	UBTOTAL of Receipts This Page (optional)		•	•			,	.,	191.	66		
т	OTAL This Period (last page this line number or	nly)	••••••	- •								

FOR LINE NUMBER:

PAGE 131 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
			13     14     15     16     1       erson for the purpose of soliciting contributions       to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	, are name and a	aarooo or arry pointear committe	to concil contributions norm such committee.						
American Society of Anesthe	esiologists P	olitical Action Committ	ee						
Full Name of Individual (Last, First, Middle A. Wissler, Richard, N., , M.D., Ph.D	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 12 Great Oak Lane			10 09 / Y Y Y Y 2016						
City Pittsford	State NY	Zip Code 14534-3506	Transaction ID : C3401724 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) University of Rochester		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]						
Full Name of Individual (Last, First, Middle B. Wlody, David, J., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 210 W 107th St Apt 6C			10 / Y Y Y Y 2016						
City New York	State NY	Zip Code 10025-3097	Transaction ID : C3410346 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) SUNY-Downstate		upation (for Individual) rsician	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		916.63	]						
Full Name of Individual (Last, First, Middle Wright, Crystal, C., , M.D.	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3032 Jarrard St.			10 / D D / Y Y Y Y Y 10 13 2016						
City Houston	State TX	Zip Code 77005	Transaction ID : C3406910 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		83.33						
Name of Employer (for Individual) Baylor College of Medicine		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.34	]						
SUBTOTAL of Receipts This Page (optiona	l)		666.66						
TOTAL This Period (last page this line num	ber only)								

FOR LINE NUMBER:

PAGE 132 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		, p	······································
American Society of Anesthes	iologists P	olitical Action Committ	ee
Full Name of Individual (Last, First, Middle Wroe, William, A., , M.D.	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1405 Wooldridge Dr			10 / Y Y Y Y 10 14 2016
City Austin	State TX	Zip Code 78703-2529	Transaction ID : C3407761 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Information Requested		upation (for Individual) esthesiologists	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle	Initial) or Full C	organization Name	
B. Yaghmour, Edward, A., , M.D. Mailing Address 401 E Ontario St Apt 4401			Date of Receipt
City Chicago	State IL	Zip Code 60611-6900	Transaction ID : C3398560 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) NORTHWESTERN		upation (for Individual) ESTHEISOLOGIST	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	]
Full Name of Individual (Last, First, Middle C. Yao, Ning-Yen, , , M.D.	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 20 Murray Hill Rd.			10 / D D / Y Y Y Y 2016
City Scarsdale	State NY	Zip Code 10583	Transaction ID : C3399353           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Self-employed		upation (for Individual) sthesiologist	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional).			1300.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

PAGE 133 OF

	-	Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17			
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Society of Anesthe	siologists P	olitical Action Committ	ee			
Full Name of Individual (Last, First, Middle A. Yost, Paul, B., , M.D.	Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 485 Schooner Way			M M / D D / Y Y Y Y 10 05 2016			
City Seal Beach	State CA	Zip Code 90740-6603	Transaction ID : C3399768 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		1000.00			
Name of Employer (for Individual) Allied Anesthesia Inc		upation (for Individual) sician anesthesiologist	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]			
Full Name of Individual (Last, First, Middle B. Young, Christopher, J., , M.D.	Date of Receipt					
Mailing Address 36 Rio Vista	M M / D D / Y Y Y Y 10 01 2016					
City St. Louis	State MO	Zip Code 63124	Transaction ID : C3398541			
St. Louis		03124	Amount of Each Receipt this Period			
federal political committee.	FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Western Anesthesiology Associates		upation (for Individual) esthesiologist	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼	_			
Other (specify) ▼		1000.00	]			
Full Name of Individual (Last, First, Middle C. Young, Man Dick, , , M.D.	Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 6134 N Bay Ridge Ave			M M / D D / Y Y Y Y 10 03 2016			
City Whitefish Bay	State WI	Zip Code 53217-4325	Transaction ID : C3398644 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		1000.00			
Name of Employer (for Individual) AHCMG Anesthesiology		upation (for Individual) sthesiologist	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.00	]			
SUBTOTAL of Receipts This Page (optional)	)		3000.00			
TOTAL This Period (last page this line numb	per only)					

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

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

FOR LINE NUMBER:

(check only one)

PAGE 134 OF

			Detailed Summary Page		<b>4</b> 11a		-	1b 4		11c		12 16		
	y information copied from such Reports and Sta for commercial purposes, other than using the r						rpo	ose of						
$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee										
Α.	Full Name of Individual (Last, First, Middle Initia Zeleznik, Matthew, W., , M.D. Mailing Address 5671 Peachtree Dunwoody Rd	-	Organization Name		Date of Receipt									
	City	State	Zip Code	_	10		lio	18		341102	20	016	T	
	Atlanta	GA	30342-5005		Transaction ID : C3411021 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		_	- - p-	_	41.(	67	
	Name of Employer (for Individual) Physician Specialists in Anesthesia		upation (for Individual) esthesiologist		N	1emo	o l	tem						
	Receipt For: Primary General Other (specify) ▼	ceipt For: Primary General Aggregate Year-to-Date ▼												
В.	Full Name of Individual (Last, First, Middle Initia Zvara, David, A., , M.D.		Date o	of Re	ece	əipt								
	Mailing Address Campus Box 7010 - N2201 UNC Hospit						10 14 Y Y Y Y 2016							
	City Chapel Hill	State NC	Zip Code 27599-7010							340691 ceipt thi	-	eriod		
	FEC ID number of contributing federal political committee.	С			83.34									
	Name of Employer (for Individual) University of North Carolina School of		cupation (for Individual) ysician		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.40											
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name		Date c	of Re	ece	eipt						
	Mailing Address				M	_	'	D [	D	/ Y	Y	Y	Y	
	City	State	Zip Code		Amour	nt of	E	ach F	Rec	ceipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual)	Occ	upation (for Individual)											
	Receipt For: Primary General Other (specify)	Primary General Aggregate Tear to Date V						]						
s	UBTOTAL of Receipts This Page (optional)		•	<u> </u>			7			y	_	125.0	)1	
Т	OTAL This Period (last page this line number or	nly)		-	Γ.					Ŧ	11 <sup>-</sup>	1459.	60	

