

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)

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2012

through

M M M / D D D / Y Y Y Y Y Y
05 31 2012

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 14 2013

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

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 01 2012 To: M M / D D / Y Y Y Y Y Y
05 31 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		1770455.33
(b) Cash on Hand at Beginning of Reporting Period.....	1735743.93	
(c) Total Receipts (from Line 19)	116329.80	620297.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1852073.73	2390752.81
7. Total Disbursements (from Line 31)	119170.26	657849.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1732903.47	1732903.47
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. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 / 01 / 2012

To:

M M / D D / Y Y Y Y Y
05 / 31 / 2012
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).....

100710.50

478964.90

(ii) Unitemized

14619.30

135332.58

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

115329.80

614297.48

(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)

115329.80

614297.48

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.....

1000.00

6000.00

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))..... ▶

116329.80

620297.48

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

116329.80

620297.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1420.26	25749.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1420.26	25749.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	117750.00	455325.00
24. Independent Expenditures (use Schedule E)	0.00	74999.81
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1775.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1775.00
29. Other Disbursements	0.00	100000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	119170.26	657849.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119170.26	657849.34

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)	115329.80	614297.48
34. Total Contribution Refunds (from Line 28(d))	0.00	1775.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	115329.80	612522.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1420.26	25749.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1420.26	25749.53

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 (Last, First, Middle Initial)

A. Basem B. Abdelmalak M.D.

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

City Cleveland State OH Zip Code 44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663629

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City Oronoco State MN Zip Code 55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 10 / 2012

Transaction ID : C1657039

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 4303 Evergreen Elm Ct

City Houston State TX Zip Code 77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 14 / 2012

Transaction ID : C1663447

Amount of Each Receipt this Period

83.30

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

208.20

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 (Last, First, Middle Initial)

A. Joel D. Ackerman M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc of Kansas City

Occupation

Pain Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654699

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bruce T Adelman M.D.

Mailing Address 4896 Woodcliff Hill Rd N

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital West Bloomfield

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656996

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Howard A. Aks M.D.

Mailing Address 6700 W 132nd St

City

Overland Park

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654700

Amount of Each Receipt this Period

1000.00

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

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

2041.00

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 (Last, First, Middle Initial)

A. Patrick H. Allaire M.D.

Mailing Address 58991 290th St

City

Cambridge

State

IA

Zip Code

50046-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer

McFarland Clinic

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656989

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Kelly J. Allen M.D.

Mailing Address 291 Southhall Lane

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Anesth. Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656965

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Fernando L. Almenas M.D.

Mailing Address 333 Ricciuti Dr
Apt 1914

City

Quincy

State

MA

Zip Code

02169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anaesthesia Associates of Massachusett

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : C1651667

Amount of Each Receipt this Period

250.00

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

332.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan C. Anderson M.D.

Mailing Address 151 Jossie Ln

City

Kalispell

State

MT

Zip Code

59901-6961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Rockies Anesthesia Consultant

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1655052

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

831.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656991

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

831.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663630

Amount of Each Receipt this Period

83.30

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

266.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Anton M.D.

Mailing Address 2302 Paradise Canyon Dr.

City

Pearland

State

TX

Zip Code

77584-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2012

Transaction ID : C1654563

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Andrew E. Armstrong ,

Mailing Address 8717 W 110th St Ste 600

Anesthesia Associates of Kansas Ci

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654720

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brett L. Arron M.D.

Mailing Address 52 Lake Street

City

Wakefield

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Narragansett Bay Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663628

Amount of Each Receipt this Period

83.30

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

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

1133.30

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 (Last, First, Middle Initial)

A. Cornelia Atherton M.D.

Mailing Address 1729 Griffin Gate Rd

City State Zip Code
 Louisville KY 40205

FEC ID number of contributing federal political committee.

C

Name of Employer
 UNIV OF LOUISVILLE

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : C1654522

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William P. Bailey M.D.

Mailing Address 6008 E. 106th St. South

City State Zip Code
 Tulsa OK 74137

FEC ID number of contributing federal political committee.

C

Name of Employer
 AAI

Occupation
 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
 05 / 28 / 2012

Transaction ID : C1669577

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City State Zip Code
 Miami FL 33137-3976

FEC ID number of contributing federal political committee.

C

Name of Employer
 University of Miami School of Medicine

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : C1669398

Amount of Each Receipt this Period

83.30

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

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

1333.30

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carolyn F. Bannister M.D.

Mailing Address 5102 Chastleton Drive

City

Stone Mountain

State

GA

Zip Code

30087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University School of Medicine

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 21 / 2012

Transaction ID : C1666078

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. James A. Baratta M.D.

Mailing Address 19 Thistle Ln.

City

Warren

State

NJ

Zip Code

07059-5564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middlesex Surgery Center

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1654535

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gustavo Z. Bazan M.D.

Mailing Address 206 Elizabeth Ave.

City

Greenwood

State

SC

Zip Code

29646

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY OF GREENWOOD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1766599

Amount of Each Receipt this Period

500.00

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

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

1083.30

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 (Last, First, Middle Initial)

A. David R. Becker M.D.

Mailing Address 4327 E. North Lane

City

Phoenix

State

AZ

Zip Code

85028

FEC ID number of contributing
federal political committee.

C

Name of Employer

METRO ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669921

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663755

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Lisa H. Bernard M.D.

Mailing Address 13016 Glenfield

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC OF KC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1663355

Amount of Each Receipt this Period

250.00

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

791.60

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 (Last, First, Middle Initial)

A. Jason R. Bible D.O.

Mailing Address 12605 W 130th Ter

City

Overland Park

State

KS

Zip Code

66213-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654740

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Julian S Bick M.D.

Mailing Address 4100B Oriole Pl

City

Nashville

State

TN

Zip Code

37215-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 11 / 2012

Transaction ID : C1658336

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. David J. Biel A.A.-C

Mailing Address 2929 Edgehill Rd

City

Cleveland Heights

State

OH

Zip Code

44118-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals of Cleveland

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.20

Date of Receipt

05 / 21 / 2012

Transaction ID : C1666081

Amount of Each Receipt this Period

41.60

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

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

624.90

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)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City

Chicago

State

IL

Zip Code

60614-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

university of chicago

Occupation

physican

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

Transaction ID : C1663631

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert F. Birch M.D.

Mailing Address 582 Summit Ave.

City

St. Paul

State

MN

Zip Code

55102-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Ridges Hospital

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

Transaction ID : C1658337

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Will Blankenship M.D.

Mailing Address 2215 viewmont way w

City

Seattle

State

WA

Zip Code

98199

FEC ID number of contributing
federal political committee.

C

Name of Employer

swedish medical group

Occupation

anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

Transaction ID : C1669396

Amount of Each Receipt this Period

50.00

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

174.90

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 (Last, First, Middle Initial)

A. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City

Lafayette

State

IN

Zip Code

47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : C1663353

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City

Lafayette

State

IN

Zip Code

47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669946

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jason A. Boehm D.O.

Mailing Address 4131 E White Oak Drive

City

Springfield

State

MO

Zip Code

65809-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Johns Clinic Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2012

Transaction ID : C1654561

Amount of Each Receipt this Period

83.30

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

183.30

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory Boulanger M.D.

Mailing Address 9807 N Lamplighter Ln

City

Mequon

State

WI

Zip Code

53092-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Medical Doctor

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
05		23		2012

Transaction ID : C1668427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Josue Brainin-Mattos M.D.

Mailing Address 7891 Mount Ranier Dr

City

Jacksonville

State

FL

Zip Code

32256-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2012

Transaction ID : C1669737

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas G. Briles M.D.

Mailing Address 26605 W. 106th Terrace

City

Olathe

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Transaction ID : C1654725

Amount of Each Receipt this Period

1000.00

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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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Brouillard A.A.

Mailing Address 57 Executive Park S
Dept of Anes

City Atlanta State GA Zip Code 30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University School of Medicine

Occupation
AA Pprogram Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655053

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jeffrey K. Broussard M.D.

Mailing Address 610 Cherokee Blvd

City Knoxville State TN Zip Code 37919-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Medical Alliance of East Te

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2012

Transaction ID : C1669408

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kurt T. Budenbender D.O.

