



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text"/>	<input type="text" value="1716551.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1806934.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="407331.06"/>	<input type="text" value="1414260.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2214265.13"/>	<input type="text" value="3130812.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="91638.43"/>	<input type="text" value="1013185.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2122626.70"/>	<input type="text" value="2117626.70"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**American Society of Anesthesiologists Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	330969.92	1104006.76
(ii) Unitemized .....	76361.14	301309.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	407331.06	1405316.38
(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) .....	407331.06	1405316.38
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	1944.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7000.00
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))..... ▶	407331.06	1414260.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	407331.06	1414260.83

**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 .....	3638.43	20913.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3638.43	20913.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90500.00	644300.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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	3499.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	-2500.00	-2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-2500.00	999.50
29. Other Disbursements .....	0.00	346972.67
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)) ..	91638.43	1013185.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91638.43	1013185.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	407331.06	1405316.38
34. Total Contribution Refunds (from Line 28(d)) .....	-2500.00	999.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	409831.06	1404316.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3638.43	20913.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1944.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3638.43	18969.02

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

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

FOR LINE NUMBER: PAGE 6 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Frederick A. Abele M.D.**

Mailing Address 339 consort

City State Zip Code  
 Ballwin MO 63011-1774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 WAAI 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  
 09 / 17 / 2013

**Transaction ID : C2427509**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. John P. Abenstein M.D.**

Mailing Address 10978 Eleventh Ave N.W.

City State Zip Code  
 Oronoco MN 55960-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Mayo Clinic Anes. Dept. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1499.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : C2418637**

Amount of Each Receipt this Period  
 83.30

Full Name (Last, First, Middle Initial)  
**C. John P. Abenstein M.D.**

Mailing Address 10978 Eleventh Ave N.W.

City State Zip Code  
 Oronoco MN 55960-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Mayo Clinic Anes. Dept. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1499.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2013

**Transaction ID : C2423746**

Amount of Each Receipt this Period  
 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.60

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

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

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

FOR LINE NUMBER: PAGE 7 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Amr E. Abouleish M.D., M.B.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **749.70**

Date of Receipt **09 / 02 / 2013**  
**Transaction ID : C2417241**  
 Amount of Each Receipt this Period **83.30**

**B. Jonathan H. Abrams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Far Hills Dr  
 City Avon State CT Zip Code 06001-2877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Francis Hospital and Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 22 / 2013**  
**Transaction ID : C2433159**  
 Amount of Each Receipt this Period **250.00**

**C. Robert A. Ackerman Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2195 Scenic Dr  
 City Muskegon State MI Zip Code 49445-9663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Partner Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **09 / 22 / 2013**  
**Transaction ID : C2433203**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **833.30**  
**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 Page

FOR LINE NUMBER: PAGE 8 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jason R. Acosta M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1551 Conway Isle Circle  
 City Belle Isle State FL Zip Code 32809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JLR Medical Group Occupation Anesthesiologist, MD  
 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  
 09 / 12 / 2013  
**Transaction ID : C2425675**  
 Amount of Each Receipt this Period  
 500.00

**B. Eugene V. Acupan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303D Beltline PI SW #203  
 City Decatur State AL Zip Code 35603-1713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Anesthesia Services 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  
 09 / 30 / 2013  
**Transaction ID : C2437598**  
 Amount of Each Receipt this Period  
 250.00

**C. David C. Adams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4000 Spear St  
 City Charlotte State VT Zip Code 05445-9198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fletcher Allen Health Care 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  
 09 / 07 / 2013  
**Transaction ID : C2419167**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. David G. Adams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12324 River Oaks Pt  
 City State Zip Code  
 Knoxville TN 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ. Tennessee Med. Ctr. Staff 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  
 09 / 16 / 2013  
**Transaction ID : C2426585**  
 Amount of Each Receipt this Period  
 250.00

**B. Jason M. Adams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Gunther Ct  
 City State Zip Code  
 Saline MI 48176-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Associates of Ann Arbor 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  
 09 / 26 / 2013  
**Transaction ID : C2436311**  
 Amount of Each Receipt this Period  
 250.00

**C. Timothy K. Adams Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2205 Covemont Dr SE  
 City State Zip Code  
 Huntsville AL 35801-2256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alabama Anesthesia of Huntsville Anesthesiologists  
 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  
 09 / 10 / 2013  
**Transaction ID : C2423677**  
 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	FOR LINE NUMBER: (check only one)	PAGE 10 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Justin M. Aden M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 886 Healey Homestead Cir  
 City Alpine State UT Zip Code 84004-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain West Anesthesia 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  
 09 / 01 / 2013  
**Transaction ID : C2417205**  
 Amount of Each Receipt this Period  
 250.00

**B. Mark H. Aittaniemi M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 S. Bradbury Dr  
 City Edmond State OK Zip Code 73034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists Occupation Pediatric Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437565**  
 Amount of Each Receipt this Period  
 500.00

**C. Kelly J. Allen M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 332.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437219**  
 Amount of Each Receipt this Period  
 41.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 345  
(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. James A. Allinger M.D.**

Mailing Address 1590 Blanchard Bend

City State Zip Code  
Rock Hill SC 29732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Associates of Rock Hill Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2013  
**Transaction ID : C2417277**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Myles L. Alpert D.O.**

Mailing Address 2655 Bolero Drive #1203

City State Zip Code  
Naples FL 34109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
anesthesia associates of naples anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2013  
**Transaction ID : C2437060**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Robert S. Alphin M.D.**

Mailing Address 4028 John S Raboteau Wynd

City State Zip Code  
Raleigh NC 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Anesthesiology Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2013  
**Transaction ID : C2419149**

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

FOR LINE NUMBER: PAGE 12 OF 345  
(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. Siraj N. Alseri M.D.**

Mailing Address 2237 Twin Islands Ct

City State Zip Code  
 Ann Arbor MI 48108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Assoc. of Ann Arbor 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  
 09 / 11 / 2013

**Transaction ID : C2424750**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Sanjay Anand M.D.**

Mailing Address 110 Braeside Circle

City State Zip Code  
 Asheville NC 28803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 AllCare Clinical 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  
 09 / 14 / 2013

**Transaction ID : C2426278**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Aaron D. Anderson M.D.**

Mailing Address 3100 Rib Mountain Way

City State Zip Code  
 Wausau WI 54401-9423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Central Wisconsin Anesthesiologists 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  
 09 / 07 / 2013

**Transaction ID : C2419135**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Joe Anderson M.D.</b>		Date of Receipt 09 / 27 / 2013 <b>Transaction ID : C2436381</b>
Mailing Address 707 SW Washington St., Suite 700 Oregon Anesthesiology Group, P.C.		Amount of Each Receipt this Period 500.00
City Portland	State OR	
Zip Code 97205		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Oregon Anesth GrP	Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Jonathan C. Anderson M.D.</b>		Date of Receipt 09 / 08 / 2013 <b>Transaction ID : C2419179</b>
Mailing Address 151 Jossie Ln		Amount of Each Receipt this Period 100.00
City Kalispell	State MT	
Zip Code 59901-6961		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer Northern Rockies Anesthesia Consultant	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. David Andrews M.D.</b>		Date of Receipt 09 / 01 / 2013 <b>Transaction ID : C2417218</b>
Mailing Address 18 Woods Rd		Amount of Each Receipt this Period 500.00
City Falmouth	State ME	
Zip Code 04105		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Spectrum Medical Group	Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Peter G. Andriakos M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Morgan Ave.  
 City Niskayuna State NY Zip Code 12309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer anesthesia group of albany 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 Y  
 09 / 19 / 2013  
**Transaction ID : C2430319**  
 Amount of Each Receipt this Period  
 250.00