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 135 OF 155				
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
	ny information copied from such Reports and State for commercial purposes, other than using the na								
$\setminus$	NAME OF COMMITTEE (In Full)			_					
	American Society of Anesthesiolo	gists Pol	itical Action	Committee					
Α.	Full Name (Last, First, Middle Initial) Anthony Brown for Congress	Date of Disbursement							
	Mailing Address 12138 CENTRAL AVE #671								
	City BOWIE	State MD	Zip Code 20721		FEC Identification Number				
	Purpose of Disbursement 2016 General Contributions			011	C C00574640				
	Candidate Name			011 Category/	Transaction ID : D176247 Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ement For:	0040	Туре					
	Office Sought: House Disburse Senate President	Primary Other (spe	X General		5000.00				
	State: MD District: 04	Other (spe	city) 🔻		Memo Item				
_	Full Name (Last, First, Middle Initial)								
В.	Barragan for Congress				Date of Disbursement				
	Mailing Address 1840 SOUTH GAFFEY STREET	10 11 2016							
	City SAN PEDRO		FEC Identification Number						
	Purpose of Disbursement 2016 General Contributions	011	С соо577353						
	Candidate Name		Transaction ID : D176519 Amount of Each Disbursement this Period						
	Barragan, Nanette, , ,			Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: x House Disburse	ement For:			2500.00				
	President	Primary Other (spe	cify)						
_	State: CA District: 44	1			Memo Item				
C.	Full Name (Last, First, Middle Initial) BRIAN FITZPATRICK FOR CONC	GRESS			Date of Disbursement				
	Mailing Address PO BOX 939				10 / D D / Y Y Y Y Y 2016				
	City	State PA	Zip Code 19047		FEC Identification Number				
	Langhorne Purpose of Disbursement 2016 Constrait Automatic		15047		C C00607416				
	2016 General Contributions Candidate Name	011 Category/ Type	Transaction ID : D176250 Amount of Each Disbursement this Period						
	Office Sought: K House Disburse	ement For:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000.00					
	State: PA District: 08	Other (spe	cify) ▼		Memo Item				
s	<b>UBTOTAL</b> of Disbursements This Page (optional).				10500.00				
T	OTAL This Period (last page this line number only	/)		····· •					

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 136 OF 155				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) American Society of Anesthesiolog	gists Poli	itical Action (	Committee					
Full Name (Last, First, Middle Initial) A. BRIAN MAST FOR CONGRESS				Date of Disbursement				
Mailing Address 2600 S DOUGLAS RD STE 900	Mailing Address 2600 S DOUGLAS RD STE 900							
CORAL GABLES	State FL	Zip Code 33134-6149		FEC Identification Number				
Purpose of Disbursement 2016 General Contributions Candidate Name			011	C C00579896 Transaction ID : D176724				
Mast, Brian, , ,	ment For:	2016	Category/ Type	Amount of Each Disbursement this Period 5000.00				
State: FL District: 18	Primary Other (spe		Memo Item					
Full Name (Last, First, Middle Initial) B. BUCKEYE LIBERTY PAC		Date of Disbursement						
Mailing Address 1155 21st Street NW Suite 300	10 04 2016							
City Washington Purpose of Disbursement 2016 Contributions Candidate Name	State DC	011 Category/ Type	FEC Identification Number C C00366781 Transaction ID : D176267 Amount of Each Disbursement this Period					
Senate President <b>x</b>	ment For: Primary Other (spe	General cify)		3500.00 Memo Item				
State:         District:           Full Name (Last, First, Middle Initial)           C. DEDICATED TO ESTABLISHING NATION	IAL TEAM	2016 Contributio		Date of Disbursement				
Mailing Address 610 S. BOULEVARD				10 / 04 / Y Y Y Y Y 2016				
TAMPA Purpose of Disbursement	State FL	Zip Code 33606		FEC Identification Number				
2016 Contributions Candidate Name	011 Category/	Transaction ID : D176266 Amount of Each Disbursement this Period						
Office Sought: House Disburse Senate President <b>x</b> State: District:	ment For: 2 Primary Other (spe	General	Type	1500.00 Memo Item				
SUBTOTAL of Disbursements This Page (optional)				10000.00				
TOTAL This Period (last page this line number only								

SCHEDULE B (FEC Form 3X)		oroto coloridada	FOR LINE	NUMBER: PAGE 137 OF 155		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	/ one) 22 ★ 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or us Iress of any politic	ed by any pers al committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)			•			
American Society of Anesthesiolog	gists Pol	itical Action	Committee	)		
Full Name (Last, First, Middle Initial) A. JIM BANKS FOR CONGRESS, IN		Date of Disbursement				
Mailing Address P.O. BOX 11431				10 04 2016		
City	State	Zip Code		FEC Identification Number		
Fort Wayne Purpose of Disbursement	IN	46858				
2016 General Contributions			011	C C00577999		
Candidate Name			Category/	Transaction ID : D176269 Amount of Each Disbursement this Period		
Banks, Jim, , Cand.,			Type	Amount of Lach Disbursement this relifud		
Office Sought: K House Disburse	ment For:	2016		2500.00		
Senate	Primary	🗶 General				
State: IN District: 03	Other (spe	ecity) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
	JIMMY PANETTA FOR CONGRESS					
Mailing Address PO BOX 1579	10 19 2016					
City	State CA	Zip Code 93924		FEC Identification Number		
CARMEL VALLEY Purpose of Disbursement		C C00592154				
2016 General Contributions			011			
Candidate Name			Category/	Transaction ID : D176715 Amount of Each Disbursement this Period		
Panetta, Jimmy, , ,			Туре			
	ment For:	·		5000.00		
Senate President	Primary	<b>x</b> General		_		
State: CA District: 20	Other (spe	city)		Memo Item		
Full Name (Last, First, Middle Initial) C JOSH GOTTHEIMER FOR CONC				Date of Disbursement		
Mailing Address PO BOX 584				10 19 2016		
City	State	Zip Code		FEC Identification Number		
Ridgewood Purpose of Disbursement	NJ	07451		0 000572040		
2016 General Contributions			011	C C00573949		
Candidate Name			Category/	Transaction ID : D176713 Amount of Each Disbursement this Period		
GOTTHEIMER, JOSH, , ,			Туре			
	ment For:			5000.00		
Senate	Primary	<b>x</b> General				
State: NJ District: 05	Other (spe	ecity) 🔻		Memo Item		
SUBTOTAL of Disbursements This Page (optional).				12500.00		
			F			
TOTAL This Period (last page this line number only	′)		••••••	, ,		