Mailing Address 1850 N. Central Ave Ste 1600
Valley Anes. Consultants, LTD

City Phoenix State AZ Zip Code 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Anesthesia Consultants, LTD

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663756

Amount of Each Receipt this Period

83.30

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

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

416.60

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 (Last, First, Middle Initial)

A. Rebecca C. Burfeind M.D.

Mailing Address 8338 Fontana

City

Prairie Village

State

KS

Zip Code

66207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654701

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : C1669397

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Burkman M.D.

Mailing Address 601 Belmont Ave E Apt A12

City

Seattle

State

WA

Zip Code

98102-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2012

Transaction ID : C1663373

Amount of Each Receipt this Period

41.60

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

1141.60

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 (Last, First, Middle Initial)

A. Scott E. Burns M.D.

Mailing Address 675 W 77th Pl

City

Tulsa

State

OK

Zip Code

74132-2854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1652895

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jane E. Caldwell M.D.

Mailing Address 1610 Thursby Ave.

City

Kirkwood

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1672257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Frederick Campbell III, M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City

Traverse City

State

MI

Zip Code

49684-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates, PC

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663742

Amount of Each Receipt this Period

83.30

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

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

1583.30

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 (Last, First, Middle Initial)

A. Mark E Cannella M.D.

Mailing Address 165 Rosehill DR W

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc of Tallahassee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2012

Transaction ID : C1654570

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nicholas Capone D.O.

Mailing Address 9146 Bay Point Drive

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656966

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. John Carney M.D.

Mailing Address 534 Ridgeview Drive

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1657008

Amount of Each Receipt this Period

83.00

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

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

1124.00

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 (Last, First, Middle Initial)

A. Corey M. Carpenter M.D.

Mailing Address 845 Secret Garden Dr

City

Chattanooga

State

TN

Zip Code

37421-7440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656951

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Rebecca M. Carroll M.D.

Mailing Address 2856 Taito St

City

Eugene

State

OR

Zip Code

97404-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia Physicans

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2012

Transaction ID : C1657012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian A. Casement M.D.

Mailing Address 325 N.E. Chelmsford Ct.

City

Lees Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654722

Amount of Each Receipt this Period

1000.00

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

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

1291.00

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 (Last, First, Middle Initial)

A. Claire L. Chandler A.A.-C

Mailing Address 1253 Citadel Dr NE

City State Zip Code
 Atlanta GA 30324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663601

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Vishal A. Chandra D.O.

Mailing Address 4307 W 74th St

City State Zip Code
 Prairie Village KS 66208-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654726

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark B. Chaplick D.O.

Mailing Address 14117 Garnett St.

City State Zip Code
 Overland Park KS 66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654704

Amount of Each Receipt this Period

1000.00

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

1583.30

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven G. Charapata M.D.

Mailing Address 18118 S Sunset Dr

City
OlatheState
KSZip Code
66062-7100FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

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
05	/	07	/	2012

Transaction ID : C1654705

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wen J. Chen M.D.

Mailing Address 2066 Fostoria CIR

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California - San Franci

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Transaction ID : C1666079

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Timothy Chia M.D.

Mailing Address 9206 W 145th PI

City
Overland ParkState
KSZip Code
66221-2261FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

Transaction ID : C1654741

Amount of Each Receipt this Period

500.00

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

1541.60

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grace C. Cho M.D.

Mailing Address 8 Beaverdam Dr.

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNJLLC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2012

Transaction ID : C1654408

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dennis J. Cirilla II, D.O.

Mailing Address 1346 Sterling Rd

City

Pattersonville

State

NY

Zip Code

12137-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Med Ctr. Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2012

Transaction ID : C1669948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth R. Colliton M.D.

Mailing Address 8 Stoner Rd.

City

West Hartford

State

CT

Zip Code

06107-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : C1654540

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Commiskey M.D.

Mailing Address 971 Lakeland Dr.
Suite 202

City State Zip Code
Jackson MS 39216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2012

Transaction ID : C1767916

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lisa S. Conley M.D.

Mailing Address 8126 Deer Run St.

City State Zip Code
Lenexa KS 66220-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Mercy Hospital & Clinics

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Margaret A. Conover M.D.

Mailing Address 5413 W 141st Ter

City State Zip Code
Leawood KS 66224-1172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654732

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Orlando E. Cruz M.D.

Mailing Address 437 York St

City

Olean

State

NY

Zip Code

14760-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Tier Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1656749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Laszlo Csernak M.D.

Mailing Address 2509 E Cherrywood Pl

City

Chandler

State

AZ

Zip Code

85249-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christine A Cullen M.D.

Mailing Address 328 Sycamore Ridge Rd NE

City

Concord

State

NC

Zip Code

28025-7806

FEC ID number of contributing
federal political committee.

C

Name of Employer

CMC-NE Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2012

Transaction ID : C1766640

Amount of Each Receipt this Period

250.00

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

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

1000.00

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 (Last, First, Middle Initial)

A. Katherine T. Cundiff M.D.

Mailing Address 9733 Overbrook Rd

City

Leawood

State

KS

Zip Code

66206-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654742

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan G. Curling M.D.

Mailing Address 2727 Kirby Dr Apt 11D

City

Houston

State

TX

Zip Code

77098-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Houston Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.50

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664269

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephan R. Curry M.D.

Mailing Address 292 Cumberland Head Rd

City

Plattsburgh

State

NY

Zip Code

12901-6708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Physicians Hospital M

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1651684

Amount of Each Receipt this Period

41.60

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

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

624.90

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Danic M.D.

Mailing Address 14726 Fox

City

Redford

State

MI

Zip Code

48239-3163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2012

Transaction ID : C1663375

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. William Daniels D.O.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City,

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654733

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Arpna Vajpayee Dave's; M.D.

Mailing Address 3790 Riviera Dr Apt 4E

City

San Diego

State

CA

Zip Code

92109-6652

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER PERMANENTE SAN DIEGO CA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2012

Transaction ID : C1665999

Amount of Each Receipt this Period

250.00

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

1333.30

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 (Last, First, Middle Initial)

A. Arup De M.D.

Mailing Address 32 Forest Rd

City

Delmar

State

NY

Zip Code

12054-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1666718

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Dean Sr., M.D.

Mailing Address 206 Elizabeth Ave

City

Greenwood

State

SC

Zip Code

29646-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY OF GREENWOOD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1766471

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christine C. Dearth M.D.

Mailing Address 47 New Scotland Ave # MC131

City

Albany

State

NY

Zip Code

12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Med Ctr Hosp Anes Dept

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 25 / 2012

Transaction ID : C1669440

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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 (Last, First, Middle Initial)

A. Vincent J. Degenhart M.D.

Mailing Address 415 Harden St

City State Zip Code
 Columbia SC 29205-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Critical health systems SC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : C1663612

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Vincent J. Degenhart M.D.

Mailing Address 415 Harden St

City State Zip Code
 Columbia SC 29205-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Critical health systems SC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2012

Transaction ID : C1669509

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City State Zip Code
 Frisco TX 75035-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Spine Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : C1669747

Amount of Each Receipt this Period

83.30

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

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

166.50

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City

Longmeadow

State

MA

Zip Code

01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656986

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Cheryl A. DeSimone M.D.

Mailing Address 751 Waldens Pond Rd # A-131

City

Albany

State

NY

Zip Code

12203-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2012

Transaction ID : C1668428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James L. Desimone M.D.

Mailing Address 3810 New Vision Dr

City

Fort Wayne

State

IN

Zip Code

46845-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred anesthesia consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2012

Transaction ID : C1654555

Amount of Each Receipt this Period

250.00

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

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

541.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George L. DeVelasco M.D.

Mailing Address 2100 S Ocean Ln Apt 1609

City

Fort Lauderdale

State

FL

Zip Code

33316-3870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William G. Devore M.D.

Mailing Address 363 Twin Oaks Dr.

City

Spartanburg

State

SC

Zip Code

29306-6639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foothill Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : C1766643

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christina D. Diaz M.D.