**B. Jay B. Androphy M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 339 Consort Dr.  
 City St. Louis State MO Zip Code 63011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Anesthesiology, Assoc. Occupation MD  
 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  
 09 / 17 / 2013  
**Transaction ID : C2429381**  
 Amount of Each Receipt this Period  
 250.00

**C. Jose M. Angel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4985 Moorhead Ave Unit 3815  
 City Boulder State CO Zip Code 80307  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : C2429299**  
 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	FOR LINE NUMBER: (check only one)	PAGE 15 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Thomas J. Arcario M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2237 Peach Leaf Ct.  
 City Longwood State FL Zip Code 32779  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2013  
**Transaction ID : C2423664**  
 Amount of Each Receipt this Period  
 500.00

**B. Anthony Arellano-Kruse M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Anesthesia Medical Group  
 3330 Lomita Blvd  
 City Torrance State CA Zip Code 90505-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Torrance Memorial Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437220**  
 Amount of Each Receipt this Period  
 83.34

**C. Kayvan Ariani M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4007 Bermuda Grove Pl.  
 City Longwood State FL Zip Code 32779-3193  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C2426475**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Valerie E. Armstead M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Cooper Plz  
 Dept of Anes  
 City Camden State NJ Zip Code 08103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cooper University Hospital Medical Scho 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  
 09 / 17 / 2013  
**Transaction ID : C2429360**  
 Amount of Each Receipt this Period  
**500.00**

**B. Judith L. Aronsohn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Mount Tom Rd  
 City Pelham State NY Zip Code 10803-3307  
 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 **666.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417336**  
 Amount of Each Receipt this Period  
**83.34**

**C. Nathan W. Arp M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 Franklin St SE Ste 301  
 City Huntsville State AL Zip Code 35801-4537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Anesthesia Services 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  
 09 / 30 / 2013  
**Transaction ID : C2437613**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1083.34**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 17 OF 345  
(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. Brett L. Arron M.D.**

Mailing Address 52 Lake Street

City State Zip Code  
 Wakefield RI 02879

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Narragansett Bay Anesthesia Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : C2417332**

Amount of Each Receipt this Period  
 83.30

Full Name (Last, First, Middle Initial)  
**B. Eddie Ash**

Mailing Address P.O. BOX 8305

City State Zip Code  
 Gadsden AL 35902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Associates 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  
 09 / 16 / 2013

**Transaction ID : C2426597**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**c. Jennifer P. Aunspaugh M.D.**

Mailing Address 800 Marshall St Slot 203, S-319  
 Slot 203, S-319

City State Zip Code  
 Little Rock AR 72202-3510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Arkansas Childrens Hospital Assistant Professor Pediatric Anes and

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013

**Transaction ID : C2417988**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1133.30

**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 Page

FOR LINE NUMBER: PAGE 18 OF 345  
(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. David B. Austerman D.O.**

Mailing Address 600 NW 42nd St

City Oklahoma City      State OK      Zip Code 73118

FEC ID number of contributing federal political committee. **C**

Name of Employer nwa      Occupation anesth

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  
 09 / 25 / 2013

**Transaction ID : C2436071**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Craig T. Austin M.D.**

Mailing Address 1000 E. Primrose, #520  
 Ozark Anesthesia Associates

City Springfield      State MO      Zip Code 65807

FEC ID number of contributing federal political committee. **C**

Name of Employer Ozark Anesthesia Associates      Occupation anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2013

**Transaction ID : C2426293**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**C. Mac S. Axelrod M.D.**

Mailing Address 8703 Palm Lake Dr.

City Orlando      State FL      Zip Code 32819-3813

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 ▼  
 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2013

**Transaction ID : C2433219**

Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Olesh Babiak M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Minshall Circle  
 City State Zip Code  
 Glen Mills PA 19342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Associates in Anesthesia, Inc 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  
 09 / 11 / 2013  
**Transaction ID : C2425096**  
 Amount of Each Receipt this Period  
 400.00

**B. Noah A. Babins M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 S Virginia Ave Unit 320  
 City State Zip Code  
 Winter Park FL 32789-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arnold Palmer Medical Center 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  
 09 / 17 / 2013  
**Transaction ID : C2429319**  
 Amount of Each Receipt this Period  
 500.00

**c. Christopher J. Bacani M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 Botany Blvd  
 City State Zip Code  
 Santa Rosa Beach FL 32459-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Panhandle Anesthesiology Associates 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  
 09 / 24 / 2013  
**Transaction ID : C2434868**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Raymond P. Bailie M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Vassar Aisle  
 City Irvine State CA Zip Code 92612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAMG 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  
 09 / 18 / 2013  
**Transaction ID : C2429964**  
 Amount of Each Receipt this Period  
 500.00

**B. Frank A. Bakke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3501 E Via Colonia Del Sol  
 City Tucson State AZ Zip Code 85718-6065  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2013  
**Transaction ID : C2426279**  
 Amount of Each Receipt this Period  
 1000.00

**C. David C. Baldone M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Random Oaks Ln  
 City Mandeville State LA Zip Code 70448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Anesthesia Inc. 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  
 09 / 17 / 2013  
**Transaction ID : C2429375**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Shawn E. Banks M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 NE 36th St Apt 3407  
 City Miami State FL Zip Code 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 **249.98**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437279**  
 Amount of Each Receipt this Period **83.34**

**B. Paul E. Banta M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 663 Midvale Ave, Apt 1  
 City Los Angeles State CA Zip Code 90024-2337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Keyes Surgery Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : C2425674**  
 Amount of Each Receipt this Period **350.00**

**C. Michael R. Barlow M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Pine Ridge Trl  
 City Birmingham State AL Zip Code 35213-4438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Services of Birmingham Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 16 / 2013**  
**Transaction ID : C2426609**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **933.34**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Andrew M. Barnett M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Kehrsdale Ct.  
 City Chesterfield State MO Zip Code 63005-6515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Anesthesiology Associates, Inc Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 17 / 2013**  
**Transaction ID : C2429282**  
 Amount of Each Receipt this Period **250.00**

**B. Laurie B. D. Barrett M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2228 Chamblee Ln  
 City Lexington State KY Zip Code 40513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia associates PSC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2436991**  
 Amount of Each Receipt this Period **1000.00**

**C. Deborah M. Barron M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 West Runswick Drive  
 City Henrico State VA Zip Code 23238-5411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Total Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C2418223**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2250.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Eric W. Barry M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 683 Pond Rd

City Sidney State ME Zip Code 04330-2113

FEC ID number of contributing federal political committee. **C**

Name of Employer Kennebec Anesthesia Associates Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437581**

