

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

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)

1061 American Lane

Check if different
than previously
reported. (ACC)

Schaumburg

IL

60173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:

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

(c) 12-Day
PRE-Election
Report for the:

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

Election on

11

08

2016

in the
State of

ZZ

(d) 30-Day
POST-Election
Report for the:

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

Election on

in the
State of

5. Covering Period

10

01

2016

through

10

19

2016

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

Conway, Thomas, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Conway, Thomas, , Mr.,

[Electronically Filed]

Date

10

27

2016

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		1029634.90
(b) Cash on Hand at Beginning of Reporting Period.....	984661.43	
(c) Total Receipts (from Line 19)	125463.05	1657420.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	111459.60	1296498.07
(ii) Unitemized	14003.45	360922.46
(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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	125463.05	1657420.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	125463.05	1657420.53

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	42653.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	42653.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	255200.00	1441216.02
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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
29. Other Disbursements (Including Non-Federal Donations).....	10000.00	360000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	265608.33	1842539.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	265608.33	1842539.28

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	125463.05	1657420.53
34. Total Contribution Refunds (from Line 28(d))	408.33	-1330.47
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	125054.72	1658751.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	42653.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	42653.73

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 155
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Abbey, Kenneth, R., , M.D., J.D.

Mailing Address 3710 SW US Veterans Hospital Road

City
PortlandState
ORZip Code
97207-1034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Portland VA Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

Transaction ID : C3399511

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

Mailing Address 4303 Evergreen Elm Ct

City
HoustonState
TXZip Code
77059-3120FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

Transaction ID : C3398464

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Acton, Jacob, D., , M.D.

Mailing Address 2530 Erwin Rd Apt 707

City
DurhamState
NCZip Code
27705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC Chapel HillOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

Transaction ID : C3399042

Amount of Each Receipt this Period

20.00

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

145.00

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

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

FOR LINE NUMBER: PAGE 7 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Alarcon, William, H., , M.D.

Mailing Address 2926 Signature Blvd

City
Ann ArborState
MIZip Code
48103-6943FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford HospitalOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : C3402905

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. Alexianu, Daniela, C., , M.D.

Mailing Address 101 West Eighth Ave.

City
SpokaneState
WAZip Code
99204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence Medical GroupOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

Transaction ID : C3398549

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Allaire, Patrick, H., , M.D.

Mailing Address 58991 290th St

City
CambridgeState
IAZip Code
50046-8510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McFarland ClinicOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

541.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

Transaction ID : C3405685

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

1191.67

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

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

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

FOR LINE NUMBER: PAGE 8 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Allyn, John, , M.D.

Mailing Address 22 Bramhall St

City
Portland

State
ME

Zip Code
04102-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spectrum Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398598

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Amancharla, Maneesh, R., M.D.

Mailing Address 5304 Mount Bonnell Rd

City
Austin

State
TX

Zip Code
78731-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398871

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

Mailing Address 820 1st N.E.
LL-150, Mail 25

City
Washington

State
DC

Zip Code
20002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Case Western Reserve University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407732

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1333.33

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

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

FOR LINE NUMBER: PAGE 9 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Anton, James, M., , M.D.

Mailing Address 2302 Paradise Canyon Dr.

City
PearlandState
TXZip Code
77584-3297FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor St. Lukes Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : C3401676

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Aquino, Melinda, A., , M.D.

Mailing Address 1376 Midland Ave., #201

City
BronxvilleState
NYZip Code
10708-6853FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2016

Transaction ID : C3402202

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Arnold, Donald, E., , M.D.

Mailing Address Mercy Hospital St. Louis - Dept o
615 South New Ballas RoadCity
St. LouisState
MOZip Code
63141FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399041

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2041.67

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

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

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

FOR LINE NUMBER: PAGE 10 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Ata, Sana, , , M.D.

Mailing Address 41 Mall Rd

City
Burlington

State
MA

Zip Code
01805-0001

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : C3402532

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Azzoli, William, T., , M.D.

Mailing Address 10309 Wellside Hill Ave

City
Las Vegas

State
NV

Zip Code
89145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407725

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Babiash, Kimberly, H., , M.D.

Mailing Address 3414 N Beach Club Cir

City
Wichita

State
KS

Zip Code
67205-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCAC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3404592

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

433.33

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

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

FOR LINE NUMBER: PAGE 11 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Bannister, Carolyn, F., , M.D.

Mailing Address 13762 Windsor Crown Ct W

Dept of Anes

City

Jacksonville

State

FL

Zip Code

32225-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nemours

Occupation (for Individual)

MD

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

10 / 11 / 2016

Transaction ID : C3404602

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Barrie, Kristen, P., , M.D.

Mailing Address 1007 Edison Park Court

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Greater Florida Anesthesiologists

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

10 / 13 / 2016

Transaction ID : C3406603

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Bauchat, Jeanette, R., , M.D.

Mailing Address 1910 W Berwyn Ave

City

Chicago

State

IL

Zip Code

60640-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwestern University

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 14 / 2016

Transaction ID : C3407739

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

155.00

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

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

FOR LINE NUMBER: PAGE 12 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Beers, Richard, A., , M.D.

Mailing Address 7758 Salt Springs Rd.

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

C

Name of Employer (for Individual)
SUNY Upstate Medical Univ, Syracuse, NOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 10 / 2016

Transaction ID : C3402245

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Beeson, Timothy, N., , M.D.

Mailing Address 3715 Sapphire Dr.

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

C

Name of Employer (for Individual)
BDT anesthesia assOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : C3410378

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Billstrand, Mary, , , M.D.

Mailing Address 4200 Chinlee Ave NE

City
AlbuquerqueState
NMZip Code
87110-5712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New MexicoOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2016

Transaction ID : C3401710

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

625.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Binstock, Wendy, B., , M.D.

Mailing Address 1462 Chantilly Blvd

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Chicago

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3410375

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Blaylock, Suzanne, S., , M.D.

Mailing Address 155 Wilson Ct

City

Muscle Shoals

State

AL

Zip Code

35661-4102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AMC

Occupation (for Individual)

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398582

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Boryan, Andrew, J., , M.D.

Mailing Address 1311 Wilson Ave

City

Chambersburg

State

PA

Zip Code

17201-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Summit Physician Services

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : C3402530

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

666.66

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Boyer, Tanna, J., , D.O.

Mailing Address 113 E Arlington Hts

City

North Augusta

State

SC

Zip Code

29841-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Augusta University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3410348

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Brackett, Rebecca, P., , M.D.

Mailing Address 192 Bremen Rd

City

Waldoboro

State

ME

Zip Code

04572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kennebec Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401734

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Brady, Mark, D., , M.D.

Mailing Address 9403 W. 146th Pl.

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Anesthesia Associates

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

644.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3405668

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

416.66

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

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

Mailing Address 160 Green Glades

City
Ridgeland

State
MS

Zip Code
39157-8662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern States Anesthesia, LLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.35

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406602

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Briesacher, Kurt, S., M.D.

Mailing Address 5671 Peachtree Dunwoody Rd NE Ste

City
Atlanta

State
GA

Zip Code
30342-5005

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3408334

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Bronheim, David, S., M.D.

Mailing Address 1 Deer Park Rd

City
Kings Point

State
NY

Zip Code
11024-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai School of Medicine

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2016

Transaction ID : C3401979

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1083.34

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Brooks Peterson, Melissa, L., , M.D.

Mailing Address 13123 E 16th Ave # B090

Dept of Anes

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)

physician - pediatric anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : C3410379

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Broussard, David, , , M.D.

Mailing Address 1514 Jefferson Hwy

Anesthesia Department

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : C3409042

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Bruno, Natalie, K., , M.D.

Mailing Address 356 Hudson Ave

City

Albany

State

NY

Zip Code

12210-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : C3410383

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

1166.66

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

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Bryant, David, E., , M.D.

Mailing Address 13737 Noel Rd
Suite 1400

City
Dallas

State
TX

Zip Code
75240-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pinnacle Anes. Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406911

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Buckley, Jack, C., , M.D.

Mailing Address 757 Westwood Plz Ste 3325

City

Los Angeles

State

CA

Zip Code

90095-8358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3410356

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Burden, Amanda, R., , M.D.

Mailing Address 1824 Pine Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cooper University Hospital

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398584

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2041.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Burgess, Frederick, W., , M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City
North ProvidenceState
RIZip Code
02911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Providence VAMCOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : C3399087

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

Mailing Address 4583 Providence Rd.

City
JamesvilleState
NYZip Code
13078-9581FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Upstate Medical UniversityOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : C3404588

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Campbell, Frederick, , , M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City
Traverse CityState
MIZip Code
49684-7306FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

433.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

Transaction ID : C3399775

Amount of Each Receipt this Period

83.33

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

250.00

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

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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

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

A. Campese, Christopher, L., , M.D.

Mailing Address 8 Prospect Ave

City
Douglaston

State
NY

Zip Code
11363-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North American Partners in Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2016

Transaction ID : C3401715

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Campise-Luther, Rose, , , M.D.

Mailing Address 3729 N 101st St

City
Wauwatosa

State
WI

Zip Code
53222-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of Wisconsin

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 13 / 2016

Transaction ID : C3406552

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Cao, Xiqing, Cathy, , M.D.

Mailing Address 9116 Golden Angel Ct

City
Boonsboro

State
MD

Zip Code
21713-1867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstar Washington Hospital Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

558.37

Date of Receipt

10 / 08 / 2016

Transaction ID : C3401687

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

2041.67

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

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Cao, Xiqing, Cathy, , M.D.

Mailing Address 9116 Golden Angel Ct

City

Boonsboro

State

MD

Zip Code

21713-1867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medstar Washington Hospital Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.37

Date of Receipt

10 / 18 / 2016

Transaction ID : C3411014

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Carollo, Dominic, S., , M.D.

Mailing Address 6511 Louis XIV St

City

New Orleans

State

LA

Zip Code

70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ochsner

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.70

Date of Receipt

10 / 03 / 2016

Transaction ID : C3398723

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Carpenter, Tammy, R., , M.D.

Mailing Address 8405 SW Power Ct.

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oregon Anesthesiology Group

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2016

Transaction ID : C3410791

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

583.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Carroll, Thomas, R., , D.O.

Mailing Address E5055 Interlachen Blvd

City
Eleva

State
WI

Zip Code
54738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Iowa

Occupation (for Individual)

Resident physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : C3401693

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Carstensen, Christine, R., , M.D.

Mailing Address 411 Laurel, Ste. 3170

City

Des Moines

State

IA

Zip Code

50314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical Center Anesthesiologists

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405645

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Cassady, Joseph, Frank, , JR

Mailing Address 1215 Pleasant St., #400

City

Des Moines

State

IA

Zip Code

50309-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Associated Anesthesiologists, P.C.

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399289

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1541.67

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Castro, Peter, L., , M.D.

Mailing Address 2910 17th Street

City
BoulderState
COZip Code
80304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boulder Valley AnesthesiologyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399350

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Chamberlin, Keith, J., , M.D., M.B.

Mailing Address 540 San Pedro Cove

City
San RafaelState
CAZip Code
94901-1434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chamberlin Health Care Consulting GrouOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398545

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Champeau, Michael, , , M.D.

Mailing Address 2600 El Camino Real
Suite 206City
Palo AltoState
CAZip Code
94306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists Medical GOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399312

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2041.67

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

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

FOR LINE NUMBER: PAGE 23 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Chapman, Niels, N., , M.D.

Mailing Address 1538 Eagle Ridge Pl.,N.E.

City
AlbuquerqueState
NMZip Code
87122-1154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New MexicoOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.67

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	05	2016

Transaction ID : C3399765

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Chapman, Niels, N., , M.D.

Mailing Address 1538 Eagle Ridge Pl.,N.E.