Mailing Address 2433 N Lefebvre Ave

City

Milwaukee

State

WI

Zip Code

53213-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin Children

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : C1664273

Amount of Each Receipt this Period

41.60

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

541.60

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 (Last, First, Middle Initial)

A. Robert J. DiBenedetto M.D.

Mailing Address 206 Elizabeth Ave

City

Greenwood

State

SC

Zip Code

29646-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY OF GREENWOOD

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1766474

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City

Miami

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663743

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Gary J. DiLisio M.D.

Mailing Address 324 Gannett Dr Ste 200

City

South Portland

State

ME

Zip Code

04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656981

Amount of Each Receipt this Period

83.00

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

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

666.30

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 (Last, First, Middle Initial)

A. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

05 / 22 / 2012

Transaction ID : C1666777

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Lawrence D. Drewsen M.D.

Mailing Address 6106 E Shangri La Rd

City

Scottsdale

State

AZ

Zip Code

85254-5450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669943

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Zoran Drmanovic M.D.

Mailing Address 5600 SW Bellflower Ct.

City

Palm City

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656987

Amount of Each Receipt this Period

41.00

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

624.30

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 (Last, First, Middle Initial)

A. Michael J. Dupuy M.D.

Mailing Address 1850 N. Control Ave. #1600

City State Zip Code
 Phoenix AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Anes. Consultants

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669929

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jane Easdown M.D.

Mailing Address 5106 Cornwall Dr

City State Zip Code
 Brentwood TN 37027-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Vanderbilt University Medical Center

Occupation
 associate Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656953

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. George A. Edwards M.D.

Mailing Address 8717 W 110th St Ste 600

City State Zip Code
 Overland Park KS 66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Assoc. of Kansas City

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654706

Amount of Each Receipt this Period

1000.00

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

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

1541.00

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 (Last, First, Middle Initial)

A. Melissa A. Ehlers M.D.

Mailing Address 6 Knollwood Dr

City

Latham

State

NY

Zip Code

12110-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1667392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Eisenmenger M.D.

Mailing Address 2221 Andrews St

City

Fort Collins

State

CO

Zip Code

80528-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Co. Anesthesia Professional C

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : C1657029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Benton R. Ellis M.D.

Mailing Address 13601 Preston Rd Ste 900W
 North TX Anes Consultants

City

Dallas

State

TX

Zip Code

75240-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE PARTNERS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1656727

Amount of Each Receipt this Period

250.00

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

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

750.00

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 (Last, First, Middle Initial)

A. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 03 / 2012

Transaction ID : C1651683

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christopher D. Emerson M.D.

Mailing Address 2303 W 113th Ct S

City

Jenks

State

OK

Zip Code

74037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, INC.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654754

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664272

Amount of Each Receipt this Period

41.60

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

624.90

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 (Last, First, Middle Initial)

A. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
Tucson AZ 85712-6300

FEC ID number of contributing federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1668423

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Scott D. Fielden M.D.

Mailing Address PO Box 401805

Anesthesiology Consultants, Inc. C

City State Zip Code
Las Vegas NV 89140-1805

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc. Crede

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656957

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Robert D. Fisher M.D.

Mailing Address 10300 W. Charleston Blvd., #13-136

City State Zip Code
Las Vegas NV 89135

FEC ID number of contributing federal political committee.

C

Name of Employer

Summit Anes. Consultants

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669944

Amount of Each Receipt this Period

250.00

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

383.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James W. Fleck D.O.

Mailing Address VAC

7301 E. 2nd St. Suite 110

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anthesiology Consultants

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669931

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City

Falmouth

State

ME

Zip Code

04105-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663632

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Charles J. Fox M.D.

Mailing Address 16 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSU HSC shreveport

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669602

Amount of Each Receipt this Period

500.00

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

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

1583.30

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 (Last, First, Middle Initial)

A. G. Craig Fox M.D.

Mailing Address 21 Melrose Ln

City

Green Village

State

NJ

Zip Code

07935-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 14 / 2012

Transaction ID : C1663445

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. William A. Frame M.D.

Mailing Address 2300 N Edward St

City

Decatur

State

IL

Zip Code

62526-4163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decatur Mem Hosp Anes Dept

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669611

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lesley A. Friskel M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654734

Amount of Each Receipt this Period

1000.00

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

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

1166.60

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 (Last, First, Middle Initial)

A. Kevin R. Fuqua M.D.

Mailing Address 206 Elizabeth Ave.

City

Greenwood

State

SC

Zip Code

29646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Of Greenwood

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1766465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Barbara A. Furgason M.D.

Mailing Address 11520 Summit St

City

Kansas City

State

MO

Zip Code

64114-5576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654735

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Charles J. Garrett M.D.

Mailing Address 1617 Kansas Ave

City

San Angelo

State

TX

Zip Code

76904-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Anesthesiolo

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669746

Amount of Each Receipt this Period

83.30

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

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

1583.30

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 (Last, First, Middle Initial)

A. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.50

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656988

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.50

Date of Receipt

05 / 04 / 2012

Transaction ID : C1654193

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Ricardo I. Gerenstein M.D.

Mailing Address 19831 NE 19 Ave

City

North Miami Beach

State

FL

Zip Code

33179

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHERIDAN HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2012

Transaction ID : C1665998

Amount of Each Receipt this Period

250.00

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

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

374.30

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use 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 (Last, First, Middle Initial)

A. Craig L. Gilliland M.D.

Mailing Address 8717 W 110th St Ste 600

Anesthesia Assoc. of Kansas City

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	28	/	2012

Transaction ID : C1669569

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas D. Gillock M.D.

Mailing Address 6839 S. Canton

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated anesthesiologists, Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	07	/	2012

Transaction ID : C1654997

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Glenski M.D.

Mailing Address 8717 West 110th Street, Suite 600

City

Overland Park

State

KS

Zip Code

66210-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	07	/	2012

Transaction ID : C1654746

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David F. Gloyna M.D.

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

Scott and White, Dept. of Anes.

Occupation

Physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663757

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Santiago L. Gomez M.D.

Mailing Address 13 Chateau Pontet Canet Dr

City

Kenner

State

LA

Zip Code

70065-2035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane Hospital

Occupation

Doctor

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663613

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Donald W. Graves M.D.

Mailing Address 1301 Indiana St # 302

City

San Francisco

State

CA

Zip Code

94107-3485

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACAMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1666011

Amount of Each Receipt this Period

250.00

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

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

374.90

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 (Last, First, Middle Initial)

A. Donald W. Graves M.D.

Mailing Address 1301 Indiana St # 302

City

San Francisco

State

CA

Zip Code

94107-3485

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACAMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1766453

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dara A. Green M.D.

Mailing Address 13657 Glynshel Drive

City

Winter-Garden

State

FL

Zip Code

34787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arnold Palmer Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656960

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. Elliott S. Greene M.D.

Mailing Address Anesth., MC-131
47 New Scotland Ave.

City

Albany

State

NY

Zip Code

12208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667239

Amount of Each Receipt this Period

250.00

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

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

708.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City

Chicago

State

IL

Zip Code

60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Department of An

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

Transaction ID : C1654717

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William L. Hamilton M.D.

Mailing Address PO Box 577000

City

Salt Lake City

State

UT

Zip Code

84157-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intermountain Healthcare

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : C1668421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Aaron Hammond D.O.

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

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2012

Transaction ID : C1654580

Amount of Each Receipt this Period

83.30

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

383.30

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 (Last, First, Middle Initial)

A. Forrest Hamon M.D.

Mailing Address 1625 E Northern Ave Ste 102

City State Zip Code
 Phoenix AZ 85020-3921

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 29 2012

Transaction ID : C1669922

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeanette A. Harrington M.D.

Mailing Address 200 Hawkins Dr
 Department of Anesthesiology

City State Zip Code
 Iowa City IA 52242-1009

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Iowa Hospitals and Clini

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 17 2012

Transaction ID : C1664275

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City State Zip Code
 Dublin OH 43016-8659

FEC ID number of contributing federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 17 2012

Transaction ID : C1664267

Amount of Each Receipt this Period

83.30

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

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

666.60

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 (Last, First, Middle Initial)

A. Derek S. Harwell M.D.

Mailing Address 206 Elizabeth Ave

Anesthesiology of Greenwood

City

Greenwood

State

SC

Zip Code

29646-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology of Greenwood

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1766466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Hattamer M.D.