Amount of Each Receipt this Period 250.00

**B. Richard R. Bartkowski M.D., Ph.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 Rogers Lane

City Wallingford State PA Zip Code 19086

FEC ID number of contributing federal political committee. **C**

Name of Employer Jefferson Physicians Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2013  
**Transaction ID : C2430228**

Amount of Each Receipt this Period 500.00

**C. William P. Barton M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 820 Prudential Dr Ste 606

City Jacksonville State FL Zip Code 32207

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 ▼ 1000.00

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426666**

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffrey Baumbach M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2008 King Stables Rd  
 City Birmingham State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiologists Associated, PC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : C2436357**  
 Amount of Each Receipt this Period 500.00

**B. Anthony C. Beall M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9263 Medical Plaza Dr Ste A  
 City Charleston State SC Zip Code 29406-7112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trident Anesthesia Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2013  
**Transaction ID : C2429357**  
 Amount of Each Receipt this Period 1000.00

**C. Charles R. Beckenstein M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 610 S Rome Ave Apt 602  
 City Tampa State FL Zip Code 33606-2589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UniCom Anesthesia Associates, P.A. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt 09 / 13 / 2013  
**Transaction ID : C2425696**  
 Amount of Each Receipt this Period 41.60

**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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James L. Becker M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35303 Cabernet Circle  
 City Waukee State IA Zip Code 50263-7047  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2013  
**Transaction ID : C2437358**  
 Amount of Each Receipt this Period  
 1000.00

**B. Karl E. Becker M.B.A.,M.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11708 High Dr.  
 City Leawood State KS Zip Code 66211-2226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Anesthesiologist, Retired  
 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  
 09 / 30 / 2013  
**Transaction ID : C2437446**  
 Amount of Each Receipt this Period  
 250.00

**C. Eileen V. Begin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Irving St. NW #G-226  
 City Washington State DC Zip Code 20010-3017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Hospital Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : C2435299**  
 Amount of Each Receipt this Period  
 41.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1291.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. Mark E. Belisle M.D.</b>		Date of Receipt
Mailing Address 1533 Larkinwood Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 09 / 17 / 2013
City State Zip Code Evansville IN 47715		<b>Transaction ID : C2429380</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

Full Name (Last, First, Middle Initial) <b>B. Douglas G. Bell M.D.</b>		Date of Receipt
Mailing Address 3568 Spencer Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 09 / 25 / 2013
City State Zip Code Sioux Falls SD 57103		<b>Transaction ID : C2435349</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer Anesthesia Physicians Ltd.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

Full Name (Last, First, Middle Initial) <b>C. Amy C. Benedikt M.D.</b>		Date of Receipt
Mailing Address 501 Patterson Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 09 / 13 / 2013
City State Zip Code San Antonio TX 78209		<b>Transaction ID : C2425712</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period <input type="text"/> 41.67
Name of Employer Tejas Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 541.67
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. David B. Berger M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Sandra Ct.  
 7 Sandra Ct.  
 City State Zip Code  
 Glen Cove NY 11542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North American Partners in Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : C2430381**  
 Amount of Each Receipt this Period  
 83.34

**B. Arthur F. Bergh M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 N Taylor St # 1-508  
 City State Zip Code  
 Arlington VA 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fairfax Anes. Assoc. 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  
 09 / 26 / 2013  
**Transaction ID : C2436293**  
 Amount of Each Receipt this Period  
 250.00

**C. Mordechai Bermann M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Plymouth Ln  
 City State Zip Code  
 East Brunswick NJ 08816-3322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rutgers Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425706**  
 Amount of Each Receipt this Period  
 83.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Henry L. Bethea M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 92 Hollymead Dr.  
 City State Zip Code  
 The Woodlands TX 77381-5121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 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  
 09 / 11 / 2013  
**Transaction ID : C2425086**  
 Amount of Each Receipt this Period  
 500.00

**B. Kevin P. Bevis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3646 Merlin Cir  
 City State Zip Code  
 Trussville AL 35173-6329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UAB Anes Dept 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  
 09 / 16 / 2013  
**Transaction ID : C2426611**  
 Amount of Each Receipt this Period  
 500.00

**C. Joel L. Bez D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3806 Viceroy Dr  
 City State Zip Code  
 Okemos MI 48864-3843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lansing Anesthesiologist P.C. Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426498**  
 Amount of Each Receipt this Period  
 41.60

**SUBTOTAL** of Receipts This Page (optional)..... ► 1041.60  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Paul C. Bicket M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 13074 S Santa Fe Ave

City Edmond State OK Zip Code 73025-1574

FEC ID number of contributing federal political committee. **C**

Name of Employer: Affiliated Anesthesiologists Occupation: ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 16 / 2013  
**Transaction ID : C2426604**

Amount of Each Receipt this Period: 500.00

**B. Bennett W. Bicknell M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1755 Kirby Pkwy Ste 330

City Memphis State TN Zip Code 38120-4398

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Anesthesia Group Occupation: Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 19 / 2013  
**Transaction ID : C2430394**

Amount of Each Receipt this Period: 1000.00

**C. Kathryn H. Bietenholz M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2971 Ferdinand Ct

City Fernandina Beach State FL Zip Code 32034

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mayo Cli Anes Dept Occupation: Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 27 / 2013  
**Transaction ID : C2437201**

Amount of Each Receipt this Period: 250.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Wendy B. Binstock M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : C2425228**  
 Amount of Each Receipt this Period **83.30**

**B. Mary Kay Bissing D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 W. Westleigh Rd.  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer midwest anesthesia partners Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 21 / 2013**  
**Transaction ID : C2433145**  
 Amount of Each Receipt this Period **500.00**

**C. Andrew H. Black M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Louisiana Blvd., NE, #401  
 City Albuquerque State NM Zip Code 87110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of New Mexico Occupation Physician Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437343**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1083.30**  
**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 Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. William P. Blackburn M.D.</b>		Date of Receipt
Mailing Address 190 Cedarbend Dr.		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Florence AL 35634-3535		<b>Transaction ID : C2433726</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer anesthesia medical associates LLC	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ralf W. Blackstone M.D.</b>		Date of Receipt
Mailing Address 305 Spring Ct		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City State Zip Code Clearwater FL 33755-3055		<b>Transaction ID : C2436274</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Anesthesia Associates of Pinellas Coun	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kenneth J. Bochenek M.D.</b>		Date of Receipt
Mailing Address 2000 Spruce Dr		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City State Zip Code Lafayette IN 47905-3944		<b>Transaction ID : C2426652</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Anesthesiology Associates, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Kenneth J. Bochenek M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **800.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2436382**  
 Amount of Each Receipt this Period **50.00**

**B. A. Kirk Bodary M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2070 Risser Rd  
 City Canandaigua State NY Zip Code 14424-8087  
 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 **250.00**

Date of Receipt **09 / 06 / 2013**  
**Transaction ID : C2418686**  
 Amount of Each Receipt this Period **250.00**

**C. Mark Bodily M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 RiverBend Drive  
 City Springfield State OR Zip Code 97477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sacred Heart Medical Center at RiverBe Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : C2436084**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Neal M. Bodner M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 13152 SW 40th St