City
AlbuquerqueState
NMZip Code
87122-1154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New MexicoOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.67

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	05	2016

Transaction ID : C3399766

Amount of Each Receipt this Period

16.67

☐ Memo Item

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

c. Chase, Charles, J., , D.O.

Mailing Address 2065 Venetian Way

City
Winter ParkState
FLZip Code
32789-1216FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	01	2016

Transaction ID : C3398559

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2016.67

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Choi, Alexander, S., , M.D., M.P.

Mailing Address 3203 Wildlife Trail

City
ZionsvilleState
INZip Code
46077FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Consultants of IndianapolisOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398553

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Chung, Hyuk, , , M.D.

Mailing Address 415 E. North Water St
Apt 2604City
ChicagoState
ILZip Code
60611FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 12 / 2016

Transaction ID : C3405643

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Cintron, C., A., , M.D.

Mailing Address 6225 N State Hwy 161
Suite 200City
IrvingState
TXZip Code
75038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar AnesthesiaOccupation (for Individual)
Regional CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : C3410996

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1583.33

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Clark, Randall, M., , M.D.

Mailing Address 21 Hyde Park Circle

City
Denver

State
CO

Zip Code
80209-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3400907

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Coffman, Traci, L., , M.D.

Mailing Address 2003 Day St

City
Ann Arbor

State
MI

Zip Code
48104-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
2006 Hogback Rd

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3404623

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Cohen, Norman, A., , M.D.

Mailing Address 0841 SW Gaines St Unit 504

City
Portland

State
OR

Zip Code
97239-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Health and Science University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401703

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1541.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Cole, Daniel, J., , M.D.

Mailing Address 757 Westwood Plz Ste 3325

Department of Anesthesiology

City

Los Angeles

State

CA

Zip Code

90095-8358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of California at Los Angeles

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405632

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Colombo, James, A., , M.D.

Mailing Address 1775 Dempster St

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Anesthesia Partners

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3410358

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Conklin, Lori, , , M.D.

Mailing Address PO Box 800710

City

Charlottesville

State

VA

Zip Code

22908-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Virginia

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399764

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2083.33

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Cook, Christopher, R., , D.O.

Mailing Address 1111 N Lee Ave Ste 236

401 W. 15th Ste 990

City

Oklahoma City

State

OK

Zip Code

73103-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399299

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Cottrell, William, M., , M.D.

Mailing Address 758 Williamsburg Dr.

City

Concord

State

NC

Zip Code

28025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NAPS

Occupation (for Individual)

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398473

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Cowles, Charles, E., , M.D.

Mailing Address 3419 Cactus Branch Ct

City

Houston

State

TX

Zip Code

77059-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MD Anderson Cancer Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399300

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Cox, Jerral, W., , M.D.

Mailing Address Pediatric Anesthesia

1600 7th Ave. S., Suite #420

City

Birmingham

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pediatric Anesthesia Associates

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 02 / 2016

Transaction ID : C3398600

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Culp, Kimberley, E., , M.D.

Mailing Address W6025 Rim of the City Rd

City

La Crosse

State

WI

Zip Code

54601-3040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gundersen Health Systems

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : C3411660

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Cunningham, Jay, D., , D.O.

Mailing Address 18808 Saddle River Dr

City

Edmond

State

OK

Zip Code

73012-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Affiliated Anesthesiologist Inc

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.67

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : C3411648

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

625.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Cunningham, Jay, D., , D.O.

Mailing Address 18808 Saddle River Dr

City
Edmond

State
OK

Zip Code
73012-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Affiliated Anesthesiologist Inc

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411649

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Dajani, Khaled, , , M.D.

Mailing Address 6911 Colbert St

City

New Orleans

State

LA

Zip Code

70124-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411659

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Daste, Casey, L., , M.D.

Mailing Address 405 S Vermont St

City

Covington

State

LA

Zip Code

70433-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3399043

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

196.66

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Davila, Victor, , M.D.

Mailing Address 4400 Kipling Rd

City
Columbus

State
OH

Zip Code
43220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ohio State University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407729

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. de Lanzac, Kraig, S., M.D.

Mailing Address 12 Tara Pl

City
Metairie

State
LA

Zip Code
70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398633

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. DelCampo, Louis, Joseph, M.D.

Mailing Address 1101 W. Jackson St SW

City
Gravette

State
AR

Zip Code
72736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ozarks Community Hospital

Occupation (for Individual)
Anesthesiologist/ Pain Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

541.66

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3401267

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Delph, Matthew, C., , M.D.

Mailing Address 34 Mossy Oak Dr

City
Winfield

State
WV

Zip Code
25213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
General Anesthesia Services

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3399057

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. DeMeester, James, S., , M.D.

Mailing Address 795 Arlington Blvd

City
Ann Arbor

State
MI

Zip Code
48104-2727

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3408336

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Dentz, Mark, E., , M.D.

Mailing Address 1422 Willowbrooke Cir.

City
Franklin

State
TN

Zip Code
37069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMG

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411655

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

125.01

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Deshur, Mark, , , M.D.

Mailing Address 2650 Ridge Ave

City
EvanstonState
ILZip Code
60201-1718FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398476

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Diez, Christian, , , M.D.

Mailing Address 7915 SW 55 Avenue

City
MiamiState
FLZip Code
33143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MiamiOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : C3404596

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Dillman, Dawn, , , M.D.

Mailing Address 3181 SW Sam Jackson Park Rd
Dept. of Anesthesia, Mail Code UHSCity
PortlandState
ORZip Code
97239-3011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Health & Science UniversityOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : C3410793

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

583.33

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Dobson, Christopher, E., , M.D.

Mailing Address 567 Estates Pl.

City
Longwood

State
FL

Zip Code
32779-2857

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398874

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Dodds, Thomas, M., , M.D.

Mailing Address 1 Medical Center Dr
Department of Anesthesiology

City
Lebanon

State
NH

Zip Code
03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dartmouth Hitchcock Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399149

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Dolan, Patrick, , , M.D.

Mailing Address PO Box 410914

City
Saint Louis

State
MO

Zip Code
63141-0914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Anesthesiology Assoc.

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399308

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Domino, Karen, B., , M.D., M.P.

Mailing Address Department of Anesthesiology
1959 NE Pacific St # 356540

City
Seattle

State
WA

Zip Code
98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Washington

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2016

Transaction ID : C3400903

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Donovan, Matthew, , , M.D.

Mailing Address 3333 Evergreen Drive N.E.

City

Grand Rapids

State

MI

Zip Code

49525-9756

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 08 / 2016

Transaction ID : C3401688

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Doyle, John, J., , M.D.

Mailing Address 128 Sea Hammock Way

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia Professionals

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
10 / 17 / 2016

Transaction ID : C3410380

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

591.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Dozier, Heather, J., , M.D.

Mailing Address 3155 N Point Pkwy
Suite 100, Building F

City
Alpharetta

State
GA

Zip Code
30005-5481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northside Anes Consultants LLC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411220

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Dozier, William, M., , M.D.

Mailing Address 547 Linwood Ave. NE

City
Atlanta

State
GA

Zip Code
30306-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399512

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Draughon, Dustin, C., , M.D.

Mailing Address 619 S 19th St
Dept of Anes

City
Birmingham

State
AL

Zip Code
35249-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAB

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399062

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

166.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Dubuisson, Nancy, L., , M.D.

Mailing Address 321 Worth Ave

City
Lafayette

State
LA

Zip Code
70508-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Management Consultants

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407730

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Duffy, Michael, , , M.D.

Mailing Address 736 Irving Ave

City
Syracuse

State
NY

Zip Code
13210-1687

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
cny anesthesia group

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Transaction ID : C3401738

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Dunbar, Peter, , , M.B.,Ch.B.

Mailing Address 7116 82nd Ave SE

City
Mercer Island

State
WA

Zip Code
98040-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Washington

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3402506

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1583.33

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Dupont, Cedric, , M.D.

Mailing Address 8140 N MO Pac Expy Ste 3-210

City
Austin

State
TX

Zip Code
78759-8862

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mednax

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.29

Date of Receipt

10 / 11 / 2016

Transaction ID : C3404609

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Dutton, Richard, P., , M.D., M.B.

Mailing Address 7040 Lupton Drive
AQI Department

City
Dallas

State
TX

Zip Code
75225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Anesthesia Partners

Occupation (for Individual)
Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 01 / 2016

Transaction ID : C3398591

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Elmassian, Kenneth, , , D.O.

Mailing Address 2399 Pine Hollow Dr.

City
East Lansing

State
MI

Zip Code
48823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Area Anesthesia

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

933.34

Date of Receipt

10 / 02 / 2016

Transaction ID : C3398622

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1166.66

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Elmassian, MSN, CPSN, Georgia, , ,

Mailing Address 2399 Pine Hollow Dr.

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

C

Name of Employer (for Individual)
KEGE Consulting, PCOccupation (for Individual)
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : C3398623

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Engels, Emil, D., , M.D., M.B.

Mailing Address 3127 Windsong Dr

City
OaktonState
VAZip Code
22124-1832FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2016

Transaction ID : C3405660

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Epstein, Jay, H., , M.D.

Mailing Address 7358 Sawgrass Point Dr

City
Pinellas ParkState
FLZip Code
33782-4204FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : C3398625

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Epstein, Lawrence, , , M.D.

Mailing Address 1 Gustave L Levy Pl Anes. Dept.

Department of Anesthesiology

City
New York

State
NY

Zip Code
10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Icahn School Of Medicine @ Mt Sinai

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.34

Date of Receipt

MM / DD / YYYY
10 / 07 / 2016

Transaction ID : C3401275

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Erickson, John, P., , M.D.

Mailing Address 1008 Fair Oaks Ave

City
Oak Park

State
IL

Zip Code
60302-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

U of Chicago

Occupation (for Individual)

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 02 / 2016

Transaction ID : C3398627

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Espinosa, Monique, , , M.D.

Mailing Address PO Box 16370

Anes. Dept.

City
Miami

State
FL

Zip Code
33101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Miami

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.40

Date of Receipt

MM / DD / YYYY
10 / 08 / 2016

Transaction ID : C3401689

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

1166.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Evans, David, H., , M.D.

Mailing Address 13 Woodmere Drive

City
Dothan

State
AL

Zip Code
36305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAMC

Occupation (for Individual)
Chronic Pain Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398544

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Evans, James, , , M.D.

Mailing Address 2302 Kingsmill Cir

City
Tyler

State
TX

Zip Code
75703-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Clinic Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398604

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Evans, John, E., , M.D.

Mailing Address 59 Aquinas St

City
Lake Oswego

State
OR

Zip Code
97035-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
oag

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3410794

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 41 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Fairbanks, Stacy, L., , M.D.

Mailing Address 12631 E 17th Ave

City
Aurora

State
CO

Zip Code
80045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado Denver

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398876

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Fant, George, E., , M.D.

Mailing Address P.O. Box 8305

City
Gadsden

State
AL

Zip Code
35902-8305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates P. A.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3404598

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Fazzone, Anthony, , ,

Mailing Address 44 S Main St

City
Randolph

State
VT

Zip Code
05060-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gifford Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398594

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

483.33

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

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

FOR LINE NUMBER: PAGE 42 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Fischer, Gregory, W., , M.D.

Mailing Address 183 Cat Rock Rd
P.O. Box 1010

City

Cos Cob

State

CT

Zip Code

06807-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

memorial Sloan Kettering Cancer Center

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

10 / 10 / 2016

Transaction ID : C3401741

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Fitch, Jane C.K., , M.D.

Mailing Address 750 NE 13th Street, #200
Dept of Anes

City

Oklahoma City

State

OK

Zip Code

73104-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oklahoma Allergy Clinic

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2016

Transaction ID : C3410790

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Flynn, Michael, R., , M.D.