Mailing Address 8 Prospect St

Nashua Anesthesia Partners

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashua Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663614

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jennifer E. Hayes ,

Mailing Address 32 Forest Rd

City

Delmar

State

NY

Zip Code

12054-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663691

Amount of Each Receipt this Period

500.00

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

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

1083.30

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 (Last, First, Middle Initial)

A. Scott J. Henderson M.D.

Mailing Address 3304 W 121st Ter

City

Leawood

State

KS

Zip Code

66209-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654723

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663615

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Michael A. Hensien M.D.

Mailing Address 11736 N Bridgewater Dr

City

Mequon

State

WI

Zip Code

53092-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 26 / 2012

Transaction ID : C1669502

Amount of Each Receipt this Period

500.00

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

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

1583.30

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 (Last, First, Middle Initial)

A. David P. Herrick M.D.

Mailing Address P.O. Box 241348

City

Montgomery

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Pain of Montgomery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 18 / 2012

Transaction ID : C1766467

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert E. Hertzka M.D.

Mailing Address PO Box 1018

City

Rancho Santa Fe

State

CA

Zip Code

92067-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1666008

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Robert E. Hertzka M.D.

Mailing Address PO Box 1018

City

Rancho Santa Fe

State

CA

Zip Code

92067-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1766455

Amount of Each Receipt this Period

200.00

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

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

900.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William H. Hess M.D.

Mailing Address 106 Grove Ln Apt 12

City State Zip Code
 Capitola CA 95010-3463

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMGSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1654547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan G. Hisghman D.O.

Mailing Address 650 Poinsettia Rd

City State Zip Code
 Belleair FL 33756-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hisghman D.O.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656958

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Kevin M. Hook M.D.

Mailing Address 7202 E 112th PI S

City State Zip Code
 Bixby OK 74008-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 25 / 2012

Transaction ID : C1669501

Amount of Each Receipt this Period

1000.00

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

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

1291.00

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 (Last, First, Middle Initial)

A. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

05 / 18 / 2012

Transaction ID : C1664455

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. William F. Hubbard Jr., M.D.

Mailing Address 206 Elizabeth Ave.

City

Greenwood

State

SC

Zip Code

29646

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY OF GREENWOOD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1766478

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James M. Hunter Jr., M.D.

Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Anesthesiologist and Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656974

Amount of Each Receipt this Period

41.00

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

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

624.30

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 (Last, First, Middle Initial)

A. John H. Huntington M.D.

Mailing Address 3333 Evergreen Dr., NE

City

Grand Rapids

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656956

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. William E. Hurford M.D.

Mailing Address Department of Anesthesiology
231 Albert Sabin Way

City

Cincinnati

State

OH

Zip Code

45267-0531

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656995

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 100254- Hurley

City

Gainesville

State

FL

Zip Code

32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL Med Ctr Anes Dept

Occupation

Pain Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 10 / 2012

Transaction ID : C1657040

Amount of Each Receipt this Period

41.60

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

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

123.60

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 (Last, First, Middle Initial)

A. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City State Zip Code
 Hopewell Junction NY 12533

FEC ID number of contributing federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : C1663616

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Michael Ingerski M.D.

Mailing Address 424 Savannah Rd

City State Zip Code
 Lewes DE 19958-1462

FEC ID number of contributing federal political committee.

C

Name of Employer

Delaware Anesthesia Assoc

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 28 / 2012

Transaction ID : C1669517

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael T Ingoglia M.D.

Mailing Address 1014 Sterling Ridge Dr

City State Zip Code
 Rensselaer NY 12144-8460

FEC ID number of contributing federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

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
 05 / 22 / 2012

Transaction ID : C1667383

Amount of Each Receipt this Period

500.00

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

1583.30

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 (Last, First, Middle Initial)

A. Mark T. Isaac D.O.

Mailing Address 1459 Lexington Ontario Rd

City State Zip Code
Mansfield OH 44903-8631

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesia Associates of Mansfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669745

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Atef F. Israel M.D.

Mailing Address 15144 Pawnee Cir.

City State Zip Code
Leawood KS 66224

FEC ID number of contributing federal political committee.

C

Name of Employer

AAKC-Pain Management Associates

Occupation

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
05 / 07 / 2012

Transaction ID : C1654710

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City State Zip Code
Davie FL 33328

FEC ID number of contributing federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663741

Amount of Each Receipt this Period

83.30

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

1183.30

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 (Last, First, Middle Initial)

A. Douglas J. Jacobson M.D.

Mailing Address 345 W. Linda Vista Blvd

City

Tucson

State

AZ

Zip Code

85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1657009

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663622

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Norah R. Janosy 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

Childrens Colorado

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2012

Transaction ID : C1666019

Amount of Each Receipt this Period

250.00

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

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

374.30

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Curby D. Jenkins D.O.

Mailing Address 250 Cabrillo Ln

City

San Luis Obispo

State

CA

Zip Code

93401-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656962

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Cynthia L. Jenson M.D.

Mailing Address 434 Main St.

City

Waterville

State

ME

Zip Code

04901-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.50

Date of Receipt

05 / 03 / 2012

Transaction ID : C1651685

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Thomas G. Johans M.D.

Mailing Address 12335 Ironstone Rd

City

Saint Louis

State

MO

Zip Code

63131-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 20 / 2012

Transaction ID : C1666038

Amount of Each Receipt this Period

1000.00

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

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

1166.30

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)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sharon R. Johnston M.D.

Mailing Address 8401 N. Elmaro Cir.

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2012

Transaction ID : C1666049

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City

Chicago

State

IL

Zip Code

60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

Transaction ID : C1663617

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jason D. Keller D.O.

Mailing Address 1924 Alcoa Hwy., # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

ua

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : C1656969

Amount of Each Receipt this Period

83.00

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

666.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason D. Keller D.O.

Mailing Address 1924 Alcoa Hwy., # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

ua

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : C1656970

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida anesthesia Consultants,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Transaction ID : C1666076

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Rubin Kesner D.O.

Mailing Address 35 Hearthstone Dr

City

Gansevoort

State

NY

Zip Code

12831-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2012

Transaction ID : C1663374

Amount of Each Receipt this Period

83.30

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

207.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Narjeet Khurmi M.D.

Mailing Address 4927 Thimbleweed Trl

City

Long Grove

State

IL

Zip Code

60047-5277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Good Shepherd Hospital Anesth

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1669355

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael S. Kincaid M.D.

Mailing Address 13029 NE 144th Pl

City

Kirkland

State

WA

Zip Code

98034-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matrix Anesthesia - Evergreen Medical

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656977

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Christopher S. Knop M.D.

Mailing Address 373 1st St W

City

Tierra Verde

State

FL

Zip Code

33715-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Gulf to Bay Anes. Assoc.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2012

Transaction ID : C1654559

Amount of Each Receipt this Period

500.00

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

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

1083.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Courtney C. Koshar M.D.

Mailing Address 1625 E Northern Ave Ste 102
Metro Anes. Consultants

City State Zip Code
Phoenix AZ 85020-3921

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 29 2012

Transaction ID : C1669935

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew S. Kozlowski M.D.

Mailing Address 3028 Luke Crossing Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Anesthesia Associated

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 07 2012

Transaction ID : C1654991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City State Zip Code
Grand Rapids MI 49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 04 2012

Transaction ID : C1654189

Amount of Each Receipt this Period

83.30

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

1333.30

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 (Last, First, Middle Initial)

A. Catherine M. Kuhn M.D.

Mailing Address 14 Kendall Drive

Duke University Medical School

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical School

Occupation

Associate Professor of Anesthesiology R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663602

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Kutner M.D.

Mailing Address 6916 Avondale Ct

City

Nichols Hills

State

OK

Zip Code

73116-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer

North West Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1665994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1663358

Amount of Each Receipt this Period

175.00

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

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

525.00

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 (Last, First, Middle Initial)

A. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663747

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christopher J. Lace M.D.

Mailing Address 12401 E 17th Ave Ste B113
University of Colorado

City

Aurora

State

CO

Zip Code

80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2012

Transaction ID : C1666015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Howard L. Lakritz M.D.