City Davie State FL Zip Code 33330-4742

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C2437454**

Amount of Each Receipt this Period  
 250.00

**B. Marinela Boeru M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7331 SW 123rd. Pl.

City Miami State FL Zip Code 33183-3551

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Miami 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  
 09 / 07 / 2013

**Transaction ID : C2419161**

Amount of Each Receipt this Period  
 250.00

**C. Terrence D. Bogard M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5020 Knob View Trl

City Winston Salem State NC Zip Code 27104

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest Univ Sch of Med Anes Dept Occupation Associate Professor of Anesthesiology

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  
 09 / 26 / 2013

**Transaction ID : C2436107**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Karen Boland M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13110 W 60th St S  
 City Sand Springs State OK Zip Code 74063-2364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Karen Boland PLLC 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  
 09 / 30 / 2013  
**Transaction ID : C2437600**  
 Amount of Each Receipt this Period  
 500.00

**B. Thomas M. Bolles M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Oceanwood Dr  
 City Scarborough State ME Zip Code 04074-8753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer spectrum 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  
 09 / 24 / 2013  
**Transaction ID : C2434743**  
 Amount of Each Receipt this Period  
 250.00

**C. Gabriel A. Bonilla M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15-09 215th ST Second Floor  
 City Bayside State NY Zip Code 11360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elmhurst Hospital Center 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  
 09 / 03 / 2013  
**Transaction ID : C2417282**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Kevin J. Borders M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2013 <b>Transaction ID : C2426601</b>
Mailing Address 1521 Rainbow Dr		Amount of Each Receipt this Period 1000.00
City Gadsden	State AL	Zip Code 35901-5395
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. John P Borrego M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C2418331</b>
Mailing Address 8332 E. Heatherbrae Dr.		Amount of Each Receipt this Period 500.00
City Scottsdale	State AZ	Zip Code 85251
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Anesthesiology Consultants	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. John K. Boudreaux M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2013 <b>Transaction ID : C2419585</b>
Mailing Address 4305 S Bowen Rd Ste 131		Amount of Each Receipt this Period 500.00
City Arlington	State TX	Zip Code 76016-4964
FEC ID number of contributing federal political committee. C		
Name of Employer Pinnacle Anesthesia	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Arthur M. Boykin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4400 Skyview Dr  
 City Southside State AL Zip Code 35907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates, P.A. Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426592**  
 Amount of Each Receipt this Period  
 2000.00

**B. Peter M. Bozeman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7209 Quackenbush  
 City Dexter State MI Zip Code 48130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Ann Arbor 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  
 09 / 17 / 2013  
**Transaction ID : C2429313**  
 Amount of Each Receipt this Period  
 250.00

**C. Rebecca P. Brackett M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Middle St #8  
 City Hallowell State ME Zip Code 04347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennebec Anesthesia Associates 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  
 09 / 27 / 2013  
**Transaction ID : C2436349**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Thomas B. Bralliar M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22089 Shaker Blvd  
 City Shaker Heights State OH Zip Code 44122  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2418099**  
 Amount of Each Receipt this Period  
 250.00

**B. K P Branam M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Green Glades  
 City Ridgeland State MS Zip Code 39157-8662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 413.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : C2425237**  
 Amount of Each Receipt this Period  
 41.67

**C. Barry W. Brasfield M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 Glenway Cv  
 City Lebanon State TN Zip Code 37087-1366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Business Management 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  
 09 / 13 / 2013  
**Transaction ID : C2426267**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 791.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Daniel J. Bredar M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 S. Adams St.  
 City State Zip Code  
 Denver CO 80210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Anesthesia Services, PC 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  
 09 / 15 / 2013  
**Transaction ID : C2426446**  
 Amount of Each Receipt this Period  
 500.00

**B. James G. Bridges D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3361  
 City State Zip Code  
 Auburn AL 36831-3361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Assoc of East Alabama 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  
 09 / 09 / 2013  
**Transaction ID : C2423665**  
 Amount of Each Receipt this Period  
 500.00

**C. Kurt S. Briesacher M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5671 Peachtree Dunwoody Rd NE Ste  
 City State Zip Code  
 Atlanta GA 30342-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Specialists In Anes, PC 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  
 09 / 06 / 2013  
**Transaction ID : C2418647**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Peter L. Brinkley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 McLeod Ave  
 City Missoula State MT Zip Code 59801-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Missoula Anesthesiology PC 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  
 09 / 24 / 2013  
**Transaction ID : C2434876**  
 Amount of Each Receipt this Period  
 500.00

**B. Heinrich A. Brinks M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 Dry Creek Rd.  
 City Monterey State CA Zip Code 93940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ventana Anesthesia Associates 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  
 09 / 09 / 2013  
**Transaction ID : C2423134**  
 Amount of Each Receipt this Period  
 250.00

**c. John G. Brock-Utne M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Pasteur Drive Anes. Dept.  
 City Stanford State CA Zip Code 94305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stanford Univ. Med. Ctr. Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2013  
**Transaction ID : C2417276**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Russell C. Brockwell M.D.</b>		Date of Receipt
Mailing Address 9101 Shenendoah Circle		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naples	FL	34113
FEC ID number of contributing federal political committee.		<b>Transaction ID : C2417343</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Anesthesia Associates of Naples	Medical Doctor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael S. Brown M.D.</b>		Date of Receipt
Mailing Address DC005.00 One Hospital Drive		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbia	MO	65212
FEC ID number of contributing federal political committee.		<b>Transaction ID : C2419185</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
University of Missouri Anesthesiology	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ronald S. Brown Jr., M.D.</b>		Date of Receipt
Mailing Address 1 Mobile Infirmary Cir., 2nd Fl.		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mobile	AL	36607-3522
FEC ID number of contributing federal political committee.		<b>Transaction ID : C2430493</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
Name of Employer	Occupation	
Anesthesia Services	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="916.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. William Brown III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9263 Medical Plaza Dr Ste B  
 City Charleston State SC Zip Code 29406-7112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Trident Anesthesia Group, LLC Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : C2434730**  
 Amount of Each Receipt this Period **1000.00**

**B. Paul J. Bruha M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1194 Mary Kate Dr  
 City Gulf Breeze State FL Zip Code 32563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Broad Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 11 / 2013**  
**Transaction ID : C2425190**  
 Amount of Each Receipt this Period **250.00**

**C. Paty B. Bryant M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pediatric Anesthesia  
 1600 7th Ave. S., Suite #420  
 City Birmingham State AL Zip Code 35233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer pediatric anesthesia associates Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 18 / 2013**  
**Transaction ID : C2429430**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Andrew Buchholz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25000 Montane Dr W  
 City Golden State CO Zip Code 80401-8506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Anesthesia Services, P.C. 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  
 09 / 27 / 2013  
**Transaction ID : C2436392**  
 Amount of Each Receipt this Period  
 500.00

**B. Jeffrey J. Buffo M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3041 120th St. N.E.  
 City Cedar Rapids State IA Zip Code 52404-8901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LCA 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  
 09 / 16 / 2013  
**Transaction ID : C2426590**  
 Amount of Each Receipt this Period  
 500.00