Mailing Address 6808 Stone Mill Dr

City

Knoxville

State

TN

Zip Code

37919-7496

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Anesthesiologists

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 12 / 2016

Transaction ID : C3404624

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

1166.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 155
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Fontenot, Jason, P., , M.D.

Mailing Address 2832 Woodhaven Drive

City
OpelousasState
LAZip Code
70570FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of OpelousasOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

Transaction ID : C3399065

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Frame, William, A., , M.D.

Mailing Address 2300 N Edward St

City
DecaturState
ILZip Code
62526-4163FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists of DecatuOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

Transaction ID : C3402507

Amount of Each Receipt this Period

83.37

☐ Memo Item

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

C. Friedman, Gary, B., , M.D.

Mailing Address 8 Prospect St.

City
NashuaState
NHZip Code
03060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nashua Anesthesia PartnersOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

Transaction ID : C3399053

Amount of Each Receipt this Period

41.63

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

208.33

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Fuller, Wayne, A., , M.D.

Mailing Address 1269 E. Giles Rd.

City
Muskegon

State
MI

Zip Code
49445

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3399048

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Fulton, Matthew, B., , D.O.

Mailing Address 2729 Crystal Spring Ave SW

City
Roanoke

State
VA

Zip Code
24014-2321

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407764

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Gal, Jonathan, S., , M.D.

Mailing Address 1 Gustave L Levy Pl # 1010
Dept of Anesthesiology

City
New York

State
NY

Zip Code
10029-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398482

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1333.33

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Gallegos, Phillip, , , M.D.

Mailing Address 2013 Marble Pass Dr

City
Keller

State
TX

Zip Code
76248-0286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP Pinnacle Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398570

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gentile, Frank, M., , M.D.

Mailing Address 8 S 311 Blackthorne Lane

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Edward Hospital

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : C3401502

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Giam, Patrick, , , M.D.

Mailing Address 6537 Brompton Rd.
2411 Fountain View, Suite 200

City

Houston

State

TX

Zip Code

77005-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Anesthesia Partners

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398484

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

625.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Giesecke, Noel, Martin, , M.D.

Mailing Address 5010 Crawford St

City
Houston

State
TX

Zip Code
77004-5735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHealth McGovern Medical School

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399298

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Gilbertson, Lesley, L., , M.D.

Mailing Address 9250 Given Road

City
Cincinnati

State
OH

Zip Code
45243-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399756

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Gloyna, David, F., , md

Mailing Address 2401 S 31st
2401 South 31st

City
Temple

State
TX

Zip Code
76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor, Scott & White

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399295

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Golbaba, Babak, H., , M.D.

Mailing Address 7894 E 126th St S Apt 1036

City
BixbyState
OKZip Code
74008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St John Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : C3402559

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Goldstein, Marilyn, J., , M.D.

Mailing Address 412 Ridgepoint Court

City

Piney Flats

State

TN

Zip Code

37686

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2016

Transaction ID : C3410353

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Goldzweig, Peter, , , D.O.

Mailing Address 942 Wood Hollow Ln

City

Ridgewood

State

NJ

Zip Code

07450-2230

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398486

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.67

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Goodrich, Andrew, W., , D.O.

Mailing Address 1775 W Hibiscus Blvd Ste 215

Anes Division

City

Melbourne

State

FL

Zip Code

32901-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BPA

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2016

Transaction ID : C3399307

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Goodridge, Timothy, J., , A.A.-C

Mailing Address 3006 Agave Loop

City

Round Rock

State

TX

Zip Code

78681-2467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baylor Scott & White

Occupation (for Individual)

Anesthesiologist Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2016

Transaction ID : C3400348

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Gosney, Michael, C., , M.D.

Mailing Address 108 Chase Dr

City

Muscle Shoals

State

AL

Zip Code

35661-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Medical Consultants, LLC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1083.34

Date of Receipt

MM / DD / YYYY
10 / 02 / 2016

Transaction ID : C3398596

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

2083.33

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

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

FOR LINE NUMBER: PAGE 49 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Grant, James, D., , M.D.

Mailing Address 1574 Sodon Lake Dr

City
Bloomfield Hills

State
MI

Zip Code
48302-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Anesthesiology of Michigan

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1208.35

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398546

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Green, John, C., , M.D.

Mailing Address 3418 Osprey Ridge Ct

City
Tallahassee

State
FL

Zip Code
32312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesiology Associates of Tallahass

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399342

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Gregory, George, A., , M.D.

Mailing Address 15 Cedar Avenue

City
Larkspur

State
CA

Zip Code
94939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired from UCSF

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398724

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1550.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Gros, Albert, J., , M.D.

Mailing Address P.O. Box 459

City
Opelousas

State
LA

Zip Code
70571

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of Opelousas

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3399064

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Guo, James, S., , M.D.

Mailing Address 2411 Fountain View Dr Ste 200

City
Houston

State
TX

Zip Code
77057-4832

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greater Houston Anes.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399301

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Gutzke, Glen, E., , M.D.

Mailing Address 112 Trappers Ct

City
Naperville

State
IL

Zip Code
60565-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DuPage Valley Anesthesiologists, LTD

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3410393

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

625.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Guzman-Reyes, Sara, , M.D.

Mailing Address 6431 Fannin Msb 5.020

City
HoustonState
TXZip Code
77030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2016

Transaction ID : C3400909

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Halliday, Norman, J., , M.D.

Mailing Address 660 NE 105th St

City

Miami Shores

State

FL

Zip Code

33138-2054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MiamiOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2016

Transaction ID : C3402509

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

c. Hancock, Courtney, M., , M.D.

Mailing Address 670 Croswell Ave SE

City

East Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Practice ConsultantsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

933.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : C3401690

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

603.34

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

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

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

FOR LINE NUMBER: PAGE 52 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hardman, H. David, , , M.D.

Mailing Address 228 Galway Dr

City
Chapel Hill

State
NC

Zip Code
27517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398483

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Harned, Michael, E., , M.D.

Mailing Address 1223 Summit Dr

City
Lexington

State
KY

Zip Code
40502-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Kentucky

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399088

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Hartney-Baucom, Anne, T., , M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City
Atlanta

State
GA

Zip Code
30342-5013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists in Anesthesia PC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398543

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2020.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Harwood, Michael, B., , M.D.

Mailing Address 1100 Park Pl

 City
 Zionsville

 State
 IN

 Zip Code
 46077-1058

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 Southeast Anesthesiologists, P.C.

 Occupation (for Individual)
 Staff anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 333.36

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2016

Transaction ID : C3410366

Amount of Each Receipt this Period

 41.67
☐ Memo Item

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

B. Hawkins, Joy, L., , M.D.

Mailing Address 12631 E 17th Ave, MS 8203

 City
 Aurora

 State
 CO

 Zip Code
 80045-2527

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 University of Colorado School of Medic

 Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 1500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : C3404590

Amount of Each Receipt this Period

 1000.00
☐ Memo Item

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

c. Hebl, James, R., , M.D.

 Mailing Address 200 First Street, SW
 Anes. Dept.

 City
 Rochester

 State
 MN

 Zip Code
 55905-0001

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 Mayo Clinic

 Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

 1000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2016

Transaction ID : C3399956

Amount of Each Receipt this Period

 1000.00
☐ Memo Item

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

 2041.67
TOTAL This Period (last page this line number only)..... ►

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Helgeson, Lars, E., , M.D.

Mailing Address 702 Summer Hill Rd.

City
MadisonState
CTZip Code
06443FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale UniversityOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399290

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Henderson, Wayne, Z., , M.D.

Mailing Address 1800 Medical Center Pkwy # 330

City
MurfreesboroState
TNZip Code
37129-2567FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Murfreesboro Anesthesia GroupOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398592

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Henslee, Christopher, S., , M.D.

Mailing Address 1850 N Central Ave Ste 1600

City
PhoenixState
AZZip Code
85004-4633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesiology ConsultantsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3406914

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

1583.34

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

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

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

FOR LINE NUMBER: PAGE 55 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hertzberg, Linda, B., , M.D.

Mailing Address 6622 N. Forkner Ave.

City
FresnoState
CAZip Code
93711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Linda B Hertzberg MD Inc

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.39

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398475

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Hestdalen, Rodney, F., , M.D.

Mailing Address 5020 S Park Ln

City
SpokaneState
WAZip Code
99223-1421FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
providence medical groupOccupation (for Individual)
anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : C3398639

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Hilton, Ebony, J., , M.D.

Mailing Address 167 Ashley Ave Ste 301

City
CharlestonState
SCZip Code
29425-8905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Med Univ of SC Dept of Anes

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : C3405672

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

666.67

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

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

FOR LINE NUMBER: PAGE 56 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hollinger, Ingrid, B., , M.D.

Mailing Address 1 Gustave L Levy Pl # 1010

City
New YorkState
NYZip Code
10029-6504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Medical Center

Occupation (for Individual)

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

Transaction ID : C3402515

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Hollinger, Ingrid, B., , M.D.

Mailing Address 1 Gustave L Levy Pl # 1010

City
New YorkState
NYZip Code
10029-6504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Medical Center

Occupation (for Individual)

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

Transaction ID : C3401740

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Holmsen, Dag, , , M.D.

Mailing Address 73 Oxen Dr

City
OaklandState
MEZip Code
04963-4654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kennebec Anesthesia Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

Transaction ID : C3398626

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

533.33

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

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

FOR LINE NUMBER: PAGE 57 OF 155
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Houseman, Timothy, W., , M.D.

Mailing Address PO Box 1025

Eastern Shore Anesthesia

City

Fairhope

State
AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eastern Shore Anesthesia

Occupation (for Individual)

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.40

Date of Receipt

MM / DD / YYYY
 10 / 03 / 2016

Transaction ID : C3398725

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Hudson, Mark, E., , M.D.

Mailing Address 70 Barr Rd

City

Finleyville

State
PA

Zip Code

15332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1291.69

Date of Receipt

MM / DD / YYYY
 10 / 03 / 2016

Transaction ID : C3399019

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Hughes, Hayden, R., , M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State
AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
uab

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
 10 / 13 / 2016

Transaction ID : C3406601

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

666.67

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

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

FOR LINE NUMBER: PAGE 58 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hughes, Jonathan, R., , M.D.

Mailing Address 350 Blountville Hwy Ste 207

City
Bristol

State
TN

Zip Code
37620-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bristol Anesthesia Services

Occupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Transaction ID : C3401748

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Hulver, Ryan, , , D.O.

Mailing Address 3719 S Atlanta Pl

City
Tulsa

State
OK

Zip Code
74105-3526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. John Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406599

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Hunter, James, M., , JR

Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City
Birmingham

State
AL

Zip Code
35249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAHSF

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

599.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3404597

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.34

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Hurley, Robert, W., , M.D., Ph.D

Mailing Address 959 N. Mayfair Rd

City

Wauwatosa

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical College of Wisconsin

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2016

Transaction ID : C3399759

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Hurwitz, Erin, , , M.D.

Mailing Address 13321 N. Meridian Ave
Suite 402

City

Oklahoma City

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Affiliated Anesthesiologists, LLCOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : C3404611

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Hutson, Larry, R., , JR

Mailing Address 3816 Creekview

City

Temple

State

TX

Zip Code

76504-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baylor Scott & White

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : C3404589

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

625.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Hwang, Jaemy, M., , M.D.

Mailing Address 250 Breakwater

City
Fishers

State
IN

Zip Code
46037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Anesthesiologists PC

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : C3401675

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Ingoglia, Michael, T., , M.D.

Mailing Address 29-103 Waters View Circle
Apt# 1D

City
Cohoes

State
NY

Zip Code
12047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3410382

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Jacobs, Jeffrey, S., , M.D.