Mailing Address 21 Cornell Trl

City

Hillsborough

State

NJ

Zip Code

08844-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656952

Amount of Each Receipt this Period

41.00

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

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

374.30

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 (Last, First, Middle Initial)

A. Thomas P. Laughlin M.D.

Mailing Address 1030 Burning Tree Dr.

City

Kansas City

State

MO

Zip Code

64145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654711

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gary Lawson-Boucher M.D.

Mailing Address 5238 Mason Corbin Ct Ste 101

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moonlight Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656961

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Kerry T. Lee M.D.

Mailing Address 206 Elizabeth Ave.

City

Greenwood

State

SC

Zip Code

29646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Of Greenwood

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1766480

Amount of Each Receipt this Period

500.00

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

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

1625.00

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 (Last, First, Middle Initial)

A. Marc L. Leib M.D.

Mailing Address P.O. Box 44527

City
PhoenixState
AZZip Code
85064FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669937

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael C. Lewis M.D.

Mailing Address 655 W 8th St

Professor Chair Anesthesiology

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida College of Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663623

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Kenneth Liao M.D., B.A.

Mailing Address 200 Old Chester Rd

City

Essex Fells

State

NJ

Zip Code

07021-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : C1654527

Amount of Each Receipt this Period

500.00

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

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

1083.30

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 (Last, First, Middle Initial)

A. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City
New York

State Zip Code
NY 10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University Department of Anesthes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 18 / 2012

Transaction ID : C1664452

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Jeff D. Lindsay M.D.

Mailing Address 5402 E 118th St

City
Tulsa

State Zip Code
OK 74137-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Anesthesiologists Inc

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654601

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John E. Lindsey Jr., M.D.

Mailing Address 2502 S. 186th Circle

City
Omaha

State Zip Code
NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Anesthesia Specialists

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663608

Amount of Each Receipt this Period

83.30

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

1124.90

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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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Lisco M.D.

Mailing Address Department of Anesthesiology
 98455 Nebraska Medical Center

City State Zip Code
 Omaha NE 68198-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2012

Transaction ID : C1665977

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roger W. Litwiller M.D.

Mailing Address 3001 Burnleigh Rd., S.W.

City State Zip Code
 Roanoke VA 24014-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669905

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael A. Lopez M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
 Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669923

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mikel A. Ludwikosky M.D.

Mailing Address 3409 Ironhorse Court

City

Shawnee Mission

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654721

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stanton W. Lum M.D.

Mailing Address 6348 Royal Grove Dr.

City

Huntington Beach

State

CA

Zip Code

92648-6605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1672773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave

N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 20 / 2012

Transaction ID : C1665990

Amount of Each Receipt this Period

41.60

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

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

1291.60

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 (Last, First, Middle Initial)

A. Asif M. Malik M.D.

Mailing Address 2760 Charnwood Dr

City

State

Zip Code

Troy

MI

48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford West Bloomfield Hospital An

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1668475

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Mark Mandabach M.D.

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

City

State

Zip Code

Birmingham

AL

35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Department of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656964

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

State

Zip Code

Fort Myers

FL

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : C1654191

Amount of Each Receipt this Period

83.30

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

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

249.60

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 (Last, First, Middle Initial)

A. Leo A. Martin M.D.

Mailing Address Leo A. Martin, MD PC

4205 East San Miguel Avenue

City

Phoenix

State

AZ

Zip Code

85018-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2012

Transaction ID : C1669942

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Maurice G. McCabe M.D.

Mailing Address 126 Appleton Ln

City

Madison

State

AL

Zip Code

35756-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAS OF HUNTSVILLE

Occupation

M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : C1657007

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Jim W. McChristian M.D.

Mailing Address 8720 Low Chaparral Rd

City

Rogers

State

AR

Zip Code

72756-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

Transaction ID : C1663351

Amount of Each Receipt this Period

250.00

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

1291.00

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 (Last, First, Middle Initial)

A. Felicia M. McCreary M.D.

Mailing Address 4724 N. 69th St.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1666077

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joel E. McCreary D.O.

Mailing Address 4595 E Calle Redonda

City

Phoenix

State

AZ

Zip Code

85018-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656978

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Joel E. McCreary D.O.

Mailing Address 4595 E Calle Redonda

City

Phoenix

State

AZ

Zip Code

85018-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654655

Amount of Each Receipt this Period

125.00

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

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

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 132
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael G. McCue M.D.

Mailing Address 881 Watkins St

City

Birmingham

State

MI

Zip Code

48009-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Transaction ID : C1656973

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City

Rochester

State

MN

Zip Code

55906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anesthesiology

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

831.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Transaction ID : C1657001

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City

Rochester

State

MN

Zip Code

55906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anesthesiology

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

831.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2012

Transaction ID : C1663624

Amount of Each Receipt this Period

83.30

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

249.30

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 (Last, First, Middle Initial)

A. Stephanie R. McGuire M.D.

Mailing Address 909 Walnut St. #2402

City

Kansas City

State

MO

Zip Code

64106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin J. McKeown M.D.

Mailing Address 6839 South Canton

City

Tulsa

State

OK

Zip Code

74136-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654752

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City

Miami

State

FL

Zip Code

33196

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656982

Amount of Each Receipt this Period

83.00

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

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

1583.00

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 (Last, First, Middle Initial)

A. Jaideep H. Mehta M.D.

Mailing Address UTHSC, Dept of Anesthesiology
6431 Fannin St., MSB 5.020

City State Zip Code
Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Houston

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2012

Transaction ID : C1654582

Amount of Each Receipt this Period

41.70

Full Name (Last, First, Middle Initial)

B. David S. Milek M.D.

Mailing Address 4153 Dunes Pkwy

City State Zip Code
Muskegon MI 49441-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia Services

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2012

Transaction ID : C1672114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109
Anes. Dept.

City State Zip Code
Knoxville TN 37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656999

Amount of Each Receipt this Period

41.00

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

332.70

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City

Westfield

State

IN

Zip Code

46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACI-LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2012

Transaction ID : C1654584

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663625

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Mitchell F. Minana M.D.

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANETHESIOLOGIST GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : C1663348

Amount of Each Receipt this Period

100.00

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

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

266.60

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 (Last, First, Middle Initial)

A. Paul D. Mongan M.D.

Mailing Address 4500 San Pablo Rd S

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CO Dept of Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2012

Transaction ID : C1663495

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas A. Moore II, M.D.

Mailing Address 1748 Vestwood Hills Dr

City

Vestavia

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama School of Medici

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656994

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dennis W. Morris M.D.

Mailing Address 6330 E. 116th St.

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAI

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1656742

Amount of Each Receipt this Period

1000.00

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

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

2125.00

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 (Last, First, Middle Initial)

A. William E. Moss 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

Northern CO Anesth. Prof. Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2012

Transaction ID : C1654593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City

Springfield

State

VT

Zip Code

05156-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663749

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Meghan Murphy D.O.

Mailing Address 17065 S 71 Highway

City

Belton

State

MO

Zip Code

64012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Belton Hospital Anesthesia

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654745

Amount of Each Receipt this Period

1000.00

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

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

1583.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert F. Murray III, M.D.

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : C1664276

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Norah N. Naughton M.D.

Mailing Address 4270 Plymouth Road

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : C1669394

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Richard E. Nelson M.D.

Mailing Address 9233 Ward Pky., #230

City

Kansas City

State

MO

Zip Code

64114-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westport Management

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654744

Amount of Each Receipt this Period

1000.00

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

1166.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael S. Nichols A.A.-C

Mailing Address 2580 Hillandale Cir

City

Cumming

State

GA

Zip Code

30041-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University MSA Pr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663604

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. James F. O'Neill M.D.

Mailing Address 1060 Live Oak Plantation Rd.

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc. of Tallahassee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648734

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Babatunde O. Ogunnaike M.D.

Mailing Address 1008 Brentwood Dr

City

Murphy

State

TX

Zip Code

75094-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Southwestern Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1657004

Amount of Each Receipt this Period

83.00

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

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

666.30

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 (Last, First, Middle Initial)

A. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City

Decatur

State

IL

Zip Code

62521-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1667471

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Thomas A. Olen D.O.

Mailing Address 2141 N. Yasimin Ct.