**C. Lan-Anh Bui M.D., M.P.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Anesthesiology  
 2045 Franklin Street, 2nd Floor  
 City Denver State CO Zip Code 80205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente 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  
 09 / 27 / 2013  
**Transaction ID : C2437202**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. John C. Bullington III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Old Rocky Ridge Rd Ste 106  
 Anes. Serv. of Birmingham PC  
 City Birmingham State AL Zip Code 35216-7251  
 Name of Employer Anes. Serv. of Birmingham PC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426613**  
 Amount of Each Receipt this Period 500.00

**B. Frederick W. Burgess M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 569 Fruit Hill Ave  
 City North Providence State RI Zip Code 02911-2134  
 Name of Employer Providence VAMC Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1449.70

Date of Receipt 09 / 14 / 2013  
**Transaction ID : C2426286**  
 Amount of Each Receipt this Period 83.30

**C. Nancy S. Burk M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 729 Harvard St.  
 City Wilmette State IL Zip Code 60091-2311  
 Name of Employer UIC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2013  
**Transaction ID : C2437299**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Timothy A. Burke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3655 Border Creek Ct  
 City State Zip Code  
 Denver NC 28037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AmSol Physicians of Elkin, NC 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  
 09 / 25 / 2013  
**Transaction ID : C2435335**  
 Amount of Each Receipt this Period  
 250.00

**B. James Burkman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Belmont Ave E Apt A12  
 City State Zip Code  
 Seattle WA 98102-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physicians Anesthesia Service Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425695**  
 Amount of Each Receipt this Period  
 41.60

**C. Jefferson P. Burns M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 N Forest Ave  
 City State Zip Code  
 Orlando FL 32803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sheridan Healthcare- AGO 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  
 09 / 27 / 2013  
**Transaction ID : C2437179**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 345  
(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. Shawn A. Burton M.D.**

Mailing Address 77 Spring Ave

City State Zip Code  
 Naperville IL 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Dupage Valey Anesthesiologists 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  
 09 / 30 / 2013

**Transaction ID : C2437592**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Robert C. Burwell D.O.**

Mailing Address 1111 N Lee Ave Ste 236

City State Zip Code  
 Oklahoma City OK 73103-2620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Scheduling Service P.C. 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  
 09 / 30 / 2013

**Transaction ID : C2437640**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Kyle J. Butkiewicz M.D.**

Mailing Address 8307 N Merion Way

City State Zip Code  
 Paradise Valley AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Metro Anesthesia Consultants, P.C. 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  
 09 / 09 / 2013

**Transaction ID : C2421829**

Amount of Each Receipt this Period  
 500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. John J. Byrne M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 N Devereux Ct NW  
 City Atlanta State GA Zip Code 30327-4351  
 Name of Employer Physician Specialists in Anesthesia, P Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2013  
**Transaction ID : C2426453**  
 Amount of Each Receipt this Period 250.00

**B. Timothy J. Cahill M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9017 Carter Dr  
 City Saline State MI Zip Code 48176-8006  
 Name of Employer Anesthesia Associates of Ann Arbor Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2013  
**Transaction ID : C2418937**  
 Amount of Each Receipt this Period 250.00

**C. Cindy T. Calder M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2411 Fountain View Dr Ste 200  
 City Houston State TX Zip Code 77057-4832  
 Name of Employer Greater Houston Anesthesiology Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2013  
**Transaction ID : C2429372**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 47 OF 345  
(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. Matthew W. Caldwell M.D.**

Mailing Address 40 Hummel Blvd

City State Zip Code  
 Grove City PA 16127-6134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 UPMC Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 28 / 2013  
**Transaction ID : C2437240**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Selma H. Calmes M.D.**

Mailing Address 5821 Tellefson Rd

City State Zip Code  
 Culver City CA 90230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 LA County Coroner consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 27 / 2013  
**Transaction ID : C2437184**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. John F. Camp Jr., M.D.**

Mailing Address 7036 Old Reid Rd

City State Zip Code  
 Charlotte NC 28210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Southeast Anesthesiology Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : C2433124**

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	FOR LINE NUMBER: (check only one)	PAGE 48 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Stephen D. Campbell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 Beverly Dr.  
 City Summerville State SC Zip Code 29485-8175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer anesthesia associates of charleston Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : C2434887**  
 Amount of Each Receipt this Period **100.00**

**B. Enrico M. Camporesi M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 459 Severn Ave  
 City Tampa State FL Zip Code 33606-3826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FGTBA Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : C2436181**  
 Amount of Each Receipt this Period **200.00**

**C. Daniel Campos III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Schooner Ridge Rd  
 City Cumb Foreside State ME Zip Code 04110-1127  
 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 **500.00**

Date of Receipt **09 / 23 / 2013**  
**Transaction ID : C2434729**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 49 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James L. Carlson M.D., M.S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8385 Valley Tarn Drive NE  
 City Atlanta State GA Zip Code 30350  
 Name of Employer Physician Specialists in Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 15 / 2013  
**Transaction ID : C2426449**  
 Amount of Each Receipt this Period 500.00

**B. Dominic S. Carollo M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6511 Louis XIV St  
 City New Orleans State LA Zip Code 70124-3219  
 Name of Employer Ochsner Clinic Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.42

Date of Receipt 09 / 21 / 2013  
**Transaction ID : C2432967**  
 Amount of Each Receipt this Period 41.60

**C. Dominic S. Carollo M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6511 Louis XIV St  
 City New Orleans State LA Zip Code 70124-3219  
 Name of Employer Ochsner Clinic Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.42

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437395**  
 Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.27  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffrey J. Carsello M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 370 Orchard St  
 City Delmar State NY Zip Code 12054  
 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  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437611**  
 Amount of Each Receipt this Period  
 250.00

**B. Peter L. Castro M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2910 17th Street  
 City Boulder State CO Zip Code 80304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peter L. Castro, M.D., M.B.A. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C2430945**  
 Amount of Each Receipt this Period  
 41.67

**C. Aaron B. Cates M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3325 NW 173rd St  
 City Edmond State OK Zip Code 73012-7102  
 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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2013  
**Transaction ID : C2425206**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 51 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ian Chait M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 Catalina Ave.  
 City Seal Beach State CA Zip Code 90740-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allied Anesthesia 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  
 09 / 18 / 2013  
**Transaction ID : C2429959**  
 Amount of Each Receipt this Period  
 250.00

**B. Paul C. Chalmers M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 E. Ridge Rd.  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Group of Albany 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 Y  
 09 / 23 / 2013  
**Transaction ID : C2434708**  
 Amount of Each Receipt this Period  
 250.00

**C. Joseph W. Chance M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 335 Bluff Ridge Cove  
 City Cordova State TN Zip Code 38018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group 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  
 09 / 26 / 2013  
**Transaction ID : C2436296**  
 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		FOR LINE NUMBER: (check only one)	PAGE 52 OF 345
<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**

**A. Joshua C. Chance M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Ecurie Ct  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAMS Dept of Anesthesiology Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **374.40**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C2417979**  
 Amount of Each Receipt this Period **41.60**

**B. Claire L. Chandler A.A.-C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1253 Citadel Dr NE  
 City Atlanta State GA Zip Code 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 **749.70**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : C2425230**  
 Amount of Each Receipt this Period **83.30**