Mailing Address 11041 Pine Lodge Trl

City
Davie

State
FL

Zip Code
33328-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3404616

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.33

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

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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

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

A. Jacobs, Jeffrey, S., , M.D.

Mailing Address 11041 Pine Lodge Trl

City
Davie

State
FL

Zip Code
33328-7317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.39

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405659

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Janosy, Norah, R., , M.D.

Mailing Address 13123 E 16th Ave # B090

City
Aurora

State
CO

Zip Code
80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Hospital Colorado Dept of An

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3400100

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Jones, Cathie, T., , M.D.

Mailing Address 10 Adams Street

City
Westwood

State
MA

Zip Code
02090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Anesthesia Physicians

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3410369

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

175.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Jones, Daniel, T., , M.D.

Mailing Address 10241 Colville Ln

City
Indianapolis

State
IN

Zip Code
46236-8507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399354

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Joseph, Vilma, A., , M.D.

Mailing Address 682 Frick St

City
Elmont

State
NY

Zip Code
11003-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3410327

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Kanai, Lilian, , , M.D.

Mailing Address 1329 Lusitana St Ste 604

City
Honolulu

State
HI

Zip Code
96813-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398480

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

416.67

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Kelly, James, B., , JR

Mailing Address 11720 Madison Ave

City
Kansas City

State
MO

Zip Code
64114-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Luke's Physician Specialists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2016

Transaction ID : C3399346

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Kercheville, Scott, , , M.D.

Mailing Address 14 Eton Green Circle

City
San Antonio

State
TX

Zip Code
78257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tejas Anesthesia

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

MM / DD / YYYY
10 / 02 / 2016

Transaction ID : C3398615

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Kercheville, Scott, , , M.D.

Mailing Address 14 Eton Green Circle

City
San Antonio

State
TX

Zip Code
78257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tejas Anesthesia

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.63

Date of Receipt

MM / DD / YYYY
10 / 09 / 2016

Transaction ID : C3402510

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1166.66

SCHEDULE A (FEC Form 3X)
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for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Khan, Talal, , , M.D.

Mailing Address 3901 Rainbow Blvd Rm 2467

City
Kansas CityState
KSZip Code
66160-8500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KumcOccupation (for Individual)
Physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	10	2016

Transaction ID : C3402537

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Kloss, Christina, , , M.D.Mailing Address 707 SW Washington St.
Suite 700City
PortlandState
ORZip Code
97205FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	09	2016

Transaction ID : C3401722

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Knight, Andrew, A., , M.D.

Mailing Address 224 Cheval Lane

City
Walnut CreekState
CAZip Code
94596-6037FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	09	2016

Transaction ID : C3401696

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

1125.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Knox, Todd, W., , M.D.

Mailing Address 2004 Maryknoll Pl

City
Springfield

State
IL

Zip Code
62704-3253

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists of Spring

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 01 / 2016

Transaction ID : C3398477

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Koebert, Robert, F., , M.D.

Mailing Address 541 E Erie St Unit 404

City
Milwaukee

State
WI

Zip Code
53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.53

Date of Receipt

MM / DD / YYYY
10 / 05 / 2016

Transaction ID : C3399776

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Koveleskie, Joseph, , , M.D.

Mailing Address 5500 Prytania St #435

City
New Orleans

State
LA

Zip Code
70115-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Medical Center

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

883.40

Date of Receipt

MM / DD / YYYY
10 / 05 / 2016

Transaction ID : C3399514

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

666.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

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

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Spectrum Health Hospital Group

Occupation (for Individual)

VP, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405644

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Kucharski, Donna, A., , M.D.

Mailing Address 430 Ascent Drive
Apt 15306

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allegheny health network

Occupation (for Individual)

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398597

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Kucik, Corry, J., , M.D.

Mailing Address 3750 Saddle Drive
7700 Arlington Blvd

City

Carlsbad

State

CA

Zip Code

92010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398589

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

1166.66

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lace, Christopher, J., , M.D.

Mailing Address 12401 E 17th Ave Ste B113

City
AuroraState
COZip Code
80045-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ColoradoOccupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 06 / 2016

Transaction ID : C3400101

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Lagasse, Robert, S., , M.D.

Mailing Address 39 Iron Gate Rd

City
StamfordState
CTZip Code
06903-3820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale Department of AnesthesiologyOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399070

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Lagman, Steven, , , M.D.

Mailing Address 202 S Park St

City
MadisonState
WIZip Code
53715-1507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Madison Anesthesiology Consultants LLPOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : C3398605

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

570.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lamberg, James, J., , D.O.

Mailing Address 220 University Mnr E

City
Hershey

State
PA

Zip Code
17033-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State Hershey Medical Center

Occupation (for Individual)
Physician Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405642

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Lasiter, Nathan, , , M.D.

Mailing Address 18904 Shilstone Way

City
Edmond

State
OK

Zip Code
73003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398726

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Lee, Carlos-Nicholas, L., , M.D.

Mailing Address 9529 Hopeland Drive

City
Austin

State
TX

Zip Code
78749

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capitol Anesthesiology

Occupation (for Individual)
Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405657

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

166.67

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

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

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

FOR LINE NUMBER: PAGE 69 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lee, Jeffrey, A., , M.D.

Mailing Address 6650 Pasture Lands Pl.

City
Winter Garden

State
FL

Zip Code
34787-6229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3410385

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Lee, Maxine, M., , M.D., M.B.

Mailing Address 5432 Woodchuck Ln.

City
Roanoke

State
VA

Zip Code
24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACV, Inc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406597

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Leib, Marc, L., , M.D.

Mailing Address PO Box 44527

City
Phoenix

State
AZ

Zip Code
85064-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398558

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

216.66

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

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

FOR LINE NUMBER: PAGE 70 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lindauer, Steven, Lee, , M.D.

Mailing Address 12411 Abbey Park

City
San Antonio

State
TX

Zip Code
78249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSCSA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2016

Transaction ID : C3402533

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Lingaraju, Rajiv, , M.D.

Mailing Address 2200 Arch Street #602

City
Philadelphia

State
PA

Zip Code
19103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Jersey Anesthesia Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3408806

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Lockhart, Asa, C., , M.D.

Mailing Address 2106 Kennebunk Ln.

City
Tyler

State
TX

Zip Code
75703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Caduceus Consultants

Occupation (for Individual)
Physician advocate

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.39

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398498

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.33

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

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

FOR LINE NUMBER: PAGE 71 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Lok, Jason, , , M.D.

Mailing Address 5496 East Taft Road

City
North Syracuse

State
NY

Zip Code
13212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Spine & Wellness Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401723

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Long, Michael, A., , M.D.

Mailing Address 3941 Foxfire Ln

City
Kingsport

State
TN

Zip Code
37664-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bristol Anesthesia Services

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3401269

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Loushin, Michael, K., , M.D.

Mailing Address 579 Lakeridge Dr

City
Shoreview

State
MN

Zip Code
55126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TCAA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399067

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

375.00

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

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

FOR LINE NUMBER: PAGE 72 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Mack, Maria, J., , M.D.

Mailing Address 7514 91st Ave SW

City
Tacoma

State
WA

Zip Code
98498-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Joseph Med. Ctr.

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3405673

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Mackey, David, , , M.D.

Mailing Address Dept. of Anesthesiology Periop. Me
1515 Holcombe Boulevard, Unit 409

City
Houston

State
TX

Zip Code
77030-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Consultant

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3408483

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Mahajan, Aman, , , M.D., Ph.D

Mailing Address 757 Westwood Plz,
Suite 2331L

City
Los Angeles

State
CA

Zip Code
90095-8358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401702

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2025.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Malik, Asif, M., , M.D.

Mailing Address 2758 Charnwood Dr

City
Troy

State
MI

Zip Code
48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

MM / DD / YYYY
10 / 12 / 2016

Transaction ID : C3405639

Amount of Each Receipt this Period

166.70

☐ Memo Item

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

B. Marco, Alan, P., , M.D.

Mailing Address 569 Calumet Place

City

Beavercreek

State
OH

Zip Code
45434-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wright State Physicians, Inc.

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY
10 / 06 / 2016

Transaction ID : C3401185

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Marcovitz, Michael, J., , M.D.

Mailing Address 4483 Ford Rd.

City

Ann Arbor

State
MI

Zip Code
48105

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

716.68

Date of Receipt

MM / DD / YYYY
10 / 15 / 2016

Transaction ID : C3407746

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1216.70

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 155

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Marcovitz, Michael, J., , M.D.

Mailing Address 4483 Ford Rd.

City
Ann Arbor

State
MI

Zip Code
48105

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3410349

Amount of Each Receipt this Period

4.17

☐ Memo Item

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

B. Marcovitz, Michael, J., , M.D.

Mailing Address 4483 Ford Rd.

City
Ann Arbor

State
MI

Zip Code
48105

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.68

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3410350

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Marshall, Lori, , , M.D.

Mailing Address 514 F East Woodrow Wilson

City
Jackson

State
MS

Zip Code
39216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Pain Care

Occupation (for Individual)
Anesthesiology/Pain Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399344

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

554.17

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Martel, Colleen, G., , M.D.

Mailing Address 523 Robert E Lee Blvd

City
New Orleans

State
LA

Zip Code
70124-2542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tulane University

Occupation (for Individual)
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2016

Transaction ID : C3402517

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Martin, David, P., , M.D., Ph.D

Mailing Address Department of Anesthesiology, Char
Mayo Clinic

City
Rochester

State
MN

Zip Code
55905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic

Occupation (for Individual)
.Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399115

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Martin, John, , , M.D.

Mailing Address 116 Hidden Cove Ct

City
Seneca

State
SC

Zip Code
29672-9139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GHS/UMG

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3404607

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1166.66

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

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

FOR LINE NUMBER: PAGE 76 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Mason, Linda, J., , M.D.

Mailing Address 1665 Halsey St

City
Redlands

State
CA

Zip Code
92373-7262

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loma Linda Faculty Medical Group INC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399293

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Mastropolo, Gregg, A., , A.A.-C

Mailing Address 150 S Little Tor Rd

City
New City

State
NY

Zip Code
10956-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quinnipiac University

Occupation (for Individual)
Clinical Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3410798

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Matlin, Fredric, J., , M.D.

Mailing Address 23 Lodge Ln

City
Miller Place

State
NY

Zip Code
11764-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Long Island Anesthesia Physicians, LLP

Occupation (for Individual)
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3405674

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

1125.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 155
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Matter, Jean-Paul, , M.D.

Mailing Address PO Box 43381

City
CincinnatiState
OHZip Code
45243-0381FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seven Hills AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2016

Transaction ID : C3398606

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Maxwell, Scott, W., , M.D.

Mailing Address 16305 Scotland Way

City
EdmondState
OKZip Code
73013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Affiliated Anesthesiologists, LLCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

Transaction ID : C3399090

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

Mailing Address 3746 Dunbarton Dr

City
Mountain BrookState
ALZip Code
35223-2706FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : C3399066

Amount of Each Receipt this Period

83.33

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 78 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. McNaul, Peggy, P., , M.D.

Mailing Address 137 Colvard Park Dr

City
Durham

State
NC

Zip Code
27713-5816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405653

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Mesrobian, James, R., , M.D.

Mailing Address 827 E Birch Ave

City
Whitefish Bay

State
WI

Zip Code
53217-5360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Anesthesia

Occupation (for Individual)
Regional Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398552

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Messenger, Brigitte, M., , M.D.

Mailing Address 1924 Alcoa Hwy # U109

City
Knoxville

State
TN

Zip Code
37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Tennessee

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398567

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.33

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

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

FOR LINE NUMBER: PAGE 79 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Michaels, Robert, K., , M.D.