S	CHEDULE B (FEC Form 3X)			F	OR I		UMBER				PAG	E 1	38 OF	- 155
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the				k only	one)		00				07	
			Summary Page		$\left  - \right $	21b 28a	22 28b	-	23 28c		26 29		27 30b	
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.													
	NAME OF COMMITTEE (In Full)													
$\square$	American Society of Anesthesiolog	gists Poli	tical Action C	Corr	nmi	ittee								
Α.	Full Name (Last, First, Middle Initial) A. KIM MYERS FOR CONGRESS Mailing Address PO BOX 1255								Date of Disbursement					
									D 19		Y	۲ 20	ү ү 16	
	City Sestal	State NY	Zip Code 13851				FEC ld	lentifi	catior	n Nur	nber			
	Purpose of Disbursement 2016 General Contributions			0	)11		C		61064	-				
	Candidate Name Myers, Kim, , ,			Cate	egor ype	ry/	Tra Amoun				<b>D1767</b> ursem		this Pe	eriod
		ment For: 2 Primary	2016 X General				L				-	50	00.00	
	State: NY District: 22	Other (spec					Me	emo I	tem					
_	Full Name (Last, First, Middle Initial)								Date of Disbursement					
В.	Mr. Southern Missourian the House PAC (Mr. Smith PAC)							t Disi	burse	_		Y	Y Y	-
	Mailing Address PO Box 30844							10 11 2016						
	City State Zip Code Bethesda MD 20824						FEC ld	lentifi	catior	n Nur	nber			
	Purpose of Disbursement 2016 Contributions				C C00563726									
	Candidate Name			Cate	)11 egor ype	ry/	Transaction ID : D176518 Amount of Each Disbursement this Period					eriod		
	Office Sought: House Disburser	ment For: 2 Primary	2016 General		71						-	50	00.00	
	State: District:	Other (spec		ns			Me	emo I	tem					
_	Full Name (Last, First, Middle Initial)						Date o	f Diel	buree	mont				
0.	People for Pinellas							_	Duise	_		Y	Y Y	-
	Mailing Address P. O. BOX 173207						10		1	1	L	201	16	
	Татра	State FL	Zip Code 33672				FEC ld	lentifi	catior	n Nur	nber			
	Purpose of Disbursement 2016 General Contributions			0	)11		C		58223		D1767	'21		
	Candidate Name Jolly, David, , ,	Catego Type					Transaction ID : D176721 Amount of Each Disbursement this Period							
	ffice Sought: House Disbursement For: 2016						L.		<u> </u>		-	100	000.00	
	State: FL District:	Other (spec	••				Me	emo I	tem					
Γ							_	-	-	-			000 0	
s	UBTOTAL of Disbursements This Page (optional)						<u>_</u>	-	,	+	7	110	000.00	,
т	OTAL This Period (last page this line number only)	)					L		,		9			

SCHEDULE B (FEC Form 3X)					NUMBER: PAGE 139 OF 155				
	MIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check onl) 21b 28a	22         X         23         26         27           28b         28c         29         30b				
	nformation copied from such Reports and State commercial purposes, other than using the na								
	AME OF COMMITTEE (In Full)			<b>-</b>					
/ A	merican Society of Anesthesiolog	gists Poli	itical Action (	Committee	9				
	II Name (Last, First, Middle Initial)	Date of Disbursement							
Ma	ailing Address 6380 WILSHIRE BLVD., #1612				10 04 2016				
Cit	ty DS ANGELES	State CA	Zip Code 90048		FEC Identification Number				
	Irpose of Disbursement 016 General Contributions			011	C C00498212				
	andidate Name owenthal, Alan, , Rep.,			Category/ Type	Transaction ID : D176273 Amount of Each Disbursement this Period				
	fice Sought: 🗶 House Disburse Senate	ment For: 2 Primary	<b>x</b> General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00				
Sta	ate: CA District: 47	Other (spec	city) 🔻		Memo Item				
	II Name (Last, First, Middle Initial)	Date of Disbursement							
Ma	ailing Address P.O. BOX 1863	10 11 2016							
Cit M	ty ARTINSBURG	Zip Code 25402		FEC Identification Number					
	rrpose of Disbursement 016 General Contributions			011	C C00506774 Transaction ID : D176717 Amount of Each Disbursement this Period 2500.00				
	andidate Name			Category/					
		ment For:		Туре					
01	Senate President	Primary Other (spec	<b>≰</b> General cify)		Memo Item				
	ate: WV District: 02								
-	LMA ADAMS FOR CONGRESS				Date of Disbursement				
Ma	ailing Address PO BOX 20622				10 / D D / Y Y Y Y 2016				
Cit	ty REENSBORO	State NC	Zip Code 27420		FEC Identification Number				
2	irpose of Disbursement 016 General Contributions andidate Name			011	C C00546358 Transaction ID : D176268				
A	Adams, Alma, , Rep.,			Category/ Type	Amount of Each Disbursement this Period				
Of	fice Sought: K House Disburse Senate President	ment For: 2 Primary Other (spec	<b>x</b> General						
Sta	ate: NC District: 12		-, .		Memo Item				
SUB	TOTAL of Disbursements This Page (optional).			••••••	5500.00				
тот	AL This Period (last page this line number only	/)		••••••	, ,				

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 140 OF 155				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cheo	ck only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full) American Society of Anesthesiolog	gists Poli	tical Action (	Comm	nittee					
Full Name (Last, First, Middle Initial)									
A. BILL FLORES FOR CONGRESS					Date of Disbursement				
Mailing Address PO BOX 6207		1			10 04 2016				
BRYAN	State TX	Zip Code 77805			FEC Identification Number				
Purpose of Disbursement 2016 General Contributions			011		C C00472241 Transaction ID : D176252				
Candidate Name Flores, Bill, , Rep.,			Catego Type		Amount of Each Disbursement this Period				
Office Sought: X House Disbursed	ment For: 2 Primary	2016 X General			1500.00				
State: TX District: 17	Other (spec	cify) ▼			Memo Item				
Full Name (Last, First, Middle Initial) B. ELECT BLAKE FARENTHOLD CO		Date of Disbursement							
Mailing Address P.O. Box 3369	Mailing Address P.O. Box 3369								
Corpus Christi									
Purpose of Disbursement 2016 General Contributions Candidate Name			011 Catego		C C00473736 Transaction ID : D176278 Amount of Each Disbursement this Period				
Farenthold, Blake, , Rep.,Office Sought:xHouseDisbursed	ment For: 2	2016	Туре		2700.00				
State: TX District: 27	Primary Other (spec	General (Cify)			Memo Item				
Full Name (Last, First, Middle Initial)					Date of Disbursement				
Mailing Address PO BOX 50					M M / D D / Y Y Y Y 10 11 2016				
OAKLAND	State ME	Zip Code 04963			FEC Identification Number				
Purpose of Disbursement 2016 General Contributions Candidate Name			011		C C00518654 Transaction ID : D176719				
Poliquin, Bruce, , Rep.,			Catego Type		Amount of Each Disbursement this Period 1000.00				
Office Sought: House Disbursed Senate President State: ME District: 02	ment For: 2 Primary Other (spec	<b>x</b> General			Memo Item				
SUBTOTAL of Disbursements This Page (optional)					5200.00				
TOTAL This Period (last page this line number only)									