**C. James C. Chapin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2003 Ringtail Ridge  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Anesthesiology Group, LLP Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437324**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **374.90**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 53 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dean Chassay M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 571 Larue Cir  
 City State Zip Code  
 Guntersville AL 35976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Marshall County Anesthesiology and Pai MD  
 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  
 09 / 18 / 2013  
**Transaction ID : C2429950**  
 Amount of Each Receipt this Period  
 250.00

**B. Sanjay Chaudhry M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 837 Greenthorpe Blvd.  
 City State Zip Code  
 Schenectady NY 12303-5263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Group of Albany 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  
 09 / 21 / 2013  
**Transaction ID : C2433134**  
 Amount of Each Receipt this Period  
 250.00

**C. Jack J. Chavez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7319 Lorimar Pl.  
 City State Zip Code  
 Knoxville TN 37919-8168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Tennessee Department of Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C2418293**  
 Amount of Each Receipt this Period  
 300.00

**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 Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Anthony K. Chen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6937 Vallon Dr.  
 City Rancho Palos Verdes State CA Zip Code 90275  
 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 ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2429460**  
 Amount of Each Receipt this Period  
 41.67

**B. Ting-Kon Chen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16900 Rainwater Trl  
 City Edmond State OK Zip Code 73012-8443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Scheduling Services, P.C. 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  
 09 / 30 / 2013  
**Transaction ID : C2437466**  
 Amount of Each Receipt this Period  
 500.00

**C. Subba R. Chenumolu M.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 Chandler Rd SE  
 City Huntsville State AL Zip Code 35801-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer comprehensive anesthesia services 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  
 09 / 12 / 2013  
**Transaction ID : C2425677**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1541.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 345
<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**

**A. Bruce D. Chipkin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Forrest Way  
 City Poughkeepsie State NY Zip Code 12603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAPA Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2013  
**Transaction ID : C2417245**  
 Amount of Each Receipt this Period  
 83.34

**B. Wonjae E. Choi M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3939 J. Street, Suite 310  
 City Sacramento State CA Zip Code 95819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sacramento Anesthesia Med. Gp. 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  
 09 / 19 / 2013  
**Transaction ID : C2430377**  
 Amount of Each Receipt this Period  
 50.00

**C. Franklin T. Chow M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 718 University Ave., #211  
 City Los Gatos State CA Zip Code 95032-7608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group Anesthesia Services 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  
 09 / 06 / 2013  
**Transaction ID : C2419091**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	383.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Mark Chrostowski M.D.</b>		Date of Receipt
Mailing Address 5 Perryridge Rd Dept of Anesthesia		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Greenwich	State CT	Zip Code 06830-4608
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C2437306</b>
Name of Employer Greenwich Hospital	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Elias T. Chua M.D.</b>		Date of Receipt
Mailing Address 113 Centreneest Ln.		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Wilmington	State DE	Zip Code 19807-1145
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C2430280</b>
Name of Employer Anesthesia Services, P.A.	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steven R. Clendenen M.D.</b>		Date of Receipt
Mailing Address 4500 San Pablo Rd S Department of Anesthesiology		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32224
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C2437526</b>
Name of Employer Mayo Clinic College of Medicine	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

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

FOR LINE NUMBER: PAGE 57 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Robert G. Cline M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7423 Westwind Rd  
 City State Zip Code  
 Traverse City MI 49686-6104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Traverse Anesthesia Associates Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2013  
**Transaction ID : C2417239**  
 Amount of Each Receipt this Period  
 41.60

**B. Patricia H. Clokey M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1521 Rainbow Dr.  
 Anesthesia Associates  
 City State Zip Code  
 Gadsden AL 35901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Associates 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  
 09 / 16 / 2013  
**Transaction ID : C2426596**  
 Amount of Each Receipt this Period  
 1000.00

**C. Joanne M. Coen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 995 Oak Trail Ct.  
 City State Zip Code  
 Placerville CA 95667-3448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 El Dorado Anesthesia Medical Group 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  
 09 / 05 / 2013  
**Transaction ID : C2418425**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1291.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Jordan T. Coffey M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4470 Tuckahoe Rd  
 City Memphis State TN Zip Code 38117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group 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  
 09 / 12 / 2013  
**Transaction ID : C2425540**  
 Amount of Each Receipt this Period  
 1000.00

**B. Neale A. Cogswell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Orlando Anes. Consultants  
 291 Southhall Ln.  
 City Maitland State FL Zip Code 32751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Anesthesia Consultants 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  
 09 / 18 / 2013  
**Transaction ID : C2430286**  
 Amount of Each Receipt this Period  
 250.00

**C. David J. Cohen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32630 Bingham Rd  
 City Bingham Farms State MI Zip Code 48025-2430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Michigan Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 874.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2013  
**Transaction ID : C2425186**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 345  
(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. David J. Cohen M.D.**

Mailing Address 32630 Bingham Rd

City Bingham Farms    State MI    Zip Code 48025-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of Michigan    Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **874.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 17 / 2013**

**Transaction ID : C2426797**

Amount of Each Receipt this Period  
**41.60**

Full Name (Last, First, Middle Initial)  
**B. Marvin S. Cohen M.D.**

Mailing Address 301 University Blvd # 0591

City Galveston    State TX    Zip Code 77555-5302

FEC ID number of contributing federal political committee. **C**

Name of Employer UTMB    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  
**09 / 17 / 2013**

**Transaction ID : C2429365**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Norman A. Cohen M.D.**

Mailing Address 0841 SW Gaines St # 504

City Portland    State OR    Zip Code 97239-2976

FEC ID number of contributing federal political committee. **C**

Name of Employer Oregon Health and Science Univ. Anes.    Occupation Associate Professor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2013**

**Transaction ID : C2417331**

Amount of Each Receipt this Period  
**83.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **374.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 345
<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**

**A. Dominick Coleman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Banks Ave Apt 1201  
 City State Zip Code  
 Rockville Centre NY 11570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North American Partners in Anesthesia, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417339**  
 Amount of Each Receipt this Period  
 83.34

**B. Phillip J. Collier M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7122 Yarmouth Dr.  
 City State Zip Code  
 West Bloomfield MI 48322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology 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  
 09 / 30 / 2013  
**Transaction ID : C2437631**  
 Amount of Each Receipt this Period  
 500.00

**C. John M. Collins M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12012 Timberlake Dr  
 City State Zip Code  
 Cincinnati OH 45249-1332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Associates of Cincinnati Anesthesiologist, Pain specialist  
 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  
 09 / 28 / 2013  
**Transaction ID : C2437257**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 345
<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**

**A. James A. Colombo M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1775 Dempster St  
 City Park Ridge State IL Zip Code 60068-1143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Luthern General Hospital Dept. of Anes Occupation physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.02**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : C2436095**  
 Amount of Each Receipt this Period **41.67**

**B. Clare H. Compton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Tulane Dr SE  
 City Albuquerque State NM Zip Code 87106-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NMVAHSC 123 Dept. of Anes. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437363**  
 Amount of Each Receipt this Period **250.00**