Mailing Address 3632 Beech Tree Dr

City
OrlandoState
FLZip Code
32835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical GroupOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2016

Transaction ID : C3399515

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Minhaj, Mohammed, , , M.D., M.B.

Mailing Address 416 Blythe Rd

City
RiversideState
ILZip Code
60546FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ChicagoOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2016

Transaction ID : C3399763

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Mintz, Paul, S., , M.D.

Mailing Address 200 Reading Blvd

City
WyomissingState
PAZip Code
19610-2236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
reading anesthesia AssociatesOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016

Transaction ID : C3407737

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

583.34

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

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

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

FOR LINE NUMBER: PAGE 80 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Mitter, Nanhi, R., , M.D.

Mailing Address 232 Spalding Gates Dr

City
Atlanta

State
GA

Zip Code
30328-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Joseph's Hospital of Atlanta

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3400869

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Montague, Raul, R., , M.D.

Mailing Address 7803 Railyard Dr SW

City

Byron Center

State

MI

Zip Code

49315-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Medical Consultants, PC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3402560

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

C. Moore, James, , , M.D.

Mailing Address 757 Westwood Plaza, Suite 3325

Department of Anesthesiology

City

Los Angeles

State

CA

Zip Code

90095-7403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCLA

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

519.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3410359

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

416.67

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

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

FOR LINE NUMBER: PAGE 81 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Moran, Kenneth, R., , M.D.

Mailing Address 4029 Hidden Hill Ct

City
Powell

State
OH

Zip Code
43065-7112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ohio State Wexner Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398934

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Morrow, Scott, C., , M.D.

Mailing Address 220 Genius Drive

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR Medical Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3405675

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Moss, William, E., , D.O.

Mailing Address 3142 Rock Park Dr

City
Fort Collins

State
CO

Zip Code
80528-9483

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NCAP

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3401268

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 82 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Mueller, Jeff, T., , M.D.

Mailing Address Mayo Clinic Hospital

5777 East Mayo Boulevard

City

Phoenix

State

AZ

Zip Code

85054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3410998

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Murphy, Bryant, A., , M.D.

Mailing Address 367 Kimberwicke Dr

City

Fayetteville

State

NC

Zip Code

28311-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC School of Medicine

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3401266

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Musumeci, Ross, J., , M.D., M.B.

Mailing Address 98 Wayne Rd

City

Needham

State

MA

Zip Code

02494-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anaesthesia Associates of MA

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

708.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407740

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1125.00

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

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

FOR LINE NUMBER: PAGE 83 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Nagy, Ryan, D., , M.D.

Mailing Address 1120 South Dr
FH 204

City
Indianapolis

State
IN

Zip Code
46202-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University Health

Occupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398619

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Naples, Joseph, J., , M.D.

Mailing Address 6565 Fannin St # MCB452

City
Houston

State
TX

Zip Code
77030-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Houston Methodist

Occupation (for Individual)
Chair - Dept. of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3400910

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Naughton, Norah, N., , M.D.

Mailing Address 1H247 UH SPC 5048
1500 East Medical Center Drive

City
Ann Arbor

State
MI

Zip Code
48109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

824.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3399047

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

2083.33

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

FOR LINE NUMBER: PAGE 84 OF 155

(check only one)

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

American Society of Anesthesiologists Political Action Committee

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

A. Neeld, John, , JR

Mailing Address 3025 River North Pkwy

City
AtlantaState
GAZip Code
30328-1117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

Transaction ID : C3404744

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Nester, Kyle, P., ,Mailing Address 4150 Nelson Road
Building ACity
Lake CharlesState
LAZip Code
70605FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

Transaction ID : C3399044

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Nguyen, Tuyet Ha, D., , M.D.

Mailing Address 7277 E. Parkview Ln

City
ScottsdaleState
AZZip Code
85255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metro Anesthesia ConsultantsOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

Transaction ID : C3401680

Amount of Each Receipt this Period

62.50

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

645.83

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

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

FOR LINE NUMBER: PAGE 85 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Nicolescu, Teodora-Orhidee, , , M.D.

Mailing Address PO Box 26901

Department of Anesthesia

City

Oklahoma City

State

OK

Zip Code

73126-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ouhsc

Occupation (for Individual)

MD

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : C3411019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Nixon, Heather, C., , M.D.

Mailing Address 1740 W. Taylor Ave

Suite 3200: Anesthesiology Depart

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Illinois at Chicago

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399348

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

c. Norling, Mark, A., , M.D.

Mailing Address 715 NW Macleay Blvd

Ste 1517

City

Portland

State

OR

Zip Code

97210-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oregon Anesthesiology Group

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : C3410792

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

591.63

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

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Norton, Paul, C., , M.D.

Mailing Address 623 Jonathan Clay Dr.

City
ShreveportState
LAZip Code
71106FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	08	2016

Transaction ID : C3402531

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Nounou, Joseph, M., , M.D.

Mailing Address 668 Lakeside Dock Dr

City
KingsportState
TNZip Code
37663-4109FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.40

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	11	2016

Transaction ID : C3402561

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

C. Ombaba, Siang King, , ,

Mailing Address 27906 Cascabel Ln

City
San AntonioState
TXZip Code
78260-1814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Star anesthesiaOccupation (for Individual)
Physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	15	2016

Transaction ID : C3410372

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

166.68

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Padakandla, Udaya, , , M.B.

Mailing Address 4449 Young Dr.

City
Carrollton

State
TX

Zip Code
75010-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia Providers

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3411023

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Paganelli, William, C., , M.D., Ph.D

Mailing Address 197 Olde Orchard Ln

City
Shelburne

State
VT

Zip Code
05482-6765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Vermont Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3407747

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

c. Page, Sam, L., , M.D.

Mailing Address 17 Windsor Terrace Ln

City
Creve Coeur

State
MO

Zip Code
63141-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Anesthesiology

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1583.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398566

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

135.00

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Paiste, Juhan, , , M.D.

Mailing Address JT 845

619 19th St S

City

Birmingham

State

AL

Zip Code

35249-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UAB

Occupation (for Individual)

MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398568

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Palmrose, Frank, E., , M.D.

Mailing Address 1001 SW Coronado Street

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OAG, PC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407728

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Palmrose, Frank, E., , M.D.

Mailing Address 1001 SW Coronado Street

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OAG, PC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

874.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411244

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

583.30

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

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

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

A. Pandya, Parag, , M.D.

Mailing Address 210 Royal Vw

City
PittsfordState
NYZip Code
14534-9633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Finger Lakes HealthOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : C3406598

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : C3411018

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Pastore, Timothy, P., M.D.

Mailing Address 2183 Stopper Dr.

City

Montoursville

State

PA

Zip Code

17754-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of WilliamsportOccupation (for Individual)
Physician/Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : C3398629

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

666.66

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Patterson, Todd, H., , D.O.

Mailing Address 1439 Wedgewood Ave

City
Des Plaines

State
IL

Zip Code
60018-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRAA

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3410368

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Pauker, Kenneth, Y., , M.D.

Mailing Address 18 Sierra Vista

City
Laguna Niguel

State
CA

Zip Code
92677-7952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retired

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411243

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Pearson, Don, R., , JR

Mailing Address 4326 Beechwood Rd

City
Knoxville

State
TN

Zip Code
37920-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Anesthesiologists

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406607

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Pease, Sonya, M., , M.D.

Mailing Address 5373 Pennock Point Road

City
JupiterState
FLZip Code
33469-3515FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399762

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Penca, Stephen, J., , M.D.

Mailing Address 5 Rushing Meadow Ct.

City
ArlingtonState
TXZip Code
76016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Anesthesiologist-MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399297

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Perry, Jeremie, J., , M.D.

Mailing Address 2410 Whispering Oaks Ct.

City
AbileneState
TXZip Code
79606-4366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hendrick Anesthesia NetworkOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3410361

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

1583.33

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Peterson, Mary Dale, , , M.D.

Mailing Address 210 Naples St.

City

Corpus Christi

State

TX

Zip Code

78404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Driscoll

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : C3405670

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Philip, Beverly, K., , M.D.

Mailing Address Dept Anes Periop Pain Med
75 Francis St

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BWH AnesthesiologyOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : C3399345

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Philip, James, H., , M.D.

Mailing Address Brigham and Womens Hosp Anes Dept
75 Francis St

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital AnesthesiOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2016

Transaction ID : C3407765

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Pieren, Sara, K., , M.D.

Mailing Address 6925 Spring Valley Lane
Unit 308-S

City
Export

State
PA

Zip Code
15632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsa Health

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3399045

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Pieren, Sara, K., , M.D.

Mailing Address 6925 Spring Valley Lane
Unit 308-S

City
Export

State
PA

Zip Code
15632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsa Health

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398583

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Pieren, Sara, K., , M.D.

Mailing Address 6925 Spring Valley Lane
Unit 308-S

City
Export

State
PA

Zip Code
15632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsa Health

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406600

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

249.99

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

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

FOR LINE NUMBER:
(check only one)

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

American Society of Anesthesiologists Political Action Committee

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

A. Plagenhoef, Deborah, L., , M.D.

Mailing Address 3823 Brighton Creek Cir

City
Tyler

State
TX

Zip Code
75707-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

East Texas Anesthesiology Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 03 / 2016

Transaction ID : C3399294

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Podnar, Jeffrey, J., , M.D.

Mailing Address 3911 N. Ashland Ave., #C

City

Chicago

State

IL

Zip Code

60613-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Anesthesia Partners

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

MM / DD / YYYY
10 / 18 / 2016

Transaction ID : C3411017

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Polce, Roma, C., , M.D.

Mailing Address 3092 Red Arrow Dr.

City

Las Vegas

State

NV

Zip Code

89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VAMC Southern Nevada

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.40

Date of Receipt

MM / DD / YYYY
10 / 15 / 2016

Transaction ID : C3407748

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

1166.67

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Pomerantz, Paul, , , M.B.A.

Mailing Address 550 N. Kingsbury St.

City
Chicago

State
IL

Zip Code
60654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASA

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
10 / 03 / 2016

Transaction ID : C3399027

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Prasad, Ravindra, V., , M.D.

Mailing Address N2201 North Wing CB 7010

City
Chapel Hill

State
NC

Zip Code
27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC School of Medicine

Occupation (for Individual)
Professor, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

MM / DD / YYYY
10 / 19 / 2016

Transaction ID : C3411653

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Pregler, Johnathan, L., , M.D.

Mailing Address 10556 Dunleer Dr

City
Los Angeles

State
CA

Zip Code
90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLA Department of Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.34

Date of Receipt

MM / DD / YYYY
10 / 12 / 2016

Transaction ID : C3404753

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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1166.66

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Rangi, Navdip, S., , M.D.

Mailing Address 10191 W. Shrewsbury Run

City
Collierville

State
TN

Zip Code
38017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Anesthesia

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399516

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Raty, Sally, , , M.D.

Mailing Address 6414 Rutgers Ave

City
Houston

State
TX

Zip Code
77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Director Residency Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3405676

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Ravikant, Neeju, , , M.D.

Mailing Address 875 W Glengarry Circle

City
Bloomfield Hills

State
MI

Zip Code
48301-2219

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3408337

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

166.68

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Rebello, Elizabeth, , , M.D.

Mailing Address 6549 Westchester Ave

City
Houston

State
TX

Zip Code
77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MD Anderson

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398926

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Redmon, Benjamin, F., , M.D.

Mailing Address 231 Parker Rd

City
Chapel Hill

State
NC

Zip Code
27517-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.66

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2016

Transaction ID : C3402508

Amount of Each Receipt this Period

36.63

☐ Memo Item

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

C. Redmon, Benjamin, F., , M.D.

Mailing Address 231 Parker Rd

City
Chapel Hill

State
NC

Zip Code
27517-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

466.66

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3406916

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

546.63

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Reeves, Scott, , , M.D., MBA

Mailing Address Musc Dept of Anesthesia
167 Ashley Avenue, Suite 301

City Charleston State SC Zip Code 29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MUSC

Occupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 04 / 2016

Transaction ID : C3399068

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Richards, Jeffrey, S., , M.D.