City

Midland

State

MI

Zip Code

48642-8897

FEC ID number of contributing
federal political committee.

C

Name of Employer

MidMichigan Anesthesiology Group PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2012

Transaction ID : C1654192

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Peter H. Olson M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654743

Amount of Each Receipt this Period

1500.00

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

1641.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald D. Pacelli Jr., M.D.

Mailing Address 7184 Ludlow Dr

City

Roseville

State

CA

Zip Code

95747-5933

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1666009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerald D. Pacelli Jr., M.D.

Mailing Address 7184 Ludlow Dr

City

Roseville

State

CA

Zip Code

95747-5933

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1766447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Juhan Paiste M.D.

Mailing Address 1245 S. Cedar Crest Blvd.
Suite 301

City

Allentown, PA

State

PA

Zip Code

18103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allentown Anesthesia Associates, Inc.

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 25 / 2012

Transaction ID : C1669395

Amount of Each Receipt this Period

83.30

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

583.30

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 (Last, First, Middle Initial)

A. Chol Y. Pak M.D.

Mailing Address 5716 NW El Rey Dr

City

Camas

State

WA

Zip Code

98607-9120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2012

Transaction ID : C1654560

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brian S. Pallohusky M.D.

Mailing Address 4600 E Berkeley St

City

Springfield

State

MO

Zip Code

65809-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Springfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656979

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Brian S. Pallohusky M.D.

Mailing Address 4600 E Berkeley St

City

Springfield

State

MO

Zip Code

65809-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Springfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1657010

Amount of Each Receipt this Period

41.00

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

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

174.00

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 (Last, First, Middle Initial)

A. Bradley D. Palmen M.D.

Mailing Address 2986 Blacktail Dr

City

Eugene

State

OR

Zip Code

97405-6276

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Medical Center Anesthesia

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2012

Transaction ID : C1654463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 23 / 2012

Transaction ID : C1667470

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Thomas J. Papadimos M.D.

Mailing Address 4313 Oak Wood Ct

City

Dublin

State

OH

Zip Code

43016-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

05 / 14 / 2012

Transaction ID : C1663448

Amount of Each Receipt this Period

41.60

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

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

374.90

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 (Last, First, Middle Initial)

A. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663609

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663610

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. William J. Pekarske M.D.

Mailing Address 1281 E. Calle De La Cebra

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 30 / 2012

Transaction ID : C1669980

Amount of Each Receipt this Period

83.30

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

249.90

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 (Last, First, Middle Initial)

A. Jeremie J. Perry M.D.

Mailing Address 2410 Whispering Oaks Ct.

City

Abilene

State

TX

Zip Code

79606-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendrick Anesthesia Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656990

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. John D. Peterson D.O.

Mailing Address 1508 N. Coach House Rd

City

Wichita

State

KS

Zip Code

67235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consulting Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664385

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Margaret A. Pitts M.D.

Mailing Address 25 Birchdale Rd

City

Bow

State

NH

Zip Code

03304-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656975

Amount of Each Receipt this Period

83.00

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

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

416.00

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 (Last, First, Middle Initial)

A. Jeffrey Plagenhoef M.D.

Mailing Address 1118 Ross Clark Circle, Suite 700

Anesthesia Consultants Medical Gro

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663627

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663750

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City State Zip Code
Las Vegas NV 89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1657000

Amount of Each Receipt this Period

83.00

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

266.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roma C. Polce 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

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663751

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663600

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Eugene S. Prokopyschyn D.O.

Mailing Address 16789 W 67th Cir

City

Arvada

State

CO

Zip Code

80007

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1654544

Amount of Each Receipt this Period

200.00

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

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

366.60

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 (Last, First, Middle Initial)

A. John Q. Public

Mailing Address 520 N. Northwest Hwy

City State Zip Code
 Park Ridge IL 60068

FEC ID number of contributing federal political committee.

C

Name of Employer

ASA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : C1656971

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Sripad P. Rao M.D.

Mailing Address 1504 Bay Rd Apt 3307

City State Zip Code
 Miami Beach FL 33139-3281

FEC ID number of contributing federal political committee.

C

Name of Employer

Ryder Trauma Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : C1656976

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. J. Ann Rea M.D.

Mailing Address P.O. Box 70

City State Zip Code
 Summit MS 39666-0070

FEC ID number of contributing federal political committee.

C

Name of Employer

MCCOMB ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : C1663356

Amount of Each Receipt this Period

1000.00

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

1124.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Reuveni M.D.

Mailing Address 492 Fordham Pl.

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1656723

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Joseph M. Rifici A.A.-C

Mailing Address Lakeside ANES 2532 LKS5007
11100 Euclid Ave.

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663626

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Ignacio J. Rodriguez M.D.

Mailing Address 2387 W 68th St Ste 401

City

Hialeah

State

FL

Zip Code

33016-6890

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Miami Pain Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656997

Amount of Each Receipt this Period

83.00

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

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

791.30

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 (Last, First, Middle Initial)

A. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

MDA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654727

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Rogoski D.O.

Mailing Address Dept. of Anesthesiology
Doan Hall N411

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wexner Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 18 / 2012

Transaction ID : C1664451

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jennifer Root M.D.

Mailing Address 3414 Wheat St

City

Columbia

State

SC

Zip Code

29205-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sel

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654748

Amount of Each Receipt this Period

250.00

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

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

1333.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Medicine

Occupation

Chairman, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 18 / 2012

Transaction ID : C1664454

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City

Jones

State

OK

Zip Code

73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663752

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Mandy M. Sander-Prather M.D.

Mailing Address 8717 W 110th St Ste 600

Anesthesia Assoc. of Kansas City

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of KC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654728

Amount of Each Receipt this Period

750.00

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

916.60

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 (Last, First, Middle Initial)

A. Mahesh P. Sardesai M.D.

Mailing Address 1304 Fairstead Lane

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC Shadyside

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 18 / 2012

Transaction ID : C1664453

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Andrew K. Satz M.D.

Mailing Address 8611 Key Harbour Dr.

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1654518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roger M. Schantz M.D.

Mailing Address 1096 Red Bird Rd

City

Loveland

State

OH

Zip Code

45140-7163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group Practice

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1766706

Amount of Each Receipt this Period

250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reginald G. Scott M.D.

Mailing Address 5417 E. 86th St.

City

Tulsa

State

OK

Zip Code

74137-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : C1663899

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. George Sheplock M.D.

Mailing Address 705 Riley Hospital Drive, Rm 2001

City

Indianapolis

State

IN

Zip Code

46202-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riley Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

Transaction ID : C1663618

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. John M. Shingler Jr., M.D.

Mailing Address 210 Lakewood Dr.

City

Spartanburg

State

SC

Zip Code

29302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Transaction ID : C1766473

Amount of Each Receipt this Period

500.00

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

1583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City State Zip Code
 Sherman Oaks CA 91423

FEC ID number of contributing federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anes. Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : C1663739

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr

City State Zip Code
 Wappingers Falls NY 12590

FEC ID number of contributing federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : C1663619

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Robert H. Small M.D.

Mailing Address 410 W 10th Ave
 Dept of Anes - N411 Doan Hall

City State Zip Code
 Columbus OH 43210

FEC ID number of contributing federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : C1663603

Amount of Each Receipt this Period

83.30

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

249.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen D. Small M.D.

Mailing Address 5806 S. Blackstone Ave.

City

Chicago

State

IL

Zip Code

60637-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2012

Transaction ID : C1650478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City

Vestavia

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 04 / 2012

Transaction ID : C1654190

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephen R. Smith M.D.

Mailing Address 1158 Dutch Hollow Drivev

City

Chesterfield

State

MO

Zip Code

63017-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates, Inc

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654749

Amount of Each Receipt this Period

1000.00

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

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

1333.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan R. Snyder M.D.

Mailing Address 8533 N. 17th Pl.

City
Phoenix

State Zip Code
AZ 85020

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669926

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Kortnee L. Sorbin M.D.

Mailing Address 10718 W 163rd Ter

City
Overland Park

State Zip Code
KS 66062-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC-Menorah Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654730

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. George J. Spessot M.D.

Mailing Address 71 Judson Place

City
Rockville Centre

State Zip Code
NY 11571-0495

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656955

Amount of Each Receipt this Period

83.00

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

1383.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett M. Sprtel M.D.