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 141 OF 155	
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nati					
$\backslash$	NAME OF COMMITTEE (In Full)					
	American Society of Anesthesiolog	gists Pol	itical Action	Committee		
Α.	Full Name (Last, First, Middle Initial) DANIEL WEBSTER FOR CONGR	Date of Disbursement				
	Mailing Address 3400 Old Winter Garden Road				10 04 2016	
	City Orlando	State FL	Zip Code 32805		FEC Identification Number	
	Purpose of Disbursement 2016 General Contributions			011	C C00481911	
	Candidate Name			Category/	Transaction ID : D176254 Amount of Each Disbursement this Period	
	Webster, Daniel, , Rep.,			Type		
	Office Sought: X House Disburse Senate President	ment For: Primary	<b>x</b> General		2500.00	
_	State: FL District: 10	Other (spe	ecity) 🔻		Memo Item	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS ROSS				Date of Disbursement	
	Mailing Address PO BOX 7310	10 / D D / Y Y Y Y 2016				
	City LAKELAND	FEC Identification Number				
	Purpose of Disbursement 2016 General Contributions Candidate Name	011	C C00459461 Transaction ID : D176264			
	Ross, Dennis, A., Rep.,			Category/ Type	Amount of Each Disbursement this Period	
		ment For: Primary	2016	71	5000.00	
	State: FL District: 15	Other (spe	cify)		Memo Item	
с.	Full Name (Last, First, Middle Initial)				Date of Disbursement	
	Mailing Address P.O. BOX 2847				10 / D D / Y Y Y Y 10 04 2016	
	City DUBLIN	State CA	Zip Code 94568		FEC Identification Number	
	Purpose of Disbursement 2016 General Contributions			011	C C00502294 Transaction ID : D176249	
	Candidate Name Swalwell, Eric, , Rep.,			Category/ Type	Amount of Each Disbursement this Period	
	Office Sought: X House Disburse Senate	ment For: Primary	K General		1000.00	
_	State: CA District: 15	Other (spe	ecity) 🔻		Memo Item	
s	UBTOTAL of Disbursements This Page (optional).			····· •	8500.00	
Т	OTAL This Period (last page this line number only	·)		••••••		

\_\_\_\_\_

SCHEDULE E	B (FEC Form 3X)			F	OR L	LINE NUMBER: PAGE 142 OF 1					
ITEMIZED DI	SBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck	x only one)         21b       22       X       23       26       27         28a       28b       28c       29       30b					
Any information cop or for commercial p	ied from such Reports and Sta urposes, other than using the r	tements may name and add	not be sold or us dress of any polition	ed by cal con	any p nmitte	person for the purpose of soliciting contributions tee to solicit contributions from such committee.					
	, ,										
American S	Society of Anesthesiol	ogists Po	litical Action	Corr	nmit	ttee					
A. FRIENDS	First, Middle Initial) OF ERIK PAULSEN			Date of Disbursement							
Mailing Address	P.O. Box 44369					10 11 2016					
City		State MN	Zip Code			FEC Identification Number					
Eden Prairie Purpose of Disbu	irsement	IVIIN	55344			0 000 400004					
2016 General Co				0	11	C C00439661					
Candidate Name	1			Cate	egory	Transaction ID : D176511					
Paulsen, Er	ik, , Rep.,				ype						
Office Sought:	X House Disbur	sement For:	2016			1000.00					
State: MN	Senate President	Primary Other (spe	General ecify)			Memo Item					
	District: 03										
	First, Middle Initial) FOR CONGRESS					Date of Disbursement					
Mailing Address	PO Box 3176	10 04 2016									
City Long Branch		FEC Identification Number									
Purpose of Disbu	ursement	C C00226928									
2016 General C	ontributions			C	)11						
Candidate Name	1			Cate	egory	Transaction ID : D176253 Amount of Each Disbursement this Period					
	ank, , Rep., Jr.				ype						
Office Sought:	···	sement For:				3500.00					
	Senate President	Primary	General			_					
State: NJ	District: 06	Other (spe	ectry)			Memo Item					
	First, Middle Initial)					Date of Disbursement					
• WALONSK											
Mailing Address	PO BOX 954					10 04 2016					
City		State	Zip Code			FEC Identification Number					
MISHAWAKA		IN	46546								
Purpose of Disbu 2016 General Co	ontributions			0	11	C C00468579 Transaction ID : D176274					
Candidate Name	ackie, , Rep.,				egory	y/ Amount of Each Disbursement this Period					
Office Sought:		sement For:	2016	1	ype	2000.00					
ennoe oougint.	Senate Disbur	Primary	General								
	President	Other (spe				Memo Item					
State: IN	District: 02										
SUBTOTAL of Dis	bursements This Page (optiona	)			1	6500.00					
		,									
TOTAL This Period	d (last page this line number or	וy)				Image: A state of the state					

. . . . . . .

SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 143 OF 155				
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page		eck only 21b 28a					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full) American Society of Anesthesiolog	ists Poli	tical Action C	Com	mittee	9				
Full Name (Last, First, Middle Initial) A. JOHN LEWIS FOR CONGRESS Mailing Address P.O. BOX 2323	Date of Disbursement								
City ATLANTA	State GA	Zip Code 30301			FEC Identification Number				
Purpose of Disbursement 2016 General Contributions			01	11	C C00202416 Transaction ID : D176262				
Senate	nent For: 2 Primary Other (spec	<b>x</b> General	Cate Ty	gory/ pe	Amount of Each Disbursement this Period 2500.00 Memo Item				
State:       GA       District:       05         Full Name (Last, First, Middle Initial)         B.       MOOLENAAR FOR CONGRESS         Mailing Address       5915 EASTMAN AVENUE SUITE	Date of Disbursement								
MIDLAND Purpose of Disbursement 2016 General Contributions Candidate Name Moolenaar, John, , Rep.,	MIDLAND MI 48640 Purpose of Disbursement 2016 General Contributions Candidate Name Moolenaar, John, , Rep.,								
Senate	Primary Other (spec	<b>x</b> General			5000.00 Memo Item				
Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 47 FLINTLOCK DRIVE					Date of Disbursement				
SHIRLEY         Purpose of Disbursement         2016 General Contributions         Candidate Name         Zeldin, Lee, , Rep.,         Office Sought:       x         House       Disbursen         Senate       Image: Construction of the senate	State NY nent For: 2 Primary Other (spec	<b>x</b> General	01 Cate Ty	gory/	FEC Identification Number C C00552547 Transaction ID : D176720 Amount of Each Disbursement this Period 3000.00 Memo Item				
SUBTOTAL of Disbursements This Page (optional)           TOTAL This Period (last page this line number only)					10500.00				

. . . . . . .

