

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 200 OF 418  
(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. Kupke, Kenneth, M., , M.D.**

Mailing Address 1211 S 7th St

City  
LeesburgState  
FLZip Code  
34748-6803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Anesthesia PartnersOccupation (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
08	/	07	/	2016

**Transaction ID : C3365416**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Kushins, Stephen, I., , M.D.**

Mailing Address 215 Selkirk Ln

City  
Johns CreekState  
GAZip Code  
30097-8042FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2016

**Transaction ID : C3369820**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Kyle, Robert, W., , D.O.**

Mailing Address N2201 UNC Hospitals

City  
Chapel HillState  
NCZip Code  
27599-7010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univ. of North CarolinaOccupation (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
08	/	11	/	2016

**Transaction ID : C3369874**

Amount of Each Receipt this Period

250.00

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

1250.00

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