Mailing Address 11934 Crossing Deer Ct

City

Roscommon

State

MI

Zip Code

48653-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Grayling Dept of Anesth

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1657002

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Gustav E. Staahl Jr., M.D.

Mailing Address 901 14th Avenue South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Innovis Health

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656963

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Erica Stein M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ohio state university

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : C1664271

Amount of Each Receipt this Period

83.30

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

207.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.50

Date of Receipt

05 / 14 / 2012

Transaction ID : C1663451

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Michella M. Stiles M.D.

Mailing Address 11114 Alhambra St

City State Zip Code
Leawood KS 66211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654729

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City State Zip Code
Cullman AL 35055-5385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Pain Center Cullman

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2012

Transaction ID : C1665991

Amount of Each Receipt this Period

62.50

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

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

645.80

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew G. Stoner M.D.

Mailing Address 7708 Pointe Venezia Drive

City State Zip Code
Orlando FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663689

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Stuart M.D.

Mailing Address 518 Laurel Ave

City State Zip Code
Menlo Park CA 94025-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Outpatient Surgery Center

Occupation

physician 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
05 / 31 / 2012

Transaction ID : C1672777

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jordan W. Stuckey M.D., B.A.

Mailing Address 21701 Timbercrest Dr

City State Zip Code
Defiance OH 43512-8675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Defiance Regional Medical Center Anest

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : C1657767

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maya S. Suresh M.D.

Mailing Address 1709 Dryden Rd Ste 1700

Dept. of Anesthesiology, MS: BCM 1

City State Zip Code
Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1656967

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Robert B. Swain M.D.

Mailing Address 1435 Winding Ridge Ter

City State Zip Code
Colorado Springs CO 80919-1061

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIKES PEAK ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kent A. Swanson M.D.

Mailing Address 154 Alviso Dr.,#B

City State Zip Code
Camarillo CA 93010-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer

kent a swanson md inc

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1657017

Amount of Each Receipt this Period

250.00

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

583.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Sweatlock M.D.

Mailing Address PO Box 84036

City

Phoenix

State

AZ

Zip Code

85071-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald Szabat J.D.

Mailing Address 8307 Larkmeade Terrace

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Society of Anesthesiologist

Occupation

Executive Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : C1668474

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Joseph Talarico D.O.Mailing Address University of Pittsburgh Medical C
200 Lothrop St C-205

City

Pittsburgh

State

PA

Zip Code

15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Pittsburgh Medical Center

Occupation

Assistant Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663611

Amount of Each Receipt this Period

41.60

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

374.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Samuel E. Talsma M.D.

Mailing Address 2110 Dorset Rd.

City State Zip Code
Ann Arbor MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer
anesthesia assoc of ann arbor

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.90

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654642

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christopher J. Teggatz M.D.

Mailing Address 2905 Old Orchard Road NE

City State Zip Code
Cedar Rapids IA 52402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linn County Anesthesiologists

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669945

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Steven Teplitz M.D.

Mailing Address 383 Astor Dr.

City State Zip Code
Sayville NY 11782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1766604

Amount of Each Receipt this Period

500.00

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

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

1083.30

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 (Last, First, Middle Initial)

A. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City State Zip Code
 Englewood CO 80110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Denver Anesthesiologists, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : C1669981

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Troy Tortorici M.D.

Mailing Address 17401 Hawks View Ct

City State Zip Code
 Edmond OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Anesthesia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : C1656968

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City State Zip Code
 Gibsonia PA 15044-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allegheny Health Network

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : C1663606

Amount of Each Receipt this Period

83.30

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

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

207.60

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 (Last, First, Middle Initial)

A. Terrence Truxillo M.D.

Mailing Address Department of Anesthesiology
1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2012

Transaction ID : C1663449

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City State Zip Code
Elmhurst IL 60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer
DVA

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2012

Transaction ID : C1664268

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Jeffrey Uppington M.D.

Mailing Address 4150 V St
PSSB Suite 1200

City State Zip Code
Sacramento CA 95817-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California Davis Medical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2012

Transaction ID : C1654571

Amount of Each Receipt this Period

250.00

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

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

374.90

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 (Last, First, Middle Initial)

A. Robert J. Van Beek M.D.

Mailing Address 35 Stonehurst Rd

City

Grosse Pointe Shores

State

MI

Zip Code

48236-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST JOHN ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1657020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City

Rochester Hills

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1656998

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City

Tampa

State

FL

Zip Code

33606-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Florida Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663740

Amount of Each Receipt this Period

83.30

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

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

416.30

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 (Last, First, Middle Initial)

A. Christopher J. Vasil M.D.

Mailing Address 15500 Shannon Hts.

City

Los Gatos

State

CA

Zip Code

95032-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer

GROUP ANES SERV

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : C1654985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Murari Vasudevan M.B.,B.S.

Mailing Address 2609 Somerset Dr

City

Prairie Village

State

KS

Zip Code

66206-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer

WCGME

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654738

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Luis A. Velazquez M.D.

Mailing Address 7521 Yonie Ct

City

Las Vegas

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1766464

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul J. Velky M.D.

Mailing Address 206 Elizabeth Ave

City

Greenwood

State

SC

Zip Code

29646-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Of Greenwood

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1766482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hector Vila Jr., M.D.

Mailing Address 4304 W Azelee St

City

Tampa

State

FL

Zip Code

33609-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hector Vila Jr MD PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664270

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Annette Vizena M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

Fort Collins

State

CO

Zip Code

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1663354

Amount of Each Receipt this Period

50.00

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

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

633.30

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 (Last, First, Middle Initial)

A. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City Little Rock State AR Zip Code 72202-3510

FEC ID number of contributing federal political committee.

C

Name of Employer
University of Arkansas for Medical Sci

Occupation
Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2012

Transaction ID : C1663446

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. J. M. Wagner M.D.

Mailing Address 6634 Klein St. NW

City Olympia State WA Zip Code 98502

FEC ID number of contributing federal political committee.

C

Name of Employer
Olympia Anesthesia Associates

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1766476

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Lance W. Wagner 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
Lutheran Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663620

Amount of Each Receipt this Period

100.00

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

433.30

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: PAGE 110 OF 132
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ebon J. Wallace-Talifarro M.D.

Mailing Address 7205 Meadowgrass Court

City	State	Zip Code
Caledonia	MI	49316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	07	/	2012

Transaction ID : C1654641

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. J. Michael Waring M.D.

Mailing Address 11732 Canterbury Court

City	State	Zip Code
Leawood	KS	66211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	07	/	2012

Transaction ID : C1656721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William R. Warner M.D.

Mailing Address 206 Elizabeth Ave

City	State	Zip Code
Greenwood	SC	29646-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES OF GREENWOOD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	21	/	2012

Transaction ID : C1766479

Amount of Each Receipt this Period

500.00

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

800.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles B. Watson M.D.

Mailing Address 27 Sturbridge Rd

City
EastonState
CTZip Code
06612-2030FEC ID number of contributing
federal political committee.

C

Name of Employer

BAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2012

Transaction ID : C1663607

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Jennifer L. Weiford M.D.

Mailing Address 2009 W. 68th Street

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes Associates of KC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Transaction ID : C1654739

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Emily L. Weisberg M.D.

Mailing Address 5708 W 147th PI

City

Overland Park

State

KS

Zip Code

66223-1175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Resident

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
05		11		2012

Transaction ID : C1663349

Amount of Each Receipt this Period

500.00

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

1541.60

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)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr

City	State	Zip Code
Girard	OH	44420

FEC ID number of contributing federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

Transaction ID : C1663621

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Eric Weissend M.D.

Mailing Address 8717 West 110th St., Suite 600

City	State	Zip Code
Overland Park	KS	66210

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

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
05	/	07	/	2012

Transaction ID : C1654737

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City	State	Zip Code
Tampa	FL	33606

FEC ID number of contributing federal political committee.

C

Name of Employer

Florida Hospital Tampa

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

Transaction ID : C1656980

Amount of Each Receipt this Period

41.00

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

1124.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jordan M. Wetstone M.D.