**C. Michael M. Conley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3585 North 440 West  
 City Provo State UT Zip Code 84604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain West Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2436924**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>541.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Robin K. Conner M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Old Rocky Ridge Rd.  
 Suite 106  
 City Birmingham State AL Zip Code 35216  
 Name of Employer Anes. Serv. of Birmingham PC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426615**  
 Amount of Each Receipt this Period 500.00

**B. James C. Connors M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3215 W. 111th St. S  
 City Jenks State OK Zip Code 74037-6938  
 Name of Employer Associated Anesthesiologists, Inc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : C2434877**  
 Amount of Each Receipt this Period 1000.00

**C. Anthony B. Cook M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Old Rocky Ridge Rd., #106  
 City Birmingham State AL Zip Code 35216-6106  
 Name of Employer Anesthesia Services of Birmingham, PC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426617**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. John A. Cooley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Fox Hedge Rd  
 City State Zip Code  
 Saddle River NJ 07458-2706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North American Partners in Anes Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2013  
**Transaction ID : C2426291**  
 Amount of Each Receipt this Period  
 83.30

**B. George N. Cooper Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Alison Dr.  
 City State Zip Code  
 Alexander City AL 35010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ANETHE.SERV.OF BIRMINGHAM 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  
 09 / 16 / 2013  
**Transaction ID : C2426619**  
 Amount of Each Receipt this Period  
 500.00

**C. John R. Cooper Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4804 Yoakum Blvd  
 City State Zip Code  
 Houston TX 77006-6118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GREATER HOUSTON HEALTHCARE 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  
 09 / 11 / 2013  
**Transaction ID : C2425081**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. David Corbett M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Rockwell St  
 City Winfield State AL Zip Code 35594-5980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Anes 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  
 09 / 30 / 2013  
**Transaction ID : C2437574**  
 Amount of Each Receipt this Period  
 250.00

**B. Nancy L Corder A.A.-S**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 Southern Pl  
 City Richmond State TX Zip Code 77406-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Case Western Reserve University -Houst Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437402**  
 Amount of Each Receipt this Period  
 41.67

**C. Daniel P. Corsino M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1514 Jefferson Hwy  
 City New Orleans State LA Zip Code 70121-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Medical Center Anesthesiology Occupation Director Pediatric Anesthesiology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2013  
**Transaction ID : C2426285**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 316.67  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Lisa M. Corstvet M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 Highlands Landing  
 City Edmond State OK Zip Code 73013-8693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 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  
 09 / 17 / 2013  
**Transaction ID : C2429363**  
 Amount of Each Receipt this Period  
**500.00**

**B. Charles A. Cotton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9009 Bella Vista Lane  
 City OKC State OK Zip Code 73131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists 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  
 09 / 04 / 2013  
**Transaction ID : C2418024**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Jerral W. Cox M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pediatric Anesthesia  
 1600 7th Ave. S., Suite #420  
 City Birmingham State AL Zip Code 35233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatric 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  
 09 / 23 / 2013  
**Transaction ID : C2433242**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Robert M. Craft M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address Dept. of Anesthesiology  
1924 Alcoa Highway, Box-U109

City Knoxville State TN Zip Code 37920

FEC ID number of contributing federal political committee. **C**

Name of Employer University Anesthesiologists Occupation Physician - Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  
09 / 23 / 2013  
Transaction ID : **C2433220**

Amount of Each Receipt this Period  
41.67

**B. Paula A. Craigo M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address Department of Anesthesiology  
200 First Street S.W., Charlton 1 -

City Rochester State MN Zip Code 55905

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic College of Medicine Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 04 / 2013  
Transaction ID : **C2417974**

Amount of Each Receipt this Period  
1000.00

**C. Jeffrey Crispell M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Pine Ridge Blvd Ste 211

City Wausau State WI Zip Code 54401-4123

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Wisconsin Anesthesiology, S.C. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 03 / 2013  
Transaction ID : **C2417569**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1541.67

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

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

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

FOR LINE NUMBER: PAGE 67 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Robert A. Crone M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 E. Cherry Dr.  
 City Memphis State TN Zip Code 38117-3111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group, PA 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  
 09 / 14 / 2013  
**Transaction ID : C2426305**  
 Amount of Each Receipt this Period  
 500.00

**B. David A Cross M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 2401 South 31st Street  
 City Temple State TX Zip Code 76508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott and White Healthcare Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : C2418636**  
 Amount of Each Receipt this Period  
 83.30

**C. Rudy A. Cueto M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9104 Whispering Pines Drive  
 City Saline State MI Zip Code 48176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Assoc. of Ann Arbor 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  
 09 / 03 / 2013  
**Transaction ID : C2417585**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.30  
**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 Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Jay D. Cunningham D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18808 Saddle River Dr  
 City Edmond State OK Zip Code 73012-4104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologist Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 14 / 2013**  
**Transaction ID : C2426288**  
 Amount of Each Receipt this Period **83.30**

**B. Stephan R. Curry M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **374.40**

Date of Receipt **09 / 03 / 2013**  
**Transaction ID : C2417325**  
 Amount of Each Receipt this Period **41.60**

**C. Armando D'Arduini M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 259 1st St Dept of Anes  
 City Mineola State NY Zip Code 11501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nassau Anesthesia Associates Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : C2435336**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **374.90**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Patrick D'Souza M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 339 Consort Dr

City Ballwin State MO Zip Code 63011

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Anesthesiology 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  
 09 / 29 / 2013

**Transaction ID : C2437319**

Amount of Each Receipt this Period  
 250.00

**B. Nilofer F. Dalal M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3043 Tuscany Park Dr

City Marietta State GA Zip Code 30068

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory Healthcare 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  
 09 / 18 / 2013

**Transaction ID : C2429429**

Amount of Each Receipt this Period  
 250.00

**C. Steven J. Dalbec M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6019 W Double Green Ln

City Marana State AZ Zip Code 85658-4499

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Arizona Anes. Services 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  
 09 / 02 / 2013

**Transaction ID : C2417263**

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	FOR LINE NUMBER: (check only one)	PAGE 71 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Mark A. Dalpra M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 S. Zeeb Rd.  
 City Ann Arbor State MI Zip Code 48103  
 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 ▼ 250.00

Date of Receipt  
 09 / 28 / 2013  
**Transaction ID : C2437258**  
 Amount of Each Receipt this Period  
 250.00

**B. Amritlal M. Dalsania M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Sterling Ridge Ct.  
 City Cheshire State CT Zip Code 06410-1362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MWAG PC Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 20 / 2013  
**Transaction ID : C2430887**  
 Amount of Each Receipt this Period  
 250.00

**C. Susan Dando D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1093 Ellerman Oaks Dr  
 City Foristell State MO Zip Code 63348-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metro West Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 09 / 28 / 2013  
**Transaction ID : C2437269**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Robert A. Daniel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2216 Terranova Ct  
 City Lexington State KY Zip Code 40513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer bluegrass anesthesia services Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt 09 / 20 / 2013  
**Transaction ID : C2430941**  
 Amount of Each Receipt this Period 41.60

**B. James R. Daniell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mobile Infirmary Cir., Floor 2  
 City Mobile State AL Zip Code 36607-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Services Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2013  
**Transaction ID : C2423657**  
 Amount of Each Receipt this Period 500.00