Mailing Address 301 University Blvd.
Department of Anesthesiology

City Galveston State TX Zip Code 77555-0591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMB

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

MM / DD / YYYY
10 / 13 / 2016

Transaction ID : C3406605

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Richards, Paul, M., , D.O.

Mailing Address 4665 Douglas Cir NW Ste 101

City Canton State OH Zip Code 44718-3673

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Anesthesia Group

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY
10 / 11 / 2016

Transaction ID : C3404606

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

625.00

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Rigol, Jason, A., , M.D.

Mailing Address 3117 Palm Vista

City

Metairie

State

LA

Zip Code

70003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405656

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Roberts, Michael, W., , II

Mailing Address 430 W Symmes St

City

Norman

State

OK

Zip Code

73069-5658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3399046

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Robertson, Sara, B., , M.D.

Mailing Address 16800 Van Aken Blvd, #414

City

Shaker Heights

State

OH

Zip Code

44120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Mississippi Medical Cent

Occupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3410803

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

233.33

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Robertson, Sara, B., M.D.

Mailing Address 16800 Van Aken Blvd, #414

City

Shaker Heights

State

OH

Zip Code

44120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Mississippi Medical Cent

Occupation (for Individual)

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Transaction ID : C3410804

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Robertson, Sara, B., M.D.

Mailing Address 16800 Van Aken Blvd, #414

City

Shaker Heights

State

OH

Zip Code

44120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Mississippi Medical Cent

Occupation (for Individual)

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Transaction ID : C3410805

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Robison, Jon, R., M.D.

Mailing Address 1690 E. 3250 N.

City

North Logan

State

UT

Zip Code

84341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Interwest Anesthesia Assoc. LLC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : C3401263

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

American Society of Anesthesiologists Political Action Committee

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

A. Roethle, Scott, T., , M.D.

Mailing Address 5005 W 131 Terr

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

C

Name of Employer (for Individual)

AAKC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

Transaction ID : C3398466

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Ropp, Kate, M., , M.D.

Mailing Address 3345 SW 97th Ave

City
PortlandState
ORZip Code
97225-2922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Anesthesiology GroupOccupation (for Individual)
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

Transaction ID : C3401711

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Rosen, Gerald, P., , M.D.

Mailing Address 4300 Alton Rd # 1401

City
Miami BeachState
FLZip Code
33140-2948FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Miami Beach Anesthesiology Assoc.Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : C3399352

Amount of Each Receipt this Period

41.67

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

1541.67

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Rosenberg, Andrew, D., , M.D.

Mailing Address 55 Field Ln

City

Roslyn Heights

State

NY

Zip Code

11577-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NYU School of Medicine

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401720

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Rosenquist, Richard, W., , M.D.

Mailing Address 9500 Euclid Ave # C25
Dept. of Pain Mgmt.

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : C3401649

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Rossi, Michael, G., , D.O.

Mailing Address 6583 Cottingham Place

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Jude Children's Research Hospital

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

633.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411658

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

2083.33

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

Use separate schedule(s)
for each category of the
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(check only one)

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

American Society of Anesthesiologists Political Action Committee

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

A. Rothman, Brian, S., , M.D.

Mailing Address 1301 Medical Center Dr # 4648

City
Nashville

State
TN

Zip Code
37232-0028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt University Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3410354

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Routenberg, Lawrence, J., , M.D.

Mailing Address 1318 Fox Hollow Rd

City
Schenectady

State
NY

Zip Code
12309-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Schenectady Anesthesia Assoc

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401716

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Saldutti, Gregg, M., , M.D.

Mailing Address 7 Lockland ave

City
Haddon Twp

State
NJ

Zip Code
08108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South jersey anesthesia

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3400875

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1041.67

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Sardesai, Mahesh, P., , M.D.

Mailing Address 5230 Centre Avenue
Suite 205

City
Pittsburgh

State
PA

Zip Code
15232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3406917

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

B. Sawhney, Deepak, , , M.D.

Mailing Address 13101 Southwest Fox Ridge Road

City

McMinnville

State

OR

Zip Code

97128-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3410797

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Schenning, Katie, J., , M.D., MPH

Mailing Address 3737 N Willamette Blvd

City

Portland

State

OR

Zip Code

97217-5143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Health & Science University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406530

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

833.34

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Schulman, Steven, B., , M.D.

Mailing Address 100 Port Washington Blvd

City
Roslyn

State
NY

Zip Code
11576-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY CV Anesthesiologists

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401726

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Schwalbe, Steven, , , M.D., M.En

Mailing Address 7901 Broadway E2-69
Anes Dept

City
Elmhurst

State
NY

Zip Code
11373-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mount Sinai Medical Services

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401729

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Schwarz, Adam, M., , M.D.

Mailing Address 1212 4th St SE Apt 737

City
Washington

State
DC

Zip Code
20003-3499

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAPMG

Occupation (for Individual)
pain

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2016

Transaction ID : C3410377

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1166.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 155
(check only one)

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

American Society of Anesthesiologists Political Action Committee

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

A. Sellers, Alethia, Baldwin, , M.D.Mailing Address Jefferson Tower 862
619 19th St. SoCity
BirminghamState
ALZip Code
35249-1900FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	05	2016

Transaction ID : C3399358

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Shannon, Connor, L., , M.D.

Mailing Address 254 Ridge Ave

City
WinnetkaState
ILZip Code
60093-3855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesia Providers, LTDOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	04	2016

Transaction ID : C3399351

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Sheplock, George, , , M.D.

Mailing Address 705 Riley Hospital Drive, Rm 2820

City
IndianapolisState
INZip Code
46202-5200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IU Health PhysiciansOccupation (for Individual)
Pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	12	2016

Transaction ID : C3405638

Amount of Each Receipt this Period

1000.00

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

1333.33

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Siddiqui, Afreen, , , M.B.,B.S.

Mailing Address 1 Darl Ct

City

East Greenwich

State

RI

Zip Code

02818-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VA hospital

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411651

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Simon, Michael, B., , M.D.

Mailing Address 35 Gellatly Dr

City

Wappingers Falls

State

NY

Zip Code

12590-6452

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sheridan Healthcorp

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398613

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Singleton, Mark, A., , M.D.

Mailing Address 7106 Marlborough Terrace

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of California, San Francisc

Occupation (for Individual)

physician/professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399036

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

208.33

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

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

FOR LINE NUMBER: PAGE 108 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Slonin, Jonathan, H., , M.D., M.B.

Mailing Address 5191 SW Longspur Lane

City
Palm City

State
FL

Zip Code
34990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth Anesthesia

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398551

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Smith, Blair, , , M.D.

Mailing Address 1046 Lake Colony Ln

City
Vestavia

State
AL

Zip Code
35242-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Alabama Health Services

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3404798

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

c. Smythe, Paul, R., , M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City
Ann Arbor

State
MI

Zip Code
48109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Medical School

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3399050

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

266.66

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Smythe, Paul, R., , M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City
Ann Arbor

State
MI

Zip Code
48109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Medical School

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3407749

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Soleta, Amy, Opilla, , M.D.

Mailing Address 4551 NE 35th Ave

City
Portland

State
OR

Zip Code
97211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OHSU

Occupation (for Individual)
pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407727

Amount of Each Receipt this Period

41.63

☐ Memo Item

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

C. Sontag, Mark, T., , M.D.

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

City
Eau Claire

State
WI

Zip Code
54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eau Claire Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : C3401692

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

641.63

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

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

FOR LINE NUMBER: PAGE 110 OF 155

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Sorbin, Kortnee, L., , M.D.

Mailing Address 10718 W 163rd Ter

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAKC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405641

Amount of Each Receipt this Period

83.33



Memo Item

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

B. Soto, Roy, G., , M.D.

Mailing Address 3250 Chestnut Run Drive

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mednax

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398868

Amount of Each Receipt this Period

41.67



Memo Item

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

C. Srour, Habib, , , M.D.

Mailing Address 1091 Clear Creek Rd

City

Nicholasville

State

KY

Zip Code

40356-8792

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Kentucky

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3404599

Amount of Each Receipt this Period

83.33



Memo Item

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

208.33

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

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

A. Stark, Ksenia, K., , M.D.

Mailing Address 13321 N Meridian Ave Ste 402
 Suite 402

City
 Oklahoma City

State
 OK

Zip Code
 73120-8316

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Affiliated Anesthesiologists

Occupation (for Individual)
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2016

Transaction ID : C3404591

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Stead, Stanley, W., , M.D., M.B.

Mailing Address 4819 Andasol Avenue
 Suite 100

City
 Encino

State
 CA

Zip Code
 91316-3802

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Stead Health Group, Inc.

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398548

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stein, Erica, , , M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
 N411 Doan Hall

City
 Columbus

State
 OH

Zip Code
 43210-1240

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Ohio State University

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2016

Transaction ID : C3398468

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stennett, Richard, A., , M.D.

Mailing Address 16 Spencer Dr

City
MorristownState
NJZip Code
07960-3537FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAMOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

Transaction ID : C3398637

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stenzel, Matthew, J., , M.D.

Mailing Address 2096 Lakeland Way

City
EugeneState
ORZip Code
97408-5930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Anesthesiology Group, PCOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

Transaction ID : C3401709

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stephenson, John, H., , M.D.Mailing Address 5671 Peachtree Dunwoody Road
Suite 610City
AtlantaState
GAZip Code
30342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists in Anesthesia, POccupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

Transaction ID : C3398474

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stever, Jennifer, M., , A.A.

Mailing Address 19 Downshire Lane

City
Decatur

State
GA

Zip Code
30033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Healthcare

Occupation (for Individual)

certified anesthesiologist assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411232

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stone, Kenneth, R., , M.D.

Mailing Address 317 Laurelwood Rd

City
Orange

State
CT

Zip Code
06477-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bridgeport Anesthesia Assoc

Occupation (for Individual)

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398617

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Strobel, Alan, F., , M.D., M.B.

Mailing Address 1331 E Waverly St

City
Tucson

State
AZ

Zip Code
85719-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AF Strobel, MD PC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398593

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stroud, Jason, M., , M.D.

Mailing Address 8132 Deerpointe Dr

City
Toledo

State
OH

Zip Code
43617-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Toledo

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406539

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stroud, Jason, M., , M.D.

Mailing Address 8132 Deerpointe Dr

City
Toledo

State
OH

Zip Code
43617-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Toledo

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406541

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sullivan, Erin, A., , M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City
Pittsburgh

State
PA

Zip Code
15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1016.73

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2016

Transaction ID : C3401697

Amount of Each Receipt this Period

83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sullivan, Erin, A., M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City
Pittsburgh

State
PA

Zip Code
15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.73

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2016

Transaction ID : C3402570

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Szokol, Joseph, W., M.D.

Mailing Address 976 Sunset Rd.

City
Winnetka

State
IL

Zip Code
60093-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthShore University HealthSystem

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398459

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Takhtehchian, Kurosh, , D.O.

Mailing Address 822 E Glenwood Rd

City
Glenview

State
IL

Zip Code
60025-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
midwest anesthesia partners

Occupation (for Individual)
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411654

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Teetor, Travis, J., , M.D.

Mailing Address 19309 Briggs St

City
OmahaState
NEZip Code
68130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boys Town National Research Hospital

Occupation (for Individual)

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : C3398607

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thal, Gary, D., , M.D.

Mailing Address 111 E. Chestnut St. Apt. 49A

City
ChicagoState
ILZip Code
60611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : C3398628

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thalji, Zuhair, A., , M.D.