SCHEDULE B (FEC Form 3)	· ·	parate schedule(s)	FOR LINE					
ITEMIZED DISBURSEMENTS	for eacl	h category of the d Summary Page	(check only 21b 28a	one)         22         X         23         26         27           28b         28c         29         30b				
Any information copied from such Reports an or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full)			_					
American Society of Anesthe	siologists Pc	litical Action	Committee					
Full Name (Last, First, Middle Initial) A. LOUISE SLAUGHTER RE-E	LOUISE SLAUGHTER RE-ELECTION COMMITTEE							
Mailing Address 1150 UNIVERSITY AVE,	Mailing Address 1150 UNIVERSITY AVE, BLDG. 5							
City ROCHESTER	State NY	Zip Code 14607		FEC Identification Number				
Purpose of Disbursement 2016 General Contributions			011	C C00213611 Transaction ID : D176251				
Candidate Name Slaughter, Louise, M., Rep.,			Category/ Type	Amount of Each Disbursement this Period				
0 1 1	Disbursement For:	2016 X General		1500.00				
State: NY District: 25	Other (sp	ecify) ▼		Memo Item				
Full Name (Last, First, Middle Initial) B. MARC VEASEY CONGRES Mailing Address PO BOX 50084	Date of Disbursement							
City Fort Worth	State TX	Zip Code 76105		FEC Identification Number				
Purpose of Disbursement 2016 General Contributions			011	C C00506832 Transaction ID : D176263				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Veasey, Marc, Allison, Rep., Office Sought: x House	Disbursement For:	2016	Туре	2000.00				
Senate President	Primary Other (sp	General ecify)		Memo Item				
State: TX District: 33 Full Name (Last, First, Middle Initial)								
C. AMODEI FOR NEVADA				Date of Disbursement				
Mailing Address 503 N DIVISION ST				10 / D D / Y Y Y Y 2016				
City CARSON CITY	State NV	Zip Code 89703		FEC Identification Number				
Purpose of Disbursement 2016 General Contributions Candidate Name	· ·	011 Category/ C C00496760 Transaction ID : D176248 Amount of Each Disbursement this						
Amodei, Mark, , Rep.,Office Sought:xHouse[]	Disbursement For:	Туре	5000.00					
State: NV District: 02	Primary Other (sp	¥ General ecify) ▼		Memo Item				
SUBTOTAL of Disbursements This Page (o	ptional)		····· ►	8500.00				
TOTAL This Period (last page this line num	ber only)		•••••• •					

SCHEDULE B (FEC Form 3X)			F	DR I		NUMBER: PAGE 145 OF 155			
ITEMIZED DISBURSEMENTS	Use sepa for each	- I - 1		c only 21b					
	Detailed	Summary Page			28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
American Society of Anesthesiolog	gists Poli	tical Action C	Com	imi	ttee				
Full Name (Last, First, Middle Initial) A. MARSHA BLACKBURN FOR COI	NGRESS	S INC.				Date of Disbursement			
Mailing Address PO Box 3750						10 11 2016			
City	State TN	Zip Code				FEC Identification Number			
Brentwood Purpose of Disbursement	I IN	37024				0 000070000			
2016 General Contributions			0	11		С С00376939			
Candidate Name			Cate	aor		Transaction ID : D176509 Amount of Each Disbursement this Period			
Blackburn, Marsha, , Rep.,				/pe	y/				
Office Sought: X House Disburse	ment For: 2 Primary					3000.00			
President	Other (spec					Memo Item			
State: TN District: 07									
Full Name (Last, First, Middle Initial) B. MULVANEY FOR CONGRESS						Date of Disbursement			
Mailing Address P.O. Box 1975		10 11 2016							
City Lancaster									
Purpose of Disbursement	Purpose of Disbursement								
2016 General Contributions	L					Transaction ID : D176716			
Candidate Name			Cate		y/	Amount of Each Disbursement this Period			
Mulvaney, Mick, , Rep., Office Sought:	ment For: 2016			Туре		1000.00			
Office Sought: K House Disburse	Primary	General							
President	Other (spec	•••				Memo Item			
State: SC District: 05									
Full Name (Last, First, Middle Initial) C. MIKE BISHOP FOR CONGRESS						Date of Disbursement			
Mailing Address PO BOX 1148						10 04 2016			
City	State	Zip Code			+	FEC Identification Number			
BRIGHTON	MI	48116							
Purpose of Disbursement 2016 General Contributions			0	11		C C00561001 Transaction ID : D176246			
Candidate Name <b>Diabon Milko Don</b>	y/	Amount of Each Disbursement this Period							
Bishop, Mike, , Rep., Office Sought:	IJ	/pe		2500.00					
Office Sought: K House Disburse	ment For: 2	General							
President	Other (spec					Mama Itam			
State: MI District: 08		· · · ·				Memo Item			
SUBTOTAL of Disbursements This Page (optional).					•	6500.00			

L 11 1.1

SCHEDULE B (FEC Form	3X)			F			IUMBER:				PAGE	146 OF	155
ITEMIZED DISBURSEMENT	Use separate schedule(s) for each category of the			heck o	only	y one)							
			Summary Page		2	lb Ba	22 	· ·	23 28c	26		27 30b	
Any information copied from such Reports or for commercial purposes, other than us					any p	ersoi	n for the	purp	ose o	f solici	ting c	ontributio	
NAME OF COMMITTEE (In Full)				_									
American Society of Anest	hesiolog	jists Poli	tical Action (	Com	hmitt	ee							
Full Name (Last, First, Middle Initial) A. POMPEO FOR KANSAS,				Date o	_	ourse	_	Y	Y Y Y				
Mailing Address PO BOX 780146							10		04			2016	
City WICHITA	\$	State KS	Zip Code 67278				FEC Id	entific	cation	Num	ber		
Purpose of Disbursement 2016 General Contributions					011		С	C004	46040	2			
Candidate Name					egory/	1				ID : D1 Disbur:		2 nt this Pe	riod
Pompeo, Mike, , Rep., Office Sought: x House	Disburser	ment For: 2	2016	Т	ype			-				2000.00	Π.
Senate President		Primary Other (spec	X General					emo li	tom			1 40	
State: KS District: 04							IVIC		lem				
B. WALTERS FOR CONGRE								Date of Disbursement					
Mailing Address 9070 IRVINE CENTER DRIVE, #150							10 04 2016						
City IRVINE								FEC Identification Number					
Purpose of Disbursement 2016 General Contributions 011							•	1	54685	3   <b>D : D1</b>	76280		
Candidate Name												nt this Pe	riod
Walters, Mimi, , Rep., Office Sought: V House	Disbursor	nent For: (	2016	Туре								2500.00	
Senate		ment For: 2016 Primary X General										2000.00	
State: CA District: 45		Other (spec	cify)				Me	emo li	tem				
Full Name (Last, First, Middle Initial) C. MO BROOKS FOR CONG	RESS						Date o	f Dist	ourse	ment			
Mailing Address 7610 FOXFIRE DR.							10 / D D / Y Y Y Y 2016				]		
City HUNTSVILLE		State AL	Zip Code 35802				FEC Id	entific	cation	Numb	ber		
Purpose of Disbursement 2016 General Contributions						011 C C00464149 Transaction ID : D176261							
Brooks, Mo, , Rep.,								t of E	Each	Disbur	semer	nt this Pe	riod
Office Sought: K House Senate							L			7		3000.00	
State: AL District: 05		Other (spec					Ме	emo li	tem				
	(option = 1)						<b>_</b>				-	7500.00	
SUBTOTAL of Disbursements This Page	(optional)				•••••• •	-	÷			-			늭
TOTAL This Period (last page this line n	umber only)				Þ								_