Mailing Address 800 Oak Trail Dr

City

Marietta

State

GA

Zip Code

30062-7502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 28 / 2012

Transaction ID : C1669568

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John B. Whitney M.D.

Mailing Address 11 Club Forest Lane

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis, Greenville, SC

Occupation

Private Practice Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1663350

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian J. Wilder M.D.

Mailing Address PO Box 36351

City

Charlotte

State

NC

Zip Code

28236-6351

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of the Southea

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663569

Amount of Each Receipt this Period

250.00

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

750.00

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 (Last, First, Middle Initial)

A. Gisele C. Wilke M.D.

Mailing Address 6839 S Canton Ave

City

Tulsa

State

OK

Zip Code

74136-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1652026

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Wilkinson M.D.

Mailing Address 5210 N. 31st Place

City

Phoenix

State

AZ

Zip Code

85016-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669941

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karen S. Williams M.D.

Mailing Address 2707 Woodlake Rd

City

Mitchellville

State

MD

Zip Code

20721-2567

FEC ID number of contributing
federal political committee.

C

Name of Employer

George Washington University Dept. of

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : C1657030

Amount of Each Receipt this Period

250.00

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

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

1750.00

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 (Last, First, Middle Initial)

A. Elizabeth C. Wilson M.D.

Mailing Address 862 Virgil St. NE

City

Atlanta

State

GA

Zip Code

30307-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : C1653280

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kent A. Woolard M.D.

Mailing Address 8919 S. Gary Ave.

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2012

Transaction ID : C1669506

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City

Nashville

State

TN

Zip Code

37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Spinal Surgery

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663746

Amount of Each Receipt this Period

83.30

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

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

833.30

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 (Last, First, Middle Initial)

A. Kamala A. Wright M.D.

Mailing Address 7878 Underwood Rdg

City

Traverse City

State

MI

Zip Code

49686-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates

Occupation

Anesthesiologist chronic pain

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
05 / 06 / 2012

Transaction ID : C1654590

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

100710.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City

Freedom

State

PA

Zip Code

15042

FEC ID number of contributing
federal political committee.

C

C00413310

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : C1670018

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Anesthesiologists Political Action Committee

Category/
Type

State: District: ☒ Credit Card Merchant

Category/
Type

State: District:

Category/
Type

State: District:

1420.26

1420.26

**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 119 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City	State	Zip Code
Lincoln	NE	68501

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Mr. Jon C. BruningOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D134058

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Chesapeake PACMailing Address 2470 Daiell's bridge rd
121

City	State	Zip Code
Athens	GA	30606

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128923

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DEWHURST FOR TEXAS

Mailing Address 1210 SAN ANTONIO STREET SUITE 700

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Mr. David DewhurstOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Transaction ID : D128735

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

PAGE 120 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GEORGE ALLEN FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Mailing Address 2819 NORTH PARHAM ROAD
SUITE 210

City Richmond State VA Zip Code 23294

Purpose of Disbursement
2012 Primary Contribution

011

Transaction ID : D128094

Amount of Each Disbursement this Period

5000.00

Candidate Name

Sen. George AllenCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Full Name (Last, First, Middle Initial)

B. GLENN ANDERSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Mailing Address PO BOX 10182

City Lansing State MI Zip Code 48901

Purpose of Disbursement
2012 Primary Contribution

011

Transaction ID : D128091

Amount of Each Disbursement this Period

5000.00

Candidate Name

Mr. Glenn S AndersonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 13

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Mailing Address PO BOX 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement
2012 Primary Contribution

011

Transaction ID : D128090

Amount of Each Disbursement this Period

3500.00

Candidate Name

Mr. John Thomas Graves Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 14

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

13500.00

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

PAGE 121 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HURT PAC: HELP UNITE REPUBLICANS TODAY POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Mailing Address PO BOX 283

City	State	Zip Code
Chatham	VA	24531

Transaction ID : D128949Purpose of Disbursement
2012 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2012 Contribution

Full Name (Last, First, Middle Initial)

B. JOHN TAVAGLIONE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Mailing Address 4201 BROCKTON AVE STE 100

City	State	Zip Code
Riverside	CA	92501

Transaction ID : D128948Purpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Mr. John TavaglioneOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 41

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Mailing Address 4905 Del Ray Ave
Ste 401

City	State	Zip Code
Bethesda	MD	20814-2557

Transaction ID : D128935Purpose of Disbursement
2012 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2012 Contribution

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

4500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City
Baton RougeState
LAZip Code
70809Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Bill CassidyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

Transaction ID : D128096

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City
EAST MOLINEState
ILZip Code
61244Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Cheri BustosCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : D128941

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BENISHEK FOR CONGRESS

Mailing Address 802 Pentoga Trail

City
Crystal FallsState
MIZip Code
49920Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Dan BenishekCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : D128933

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

PAGE 123 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS

Mailing Address 802 Pentoga Trail

City	State	Zip Code
Crystal Falls	MI	49920

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Dan BenishekCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : D128934

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City	State	Zip Code
WHEELING	WV	26003

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. David B. McKinleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : D128717

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Earl BlumenauerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : D128921

Amount of Each Disbursement this Period

2000.00

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

7500.00

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

PAGE 124 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Eric CantorCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2012

Transaction ID : D128092

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address Post Office Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Jackie SpeierCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : D134059

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Joe HeckCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2012

Transaction ID : D134060

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

PAGE 125 OF 132

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN D. DINGELL FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Rep. John D. DingellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D134061

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Juan VargasMailing Address 330 Encinitas Blvd
Ste 101

City Encinitas	State CA	Zip Code 92024-8705
-------------------	-------------	------------------------

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Rep. Juan VargasOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128952

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KENNY MARCHANT FOR CONGRESS

Mailing Address PO BOX 110187

City CARROLLTON	State TX	Zip Code 75011
--------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Rep. Kenny MarchantOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128086

Amount of Each Disbursement this Period

1000.00

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

8000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Kevin BradyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 08

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : D128736

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd

City	State	Zip Code
BURBANK	CA	91502

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Linda T. SanchezCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 38

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : D134128

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City	State	Zip Code
HIGHLANDS	NC	28741

Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Rep. Mark MeadowsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 11

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

Transaction ID : D128940

Amount of Each Disbursement this Period

5000.00

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

13000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARK POCAN FOR CONGRESS

Mailing Address 309 N BALDWIN ST

City MADISON	State WI	Zip Code 53703
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Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Rep. Mark Pocan

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WI District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128947

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE

City Albuquerque	State NM	Zip Code 87106
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Purpose of Disbursement
2012 General Contribution

Candidate Name

Rep. Martin Heinrich

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128936

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City Anniston	State AL	Zip Code 36201
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Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Rep. Mike D. Rogers

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AL District: 03	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

Transaction ID : D134129

Amount of Each Disbursement this Period

1000.00

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont	State CA	Zip Code 94537
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Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Pete StarkCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128954

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD	State NC	Zip Code 28027
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Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Rep. Richard HudsonCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 08

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼ Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128938

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ROB WOODALL FOR CONGRESS

Mailing Address POST OFFICE BOX 1871

City LAWRENCEVILLE	State GA	Zip Code 30046
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Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Rob WoodallCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 07

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : D128088

Amount of Each Disbursement this Period

1500.00

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

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF FARR

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Sam FarrCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128922

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LATHAM FOR CONGRESS

Mailing Address P.O. Box 71

City	State	Zip Code
Clarion	IA	50525

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Tom LathamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Transaction ID : D128737

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARINO FOR CONGRESS

Mailing Address PO BOX 653

City	State	Zip Code
WILLIAMSPORT	PA	17703

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Tom MarinoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Transaction ID : D128721

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City	State	Zip Code
EAST LANSING	MI	48826

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Sen. Debbie Stabenow

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128932

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STRICKLAND FOR CONGRESS 2012

Mailing Address 603 E ALTON AVE STE H

City	State	Zip Code
Santa Ana	CA	92705

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Mr. Anthony Tony Strickland

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D128946

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VOICE FOR FREEDOMMailing Address 2814 Spring Rd SE
Ste 103

City	State	Zip Code
Atlanta	GA	30339-3047

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought:	Disbursement For: 2012
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	

State: District: 2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : D134062

Amount of Each Disbursement this Period

5000.00

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

8500.00

117750.00