Mailing Address 8434 Buckingham Ct.

City
Willow SpringsState
ILZip Code
60480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Anesthesiologists

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 12 / 2016

Transaction ID : C3406909

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thornton, Donald, , , M.D.

Mailing Address 13014 E. Apache Pass In.

City

Spokane valley

State

WA

Zip Code

99206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PMG

Occupation (for Individual)

MD

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : C3399038

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thornton, Donald, , , M.D.

Mailing Address 13014 E. Apache Pass In.

City

Spokane valley

State

WA

Zip Code

99206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PMG

Occupation (for Individual)

MD

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : C3399039

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thornton, Donald, , , M.D.

Mailing Address 13014 E. Apache Pass In.

City

Spokane valley

State

WA

Zip Code

99206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PMG

Occupation (for Individual)

MD

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : C3399040

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Toledo, Paloma, , , M.D., M.P.

Mailing Address 100 E. Huron St. #2504

City
Chicago

State
IL

Zip Code
60611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern University

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406559

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Touney, Thomas, , , D.O.

Mailing Address 4720 Brookview Drive

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3410345

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Touney, Thomas, , , D.O.

Mailing Address 4720 Brookview Drive

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Center Anesthesiologists

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3410373

Amount of Each Receipt this Period

2.08

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1043.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tountas, Melissa, A., , M.D.

Mailing Address 9219 Cromwell Woods Sq.

City
Orlando

State
FL

Zip Code
32827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JLR/USAP

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Transaction ID : C3402519

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Troianos, Christopher, A., , M.D.

Mailing Address 2 Haskell Drive

City
Bratenahl

State
OH

Zip Code
44108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398645

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Turner, Christopher, , , M.D., Ph.D

Mailing Address 600 Highland Ave B6 319 CSC
Dept of Anesthesiology

City
Madison

State
WI

Zip Code
53792-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UW Health

Occupation (for Individual)
Anesthesiology Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399772

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tzeng, Gary, F., , M.D.

Mailing Address 582 S Rex Blvd

City
Elmhurst

State
IL

Zip Code
60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DVA

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3407756

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ursillo, Christopher, R., , M.D.

Mailing Address 47 New Scotland Ave # MC131
Attn: Regina Miner

City
Albany

State
NY

Zip Code
12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical Center

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : C3410347

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vance, Jennifer, , , M.D.

Mailing Address 1500 E Medical Center Dr Spc 5014

City
Ann Arbor

State
MI

Zip Code
48109-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Dept of Anesthe

Occupation (for Individual)
Cardiothoracic Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3405677

Amount of Each Receipt this Period

83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vinta, Sandhya, Rani, , M.D.

Mailing Address 1551 Moncrey Ave

City

League City

State

TX

Zip Code

77573-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTMB

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3399292

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vizena, Annette, , , M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

Fort Collins

State

CO

Zip Code

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NCAP

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407763

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Volker, Cassie, , , M.D.

Mailing Address 16320 Barton St.

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates of Kansas City

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398491

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

141.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vollers, James, Michael, , M.D.Mailing Address 750 NE 13th St
Suite 200City
Oklahoma CityState
OKZip Code
73126-0901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Oklahoma University Medical Science Ce

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2016

Transaction ID : C3402527

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wagner, Lance, W., , M.D.

Mailing Address 150 55th St

City

Brooklyn

State

NY

Zip Code

11220-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UPB

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2016

Transaction ID : C3401737

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wald, Samuel, H., , M.D.

Mailing Address 518 Torwood Lane

City

Los Altos

State

CA

Zip Code

94022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stanford University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

Transaction ID : C3399757

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wallace-Talifarro, Ebon, J., , M.D.

Mailing Address 5109 N. Ravenswood Ave

City
Chicago

State
IL

Zip Code
60640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VANES

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405650

Amount of Each Receipt this Period

4.17

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walsh, James, J., , M.D.

Mailing Address 166 83rd St.

City
Brooklyn

State
NY

Zip Code
11209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA

Occupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2016

Transaction ID : C3402518

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Walsh, Leslie, L., , DO

Mailing Address 1633 Newcastle Ct

City
Rochester Hills

State
MI

Zip Code
48306-3679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407762

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waltz, Michael, D., , M.D.

Mailing Address 300 Cliff Line Rd

City
Golden

State
CO

Zip Code
80403-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAS

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2016

Transaction ID : C3410360

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warters, Robert, D., , M.D.

Mailing Address 109 Bee St.

City
Charleston

State
SC

Zip Code
29401-5799

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical University of South Carolina

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C3406546

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Washington, Erika, L., , M.D.

Mailing Address 6431 FANNIN
msb 5.020

City
HOUSTON

State
TX

Zip Code
77030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHSC-Houston Dept of Anesthesiology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411222

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weatherford, Ralph, M., , M.D.

Mailing Address 218 Morning Glory Ln

City
Dothan

State
AL

Zip Code
36305-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACMG

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405647

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weesner, Kathryn, A., , M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAKC

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.94

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405640

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weingarten, Toby, , , M.D.

Mailing Address Department of Anesthesiology
200 First St. SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

491.69

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2016

Transaction ID : C3411020

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

216.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weissend, Eric, , M.D.

Mailing Address 14733 Maple St.

City

Overland Park

State

KS

Zip Code

66223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAKC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411656

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wells, Lynda, , M.D.

Mailing Address 4098 Wood Ln

City

Keswick

State

VA

Zip Code

22947-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Virginia Health System

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.67

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405662

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Werner, Eric, , M.D.

Mailing Address 3804 Royal Fox Dr

City

Saint Charles

State

IL

Zip Code

60174-8743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Central Anesthesiology Group

Occupation (for Individual)

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2016

Transaction ID : C3401260

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1166.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wetzal, Ezekiel, J., , M.D.

Mailing Address 2201 MARIE PLACE

City
Monroe

State
LA

Zip Code
71201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Anesthesia of Monroe

Occupation (for Individual)
Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399771

Amount of Each Receipt this Period

83.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weyers, E., Willis, , M.D.

Mailing Address 278 HIGH RIDGE LN

City
PITTSBORO

State
NC

Zip Code
27312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC Hospitals

Occupation (for Individual)
Anesthesiologist/ Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2016

Transaction ID : C3398608

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weyers, E., Willis, , M.D.

Mailing Address 278 HIGH RIDGE LN

City
PITTSBORO

State
NC

Zip Code
27312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC Hospitals

Occupation (for Individual)
Anesthesiologist/ Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : C3411652

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wheat, John, L., M.D.

Mailing Address 4357 Kentucky Ave

City
Indianapolis

State
IN

Zip Code
46221-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana University

Occupation (for Individual)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399517

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Whitney, Susan, J., M.D.

Mailing Address 2402 W 69th Ter

City
Mission Hills

State
KS

Zip Code
66208-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associated of Kansas City

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398727

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wiktor, Marisa, A., D.O.

Mailing Address 8735 E. 23rd Ave

City
Denver

State
CO

Zip Code
80238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : C3405649

Amount of Each Receipt this Period

1.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 129 OF 155
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wiktor, Marisa, A., , D.O.

Mailing Address 8735 E. 23rd Ave

City
DenverState
COZip Code
80238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of ColoradoOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

Transaction ID : C3410374

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wild, David, M., , M.D.Mailing Address 3901 Rainbow Blvd
Mailstop 1034City
Kansas CityState
KSZip Code
66160-8500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kansas University Medical CenterOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : C3404595

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilder, Nicole, S., , M.D.

Mailing Address 5596 N Dixboro Rd

City
Ann ArborState
MIZip Code
48105-9415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Health System SOccupation (for Individual)
Pediatric Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

Transaction ID : C3398609

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

125.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wildt, David, J., , M.D.

Mailing Address 3021 Berkshire

City

Cleveland Hts

State

OH

Zip Code

44118-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Fellow Critical Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

Transaction ID : C3402511

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, James, H., , M.D.Mailing Address N2201 UNC Hospitals, Campus Box 70
Dept of Anesthesiology

City

Chapel Hill

State

NC

Zip Code

27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North CarolinaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

Transaction ID : C3399054

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, John, P., , M.D., B.S.

Mailing Address 5004 W Grove Ln

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VAHSC PittsburghOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2016

Transaction ID : C3399049

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

191.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wissler, Richard, N., , M.D., Ph.D

Mailing Address 12 Great Oak Lane

City
PittsfordState
NYZip Code
14534-3506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of RochesterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	09	2016

Transaction ID : C3401724

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wlody, David, J., , M.D.

Mailing Address 210 W 107th St Apt 6C

City
New YorkState
NYZip Code
10025-3097FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY-DownstateOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	15	2016

Transaction ID : C3410346

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wright, Crystal, C., , M.D.

Mailing Address 3032 Jarrard St.

City
HoustonState
TXZip Code
77005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of MedicineOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	13	2016

Transaction ID : C3406910

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

666.66

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wroe, William, A., , M.D.

Mailing Address 1405 Wooldridge Dr

City
Austin

State
TX

Zip Code
78703-2529

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : C3407761

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yaghmour, Edward, A., , M.D.

Mailing Address 401 E Ontario St Apt 4401

City
Chicago

State
IL

Zip Code
60611-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHWESTERN

Occupation (for Individual)
ANESTHEISOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398560

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yao, Ning-Yen, , , M.D.

Mailing Address 20 Murray Hill Rd.

City
Scarsdale

State
NY

Zip Code
10583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employed

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C3399353

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yost, Paul, B., , M.D.

Mailing Address 485 Schooner Way

City
Seal Beach

State
CA

Zip Code
90740-6603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Allied Anesthesia Inc

Occupation (for Individual)
Physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : C3399768

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Young, Christopher, J., , M.D.

Mailing Address 36 Rio Vista

City
St. Louis

State
MO

Zip Code
63124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Anesthesiology Associates

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : C3398541

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Man Dick, , , M.D.

Mailing Address 6134 N Bay Ridge Ave

City
Whitefish Bay

State
WI

Zip Code
53217-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AHCMG Anesthesiology

Occupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : C3398644

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 155

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zeleznik, Matthew, W., , M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 610

City
AtlantaState
GAZip Code
30342-5005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician Specialists in AnesthesiaOccupation (for Individual)
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : C3411021

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zvara, David, A., , M.D.