S	CHEDULE B (FEC Form 3X)			F	OR LINE	NUMBER: PAGE 147 OF 155		
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		check only 21b 28a			
	y information copied from such Reports and State for commercial purposes, other than using the nar							
$\mathbb{N}$	NAME OF COMMITTEE (In Full)							
	American Society of Anesthesiolog	gists Pol	itical Action	Con	nmittee	:		
A.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRES	S				Date of Disbursement		
	Mailing Address 700 13TH STREET, NW							
	City WASHINGTON	State DC	Zip Code 20005			FEC Identification Number		
	Purpose of Disbursement 2016 General Contributions				011	C C00213512		
	Candidate Name				egory/	Transaction ID : D176256 Amount of Each Disbursement this Period		
	Pelosi, Nancy, , Rep.,       Office Sought:     x       House     Disburse	ment For:	2016		Гуре	2500.00		
	Senate President	Primary Other (spe	General (Control of the second secon			Memo Item		
	State:         CA         District:         12           Full Name (Last, First, Middle Initial)					<u> </u>		
В.	FRIENDS OF PATRICK MURPHY	/				Date of Disbursement		
	Mailing Address 4521 PGA BLVD. #412	10 11 2016						
	City PALM BEACH GARDENS		FEC Identification Number					
	Purpose of Disbursement 2016 General Contributions	011	C C00493825					
	Candidate Name Murphy, Patrick, , Rep.,		tegory/ Type	Transaction ID : D176718 Amount of Each Disbursement this Period				
	Office Sought: 🗶 House Disburse	ment For:			уре	5000.00		
	Senate President	Primary Other (spe	cify) General			Memo Item		
_	State:     FL     District:     18       Full Name (Last, First, Middle Initial)							
C.	PETE SESSIONS FOR CONGRES	SS				Date of Disbursement		
	Mailing Address PO Box 823047					10 / 19 / Y Y Y Y 2016		
	City Dallas		FEC Identification Number					
	Purpose of Disbursement 2016 General Contributions		C C00303305					
	Candidate Name	011 tegory/	Transaction ID : D176748 Amount of Each Disbursement this Period					
	Sessions, Pete, , Rep., Office Sought: x House Disburse	ment For:	2016	٦	Гуре	5000.00		
	Senate President	Primary Other (spe	x General					
_	State: TX District: 32	. ,				Memo Item		
s	UBTOTAL of Disbursements This Page (optional)				····· ►	12500.00		
Т	OTAL This Period (last page this line number only	·)						

\_\_\_\_\_

SC	HEDULE B (FEC Form 3X)			F	OR L	INE N	NUMBER: PAGE 148 OF 155				
ITE	MIZED DISBURSEMENTS	Use sepa for each	(cl		-	y one)					
			Summary Page			21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b				
Any	r information copied from such Reports and State	mente mov	not be sold or use								
or f	or commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)	nioto Dell		<b>^</b>	· · · · ·	+					
$\square$	American Society of Anesthesiolog	gists Poli	itical Action 0	Com	Imit	tee					
	Full Name (Last, First, Middle Initial) RALPH ABRAHAM FOR CONGR						Date of Disbursement				
		200					M M / D D / Y Y Y Y				
ſ	Mailing Address P.O. BOX 270						10 04 2016				
	City	State	Zip Code				FEC Identification Number				
	ARCHIBALD Purpose of Disbursement	LA	71218								
1	2016 General Contributions			0	11	1	C C00563940				
Ī	Candidate Name			Cate	egory		Transaction ID : D176257 Amount of Each Disbursement this Period				
	Abraham, Ralph, , Rep.,				ype						
(		ment For: 2					2500.00				
	Senate President	Primary Other (spec	General								
ŝ	State: LA District: 05	Other (spec	Siry) 🔻				Memo Item				
F	Full Name (Last, First, Middle Initial)										
В.	PITTENGER FOR CONGRESS L	LC					Date of Disbursement				
-			10 04 2016								
ľ	Mailing Address PO BOX 11207		10 04 2016								
			FEC Identification Number								
	CHARLOTTE Purpose of Disbursement	_	<b>C</b> C00514513								
	2016 General Contributions	011									
	Candidate Name			Category/			Transaction ID: D176276 Amount of Each Disbursement this Period				
	Pittenger, Robert, , Rep.,			Ту	ype		2500.00				
(	Office Sought: X House Disburse	ment For: 2 Primary					2500.00				
	President	Other (spec	General								
5	State: NC District: 09						Memo Item				
-	Full Name (Last, First, Middle Initial)										
C.	SANFORD BISHOP FOR CONGF	RESS					Date of Disbursement				
-	Mailing Address P. O. BOX 909						10 19 2016				
-											
	City COLUMBUS	State GA	Zip Code 31902				FEC Identification Number				
	Purpose of Disbursement	0,1	01002	_	_		C C00266940				
	2016 General Contributions		0	11		Transaction ID : D176729					
(	Candidate Name		egory	/	Amount of Each Disbursement this Period						
7	Bishop, Sanford, D., Rep., Jr. Diffice Sought: Y House Disburse	2010	Ty	ype		5000.00					
,	Office Sought: K House Disburse	ment For: 2 Primary	2016 X General								
	President	Other (spec					Memo Item				
	State: GA District: 02										
							10000.00				
	<b>IBTOTAL</b> of Disbursements This Page (optional).										
тс	TAL This Period (last page this line number only	r)									

. . . . . .

S	CHEDULE B (FEC Form 3X)			F	OR L	INE N	NUMBER: PAGE 149 OF 155			
ITEMIZED DISBURSEMENTS		Use sepa for each	(C	-	only 21b	one)				
		Detailed	Summary Page			210 28a	28b 28c 29 30b			
	y information copied from such Reports and State for commercial purposes, other than using the nat									
$\setminus$	NAME OF COMMITTEE (In Full)			_						
	American Society of Anesthesiolog	gists Poli	tical Action (	Com	nmi	ttee				
Α.	Full Name (Last, First, Middle Initial)	S					Date of Disbursement			
	Mailing Address 349 KENILWORTH PLACE						10 / D D / Y Y Y Y 2016			
	City MEMPHIS	State TN	Zip Code 38112				FEC Identification Number			
	Purpose of Disbursement 2016 General Contributions			0	)11		C C00422980			
	Candidate Name				egor	v/	Transaction ID : D176260 Amount of Each Disbursement this Period			
	Cohen, Steve, , Rep.,				ype	,.				
	Senate	ment For: 2 Primary	X General				2500.00			
	State: TN District: 09	Other (spec	cify) 🔻				Memo Item			
–	Full Name (Last, First, Middle Initial)						Date of Disbursement			
J.	TED LIEU FOR CONGRESS		10 / 04 / 2016							
	Mailing Address 16633 VENTURA BLVD # 1008									
	City Encino	State CA	Zip Code 91436				FEC Identification Number			
	Purpose of Disbursement 2016 General Contributions	011		C C00556506						
	Candidate Name						Transaction ID : D176259 Amount of Each Disbursement this Period			
	Lieu, Ted, , Rep.,			Category/ Type			Anount of Lach Disbursement this renou			
		ment For:					2500.00			
	Senate President	Primary Other (spec	General							
_	State: CA District: 33		- 3/				Memo Item			
C.	Full Name (Last, First, Middle Initial) HOOSIERS FOR ROKITA, INC.						Date of Disbursement			
	Mailing Address 314 ARSENAL AVE.						M M / D D / Y Y Y Y 10 04 2016			
	City	State	Zip Code				FEC Identification Number			
	INDIANAPOLIS Purpose of Disbursement	IN	46201							
	2016 General Contributions		C C00476192 Transaction ID : D176277							
	Candidate Name Categor Categor Trace						Amount of Each Disbursement this Period			
	Rokita, Todd, , Rep.,Office Sought:xKHouseDisburse	2016	- I)	ype		3000.00				
	Senate	Primary	<b>x</b> General							
	State: IN District: 04	Other (spec	cify) 🔻				Memo Item			
	State: IN District: 04									
s	UBTOTAL of Disbursements This Page (optional).						8000.00			
т	OTAL This Period (last page this line number only	)								

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 150 OF 155		
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nar						
$\setminus$	NAME OF COMMITTEE (In Full)						
	American Society of Anesthesiolog	gists Poli	tical Action (	Committee			
Α.	Full Name (Last, First, Middle Initial) TOM MACARTHUR FOR CONGR	ESS INC	D.		Date of Disbursement		
	Mailing Address PO BOX 225				10 11 2016		
	City COLONIA	State NJ	Zip Code 07067		FEC Identification Number		
	Purpose of Disbursement 2016 General Contributions			011	C C00557520		
	Candidate Name			Category/	Transaction ID: D176510 Amount of Each Disbursement this Period		
	MacArthur, Tom, , Rep.,           Office Sought:         x         House         Disburse	ment For: 2	2016	Туре	4000.00		
	State: NJ District: 03	Primary Other (spec	General <b>x</b> General Cify) ▼		Memo Item		
В.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT TRENT Mailing Address PO BOX 8105	Γ FRANK	S TO CONG	RESS	Date of Disbursement		
	GLENDALE	State AZ	Zip Code 85312		FEC Identification Number		
	Purpose of Disbursement 2016 General Contributions Candidate Name			011 Category/	C C00367110 Transaction ID : D176275 Amount of Each Disbursement this Period		
		ement For: 2016		Туре	1000.00		
	State: AZ District: 08	Primary Other (spec	General (Cify)		Memo Item		
C.	Full Name (Last, First, Middle Initial)	ESS			Date of Disbursement		
	Mailing Address PO BOX 531				10 / D D / Y Y Y Y Y 10 04 2016		
	City HARRISONVILLE	State MO	Zip Code 64701		FEC Identification Number		
	Purpose of Disbursement 2016 General Contributions Candidate Name Hartzler, Vicky, , Rep.,		011 Category/	C C00464602 Transaction ID : D176258 Amount of Each Disbursement this Period			
		ment For: 2 Primary	2016 X General	Туре	3000.00		
	State: MO District: 04	Other (spec	cify) ▼		Memo Item		
s	UBTOTAL of Disbursements This Page (optional)			······ ►	8000.00		
Т	OTAL This Period (last page this line number only	)		••••••			

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 151 OF 155			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	r one)			
		Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na			ed by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)			0				
American Society of Anesthesiolo	gists Pol	itical Action (	Committee				
Full Name (Last, First, Middle Initial)  A. SALUD CARBAJAL FOR CONGF	RESS			Date of Disbursement			
Mailing Address PO BOX 1290		-1		10 11 2016			
City Santa Barbara	State CA	Zip Code 93102		FEC Identification Number			
Purpose of Disbursement	0,1	00102		C C00576041			
2016 General Contributions			011	Transaction ID : D176722			
			Category/	Amount of Each Disbursement this Period			
CARBAJAL, SALUD, , , Office Sought: x House Disburse	ement For:	2016	Туре	5000.00			
Senate President	Primary Other (spe	<b>x</b> General					
State: CA District: 24		,		Memo Item			
Full Name (Last, First, Middle Initial)							
B. SMUCKER FOR CONGRESS	Date of Disbursement						
Mailing Address 548 STEEL WAYPO BOX 7066	10 / D D / Y Y Y Y 10 14 2016						
City		FEC Identification Number					
Lancaster Purpose of Disbursement							
2016 General Contributions	011	C C00599464					
Candidate Name			Category/	Transaction ID : D176725 Amount of Each Disbursement this Period			
Smucker, Lloyd, , ,			Туре				
Office Sought: X House Disburse	ement For: Primary			3000.00			
President	Other (spe			<b>—</b> ————			
State: PA District: 16		.,		Memo Item			
Full Name (Last, First, Middle Initial) C. SMUCKER FOR CONGRESS				Date of Disbursement			
Mailing Address 548 STEEL WAYPO BOX 7066				10 / D D / Y Y Y Y 2016			
City	State	Zip Code		FEC Identification Number			
Lancaster Purpose of Disbursement	PA	17604		C C00599464			
2016 General Contributions							
Candidate Name							
Smucker, Lloyd, , , Office Sought: Y House Disburse	ement For:	2016	Туре	2000.00			
Senate	Primary	Z016 X General					
President	Other (spe			Memo Item			
State: PA District: 16							
SUBTOTAL of Disbursements This Page (optional)				10000.00			
			•••••				
TOTAL This Period (last page this line number only	y)		••••••	, ,			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 152 OF 155
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	r one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	niete Delli	tical Action (	Committee	
American Society of Anesthesiolog	yisis 1°011			
Full Name (Last, First, Middle Initial) A. WOLF PACK				Date of Disbursement
Mailing Address 1800 MASSACHUSETTS AVENU SUITE 300	E, NW	1		10 04 2016
City Washington	State DC	Zip Code 20036		FEC Identification Number
Purpose of Disbursement 2016 Contributions	-		011	C C00599092
Candidate Name			Category/ Type	Transaction ID : D176279 Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2 Primary	2016 General		5000.00
State: MO District:	Other (spec	cify) ▼ 2016 Contribution	IS	Memo Item
Full Name (Last, First, Middle Initial) B.				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Senate	ment For: Primary	General		
State: District:	Other (spec	cify)		Memo Item
Full Name (Last, First, Middle Initial) C.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	С			
Candidate Name	Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For: Primary	General		
State: District:	Other (spec	cify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)				5000.00
TOTAL This Period (last page this line number only)				255200.00