Mailing Address Campus Box 7010 - N2201 UNC Hospit

City
Chapel HillState
NCZip Code
27599-7010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina School ofOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2016

Transaction ID : C3406918

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

125.01

TOTAL This Period (last page this line number only)..... ►

111459.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Brown for Congress

Mailing Address 12138 CENTRAL AVE #671

City
BOWIEState
MDZip Code
20721Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C C00574640

Transaction ID : D176247

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barragan for Congress

Mailing Address 1840 SOUTH GAFFEY STREET #421

City
SAN PEDROState
CAZip Code
90731Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Category/
Type

Barragan, Nanette, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 44

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C C00577353

Transaction ID : D176519

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BRIAN FITZPATRICK FOR CONGRESS

Mailing Address PO BOX 939

City
LanghorneState
PAZip Code
19047Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C C00607416

Transaction ID : D176250

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

10500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 136 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRIAN MAST FOR CONGRESS

Mailing Address 2600 S DOUGLAS RD STE 900

City
CORAL GABLESState
FLZip Code
33134-6149Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Mast, Brian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2016

FEC Identification Number

C C00579896

Transaction ID : D176724

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUCKEYE LIBERTY PACMailing Address 1155 21st Street NW
Suite 300City
WashingtonState
DCZip Code
20036Purpose of Disbursement
2016 Contributions

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contributions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

FEC Identification Number

C C00366781

Transaction ID : D176267

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)

Mailing Address 610 S. BOULEVARD

City
TAMPAState
FLZip Code
33606Purpose of Disbursement
2016 Contributions

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2016 Contributions

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

FEC Identification Number

C C00427930

Transaction ID : D176266

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM BANKS FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address P.O. BOX 11431

City
Fort WayneState
INZip Code
46858Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Banks, Jim, , Cand.,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 03

FEC Identification Number

C C00577999

Transaction ID : D176269

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JIMMY PANETTA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

Mailing Address PO BOX 1579

City
CARMEL VALLEYState
CAZip Code
93924Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Panetta, Jimmy, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 20

FEC Identification Number

C C00592154

Transaction ID : D176715

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOSH GOTTHEIMER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

Mailing Address PO BOX 584

City
RidgewoodState
NJZip Code
07451Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

GOTTHEIMER, JOSH, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 05

FEC Identification Number

C C00573949

Transaction ID : D176713

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 138 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. KIM MYERS FOR CONGRESS

Mailing Address PO BOX 1255

City
VestalState
NYZip Code
13851Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Myers, Kim, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	6		

FEC Identification Number

C C00610642**Transaction ID : D176714**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Southern Missourian the House PAC (Mr. Smith PAC)

Mailing Address PO Box 30844

City
BethesdaState
MDZip Code
20824Purpose of Disbursement
2016 Contributions

011

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify)

State:

District:

2016 Contributions

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C C00563726**Transaction ID : D176518**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. People for Pinellas

Mailing Address P. O. BOX 173207

City
TampaState
FLZip Code
33672Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Jolly, David, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C C00582239**Transaction ID : D176721**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

110000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALAN LOWENTHAL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 6380 WILSHIRE BLVD., #1612

City
LOS ANGELESState
CAZip Code
90048Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Lowenthal, Alan, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 47

FEC Identification Number

C C00498212

Transaction ID : D176273

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Mailing Address P.O. BOX 1863

City
MARTINSBURGState
WVZip Code
25402Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Mooney, Alex, X., Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: WV

District: 02

FEC Identification Number

C C00506774

Transaction ID : D176717

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALMA ADAMS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 20622

City
GREENSBOROState
NCZip Code
27420Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Adams, Alma, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 12

FEC Identification Number

C C00546358

Transaction ID : D176268

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL FLORES FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 6207

City
BRYANState
TXZip Code
77805Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Flores, Bill, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 17

FEC Identification Number

C C00472241

Transaction ID : D176252

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELECT BLAKE FARENTHOLD COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address P.O. Box 3369

City
Corpus ChristiState
TXZip Code
78463Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Farenthold, Blake, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 27

FEC Identification Number

C C00473736

Transaction ID : D176278

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLIQUIN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Mailing Address PO BOX 50

City
OAKLANDState
MEZip Code
04963Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Poliquin, Bruce, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: ME

District: 02

FEC Identification Number

C C00518654

Transaction ID : D176719

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DANIEL WEBSTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 3400 Old Winter Garden Road

City
OrlandoState
FLZip Code
32805Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Webster, Daniel, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 10

FEC Identification Number

C C00481911

Transaction ID : D176254

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DENNIS ROSS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 7310

City
LAKELANDState
FLZip Code
33807Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Ross, Dennis, A., Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 15

FEC Identification Number

C C00459461

Transaction ID : D176264

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SWALWELL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address P.O. BOX 2847

City
DUBLINState
CAZip Code
94568Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Swalwell, Eric, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 15

FEC Identification Number

C C00502294

Transaction ID : D176249

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City
Eden PrairieState
MNZip Code
55344Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Paulsen, Erik, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C C00439661

Transaction ID : D176511

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City
Long BranchState
NJZip Code
07740Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C C00226928

Transaction ID : D176253

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City
MISHAWAKAState
INZip Code
46546Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C C00468579

Transaction ID : D176274

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address P.O. BOX 2323

City
ATLANTAState
GAZip Code
30301Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Lewis, John, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 05

FEC Identification Number

C C00202416

Transaction ID : D176262

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MOOLENAAR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City
MIDLANDState
MIZip Code
48640Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Moolenaar, John, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 04

FEC Identification Number

C C00561530

Transaction ID : D176265

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ZELDIN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Mailing Address 47 FLINTLOCK DRIVE

City
SHIRLEYState
NYZip Code
11967Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Zeldin, Lee, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 01

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 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City
ROCHESTERState
NYZip Code
14607Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Slaughter, Louise, M., Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 25

FEC Identification Number

C C00213611

Transaction ID : D176251

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 50084

City
Fort WorthState
TXZip Code
76105Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Veasey, Marc, Allison, Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 33

FEC Identification Number

C C00506832

Transaction ID : D176263

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMODEI FOR NEVADA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 503 N DIVISION ST

City
CARSON CITYState
NVZip Code
89703Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Amodei, Mark, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV

District: 02

FEC Identification Number

C C00496760

Transaction ID : D176248

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

Mailing Address PO Box 3750

City
BrentwoodState
TNZip Code
37024Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Blackburn, Marsha, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN

District: 07

FEC Identification Number

C C00376939

Transaction ID : D176509

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MULVANEY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

Mailing Address P.O. Box 1975

City
LancasterState
SCZip Code
29721Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Mulvaney, Mick, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District: 05

FEC Identification Number

C C00471292

Transaction ID : D176716

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE BISHOP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 1148

City
BRIGHTONState
MIZip Code
48116Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Bishop, Mike, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 08

FEC Identification Number

C C00561001

Transaction ID : D176246

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. POMPEO FOR KANSAS, INC

Mailing Address PO BOX 780146

City
WICHITAState
KSZip Code
67278Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Pompeo, Mike, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

C C00460402

Transaction ID : D176272

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALTERS FOR CONGRESS

Mailing Address 9070 IRVINE CENTER DRIVE, #150

City
IRVINEState
CAZip Code
92618Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Walters, Mimi, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

C C00546853

Transaction ID : D176280

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MO BROOKS FOR CONGRESS

Mailing Address 7610 FOXFIRE DR.

City
HUNTSVILLEState
ALZip Code
35802Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Brooks, Mo, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: AL

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

C C00464149

Transaction ID : D176261

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Pelosi, Nancy, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: CA

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

FEC Identification Number

C C00213512**Transaction ID : D176256**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City
PALM BEACH GARDENSState
FLZip Code
33418Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Murphy, Patrick, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: FL

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

FEC Identification Number

C C00493825**Transaction ID : D176718**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City
DallasState
TXZip Code
75382Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Sessions, Pete, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

FEC Identification Number

C C00303305**Transaction ID : D176748**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RALPH ABRAHAM FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address P.O. BOX 270

City
ARCHIBALDState
LAZip Code
71218Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Abraham, Ralph, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA

District: 05

FEC Identification Number

C C00563940

Transaction ID : D176257

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PITTENGER FOR CONGRESS LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 11207

City
CHARLOTTEState
NCZip Code
28220Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Pittenger, Robert, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 09

FEC Identification Number

C C00514513

Transaction ID : D176276

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SANFORD BISHOP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

Mailing Address P. O. BOX 909

City
COLUMBUSState
GAZip Code
31902Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Bishop, Sanford, D., Rep., Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 02

FEC Identification Number

C C00266940

Transaction ID : D176729

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. STEVE COHEN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 349 KENILWORTH PLACE

City
MEMPHISState
TNZip Code
38112Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Cohen, Steve, , Rep.,Category/
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TN

District: 09

FEC Identification Number

C C00422980**Transaction ID : D176260**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TED LIEU FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 16633 VENTURA BLVD # 1008

City
EncinoState
CAZip Code
91436Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Lieu, Ted, , Rep.,Category/
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify)

State: CA

District: 33

FEC Identification Number

C C00556506**Transaction ID : D176259**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOOSIERS FOR ROKITA, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Mailing Address 314 ARSENAL AVE.

City
INDIANAPOLISState
INZip Code
46201Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Rokita, Todd, , Rep.,Category/
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: IN

District: 04

FEC Identification Number

C C00476192**Transaction ID : D176277**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOM MACARTHUR FOR CONGRESS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2016

Mailing Address PO BOX 225

City
COLONIAState
NJZip Code
07067Purpose of Disbursement
2016 General Contributions

011

Candidate Name

MacArthur, Tom, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 03

FEC Identification Number

C C00557520

Transaction ID : D176510

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 8105

City
GLENDALEState
AZZip Code
85312Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Franks, Trent, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 08

FEC Identification Number

C C00367110

Transaction ID : D176275

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VICKY HARTZLER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2016

Mailing Address PO BOX 531

City
HARRISONVILLEState
MOZip Code
64701Purpose of Disbursement
2016 General Contributions

011

Candidate Name

Hartzler, Vicky, , Rep.,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 04

FEC Identification Number

C C00464602

Transaction ID : D176258

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).....▶

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SALUD CARBAJAL FOR CONGRESS

Mailing Address PO BOX 1290

City
Santa BarbaraState
CAZip Code
93102Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

CARBAJAL, SALUD, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C C00576041**Transaction ID : D176722**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SMUCKER FOR CONGRESS

Mailing Address 548 STEEL WAYPO BOX 7066

City
LancasterState
PAZip Code
17604Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Smucker, Lloyd, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C C00599464**Transaction ID : D176725**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SMUCKER FOR CONGRESS

Mailing Address 548 STEEL WAYPO BOX 7066

City
LancasterState
PAZip Code
17604Purpose of Disbursement
2016 General Contributions

011

Category/
Type

Candidate Name

Smucker, Lloyd, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C C00599464**Transaction ID : D176255**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. WOLF PACKMailing Address 1800 MASSACHUSETTS AVENUE, NW
SUITE 300City
WashingtonState
DCZip Code
20036Purpose of Disbursement
2016 Contributions

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

2016 Contributions

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C C00599092

Transaction ID : D176279

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

255200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 153 OF 155

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacobs, Jeffrey, S., , M.D.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			11			2016					

Mailing Address 11041 Pine Lodge Trl

City
DavieState
FLZip Code
33328-7317Purpose of Disbursement
Refund of 9/12/2016

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : D176451

Amount of Each Disbursement this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jacobs, Jeffrey, S., , M.D.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			13			2016					

Mailing Address 11041 Pine Lodge Trl

City
DavieState
FLZip Code
33328-7317Purpose of Disbursement
Refund of 10/12/2016

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : D176521

Amount of Each Disbursement this Period

83.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Palmrose, Frank, E., , M.D.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			17			2016					

Mailing Address 1001 SW Coronado Street

City
PortlandState
ORZip Code
97219Purpose of Disbursement
Refund of 10/14/2016

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : D176641

Amount of Each Disbursement this Period

41.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

208.29

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Palmrose, Frank, E., , M.D.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Mailing Address 1001 SW Coronado Street

City
PortlandState
ORZip Code
97219Purpose of Disbursement
Refund of 9/14/2016

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : D176642

Amount of Each Disbursement this Period

0.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robertson, Sara, B, , M.D.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Mailing Address 16800 Van Aken Blvd, #414

City
Shaker HeightsState
OHZip Code
44120Purpose of Disbursement
Refund of 10/18/2016

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : D176711

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robertson, Sara, B, , M.D.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Mailing Address 16800 Van Aken Blvd, #414

City
Shaker HeightsState
OHZip Code
44120Purpose of Disbursement
Refund of 10/18/2016

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : D176712

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

200.04

TOTAL This Period (last page this line number only).....▶

408.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arizonans for Strong Leadership

Mailing Address 7650 S. McClintock Drive #103-347

City
TempeState
AZZip Code
85284Purpose of Disbursement
Non-Federal

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Non-Federal

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : D176270

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ArMPAC

Mailing Address 810 W. Bethany Home Road

City
PhoenixState
AZZip Code
85013Purpose of Disbursement
Non-Federal

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Non-Federal

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : D176271

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

10000.00