S	CHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBER: PAGE 153 OF 155			
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check c				
			Summary Page	× 28				
	y information copied from such Reports and State for commercial purposes, other than using the nar							
$\setminus$	NAME OF COMMITTEE (In Full)							
	American Society of Anesthesiolog	gists Poli	tical Action	Committe	96			
A.	Full Name (Last, First, Middle Initial) Jacobs, Jeffrey, S., , M.D.				Date of Disbursement			
	Mailing Address 11041 Pine Lodge Trl				10 / D D / Y Y Y Y 10 11 / 2016			
	5	State	Zip Code		FEC Identification Number			
	Davie Purpose of Disbursement Refund of 9/12/2016	FL	33328-7317	010	C			
	Candidate Name			Category/ Type	Transaction ID : D176451 Amount of Each Disbursement this Period			
	Office Sought: House Disburse Senate	ment For: Primary	General	Type	83.33			
	State: District:	Other (spec	cify) 🔻		Memo Item			
в.	Full Name (Last, First, Middle Initial) Jacobs, Jeffrey, S., , M.D.				Date of Disbursement			
	Mailing Address 11041 Pine Lodge Trl		10 / 13 / 2016					
	Davie	State FL	Zip Code 33328-7317		FEC Identification Number			
	Purpose of Disbursement Refund of 10/12/2016			010	C Transaction ID : D176521			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburse Senate	ment For: Primary	General	.,,,,	83.33			
	State: District:	Other (spec	cify)		Memo Item			
C.	Full Name (Last, First, Middle Initial) Palmrose, Frank, E., , M.D.				Date of Disbursement			
	Mailing Address 1001 SW Coronado Street				10 / D D / Y Y Y Y 2016			
	City Portland	State OR	Zip Code 97219		FEC Identification Number			
	Purpose of Disbursement Refund of 10/14/2016			010	C Transaction ID : D176641			
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
	Senate	ment For: Primary	General		41.63			
_	State: District:	Other (spec	cify) 🔻		Memo Item			
	<b>UBTOTAL</b> of Disbursements This Page (optional).				208.29			

	CHEDULE B (FEC Form 3X)		arate schedule(s)			NUMBER: PAGE 154 OF 155		
	EMIZED DISBURSEMENTS	for each Detailed	for each category of the Detailed Summary Page			ly one) 22 23 26 27 28b 28c 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na							
$\setminus$	NAME OF COMMITTEE (In Full)							
	American Society of Anesthesiolog	gists Poli	tical Action (	Com	mitte	e		
Α.	Full Name (Last, First, Middle Initial) Palmrose, Frank, E., , M.D.					Date of Disbursement		
	Mailing Address 1001 SW Coronado Street					10 17 2016		
	City Portland	State OR	Zip Code 97219			FEC Identification Number		
	Purpose of Disbursement	UK	97219	_	_	С		
	Refund of 9/14/2016			0	10	Transaction ID : D176642		
	Candidate Name				egory/ /pe	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President	ment For: Primary	General		-	0.04		
	State: District:	Other (spec	uny) ▼			Memo Item		
B.	Full Name (Last, First, Middle Initial) Robertson, Sara, B, , M.D. Mailing Address 16800 Van Aken Blvd, #414					Date of Disbursement		
	City Shaker Heights	State OH	Zip Code 44120			FEC Identification Number		
	Purpose of Disbursement Refund of 10/18/2016			0	10	C Transaction ID : D176711		
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For: Primary	General					
	State: District:	Other (spec				Memo Item		
C.	Full Name (Last, First, Middle Initial) Robertson, Sara, B, , M.D.					Date of Disbursement		
	Mailing Address 16800 Van Aken Blvd, #414					10 / D D / Y Y Y Y 10 18 2016		
	City Shaker Heights	State OH	Zip Code 44120			FEC Identification Number		
	Purpose of Disbursement Refund of 10/18/2016	0	10	C Transaction ID : D176712				
	Candidate Name	egory/ /pe	Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ment For: Primary	General			100.00		
	State: District:	Other (spec	cify) 🔻			Memo Item		
s	UBTOTAL of Disbursements This Page (optional).				•	200.04		
Т	OTAL This Period (last page this line number only	′)			►	408.33		

I

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 155 OF 155		
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22         23         26         27           28b         28c <b>X</b> 29         30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)			•			
American Society of Anesthesiolo	gists Pol	itical Action (	Committee			
Full Name (Last, First, Middle Initial) A. Arizonans for Strong Leadership				Date of Disbursement		
Mailing Address 7650 S. McClintock Drive #103-3	47			10 04 2016		
City Tempe	State AZ	Zip Code 85284		FEC Identification Number		
Purpose of Disbursement Non-Federal	~~	03264	011	С		
Candidate Name			Category/ Type	Transaction ID : D176270 Amount of Each Disbursement this Period		
Senate	ement For: Primary	General		5000.00		
State: District:	Other (spe	Non-Federal		Memo Item		
Full Name (Last, First, Middle Initial) B. ArMPAC Mailing Address 810 W. Bethany Home Road		Date of Disbursement				
City Phoenix	State AZ	Zip Code 85013		FEC Identification Number		
Purpose of Disbursement Non-Federal Candidate Name	011 Category/			<b>Transaction ID : D176271</b> Amount of Each Disbursement this Period		
Senate	Primary	General	Туре	5000.00		
State: District:	Other (spe	Non-Federal		Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement	Purpose of Disbursement					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Senate	ement For: Primary	General				
State: District:	Other (spe	ecny) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl				10000.00		