**C. John H. Danner III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3926 Hidden Trl  
 City Oneida State WI Zip Code 54155-8971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer bellin Anesthesia Associates Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2013  
**Transaction ID : C2430288**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1041.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 73 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John R. Darby M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Broad Arrow Trl  
 City Yarmouth State ME Zip Code 04096-6327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maine Medical Center Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2013  
**Transaction ID : C2436101**  
 Amount of Each Receipt this Period 250.00

**B. Sharon M. Darrow D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1115 Huntington Ave  
 City Nichols Hills State OK Zip Code 73116-6212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Anesthesia Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.84

Date of Receipt 09 / 17 / 2013  
**Transaction ID : C2429286**  
 Amount of Each Receipt this Period 83.34

**c. Michael Davenport D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15533 England St  
 City Overland Park State KS Zip Code 66221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westport Anesthesia Services PC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : C2434773**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 345
<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) <b>A. Victor Davila M.D.</b>		Date of Receipt 09 / 20 / 2013 <b>Transaction ID : C2430948</b>
Mailing Address 4400 Kipling Ln		Amount of Each Receipt this Period 83.34
City Columbus	State OH	Zip Code 43220
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio State University	Occupation Assistant Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) <b>B. Gwen K. Davis M.D.</b>		Date of Receipt 09 / 22 / 2013 <b>Transaction ID : C2433154</b>
Mailing Address 45 Sherington Pl.		Amount of Each Receipt this Period 500.00
City Atlanta	State GA	Zip Code 30350-4741
FEC ID number of contributing federal political committee. C		
Name of Employer Northside Anesthesiology Consultants	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Gwen K. Davis M.D.</b>		Date of Receipt 09 / 22 / 2013 <b>Transaction ID : C2433156</b>
Mailing Address 45 Sherington Pl.		Amount of Each Receipt this Period 500.00
City Atlanta	State GA	Zip Code 30350-4741
FEC ID number of contributing federal political committee. C		
Name of Employer Northside Anesthesiology Consultants	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Kent F. Davis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10011 W Vassar Place  
 City Lakewood State CO Zip Code 80227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Denver Anesthesiologists PC Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : C2434771**  
 Amount of Each Receipt this Period **1000.00**

**B. Stephen B. Davis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1355 N. Classic Ct.  
 City Longwood State FL Zip Code 32779-5814  
 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 **250.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : C2434848**  
 Amount of Each Receipt this Period **250.00**

**C. Arup De M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **250.02**

Date of Receipt **09 / 02 / 2013**  
**Transaction ID : C2417246**  
 Amount of Each Receipt this Period **41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1291.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Marie L. De Ruyter M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 4500 San Pablo Rd S  
 City Jacksonville State FL Zip Code 32224-1865  
 Name of Employer Mayo Clinic College of Medicine Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : C2436373**  
 Amount of Each Receipt this Period 250.00

**B. Carol Dion Dean M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Bramhall St  
 Anesthesia Dept.  
 City Portland State ME Zip Code 04102-3134  
 Name of Employer Spectrum Medical Group Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 220.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C2418496**  
 Amount of Each Receipt this Period 220.00

**C. Christine C. Dearth M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 New Scotland Ave # MC131  
 City Albany State NY Zip Code 12208-3412  
 Name of Employer Albany Med Ctr Hosp Anes Dept Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 09 / 28 / 2013  
**Transaction ID : C2437271**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... 970.00  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 77 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James W. DeBoard M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1364 Still-House Creek Rd.  
 City State Zip Code  
 Chesterfield MO 63017-1953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Louis University 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  
 09 / 24 / 2013  
**Transaction ID : C2434746**  
 Amount of Each Receipt this Period  
 250.00

**B. Stanley C. Dee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 E. Witchwood Ln.  
 City State Zip Code  
 Lake Bluff IL 60044-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Lake Forest 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  
 09 / 18 / 2013  
**Transaction ID : C2429978**  
 Amount of Each Receipt this Period  
 500.00

**c. Leslie A. DeFranks-Anain D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Via Foresta Ln.  
 City State Zip Code  
 Williamsville NY 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VAMC 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  
 09 / 23 / 2013  
**Transaction ID : C2434710**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Travis W. Defreese M.D.</b>		Date of Receipt 09 / 12 / 2013 <b>Transaction ID : C2425676</b>
Mailing Address 1600 7th Ave., South Suite 420 ACC		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35233
FEC ID number of contributing federal political committee. C	Name of Employer Pediatric Anesthesia Assoc., P.C	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Edward A. Defreitas M.D.</b>		Date of Receipt 09 / 27 / 2013 <b>Transaction ID : C2436378</b>
Mailing Address 2010 59th St W Ste 4650		Amount of Each Receipt this Period 250.00
City Bradenton	State FL	Zip Code 34209-4608
FEC ID number of contributing federal political committee. C	Name of Employer West Florida Anesthesia Consultants, P	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. James K. DelloRusso M.D.</b>		Date of Receipt 09 / 06 / 2013 <b>Transaction ID : C2418593</b>
Mailing Address 18572 Garnet Ln.		Amount of Each Receipt this Period 1000.00
City Huntington Beach	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. James S. DeMeester M.D.</b>		Date of Receipt
Mailing Address 795 Arlington Blvd		M M / D D / Y Y Y Y Y 09 / 09 / 2013
City	State	Zip Code
Ann Arbor	MI	48104-2727
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : C2419607</b>
Name of Employer Anesthesia Associates of Ann Arbor		Amount of Each Receipt this Period
Occupation anesthesiologist		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Allen Dennis M.D.</b>		Date of Receipt
Mailing Address 14857 Holly Leaf Dr		M M / D D / Y Y Y Y Y 09 / 09 / 2013
City	State	Zip Code
Frisco	TX	75035-7451
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : C2419626</b>
Name of Employer Center for Spine Care		Amount of Each Receipt this Period
Occupation Physician		83.34
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	416.70	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Abhijit Desai M.D.</b>		Date of Receipt
Mailing Address 74 Clairmont St		M M / D D / Y Y Y Y Y 09 / 01 / 2013
City	State	Zip Code
Longmeadow	MA	01106-1002
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : C2417217</b>
Name of Employer Milford Anesthesia Associates, Inc Ane		Amount of Each Receipt this Period
Occupation anesthesiologist		41.60
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	748.80	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	624.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 80 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Abhijit Desai M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Clairmont St  
 City State Zip Code  
 Longmeadow MA 01106-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Milford Anesthesia Associates, Inc Ane anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 748.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C2430944**  
 Amount of Each Receipt this Period  
 41.60

**B. Peter A. DeSocio D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7910 Caraway Ave  
 City State Zip Code  
 Dublin OH 43016-6500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ohio State Univ Med Ctr Associate Professor- Clinical  
 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  
 09 / 23 / 2013  
**Transaction ID : C2434722**  
 Amount of Each Receipt this Period  
 500.00

**C. Laura I. Dew M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3009 Cason St  
 City State Zip Code  
 Houston TX 77005-3812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Greater Houston Anesthesiology Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2013  
**Transaction ID : C2417242**  
 Amount of Each Receipt this Period  
 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 624.90  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Brian D. Dewan M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4500 Cat Mountain Drive

City Austin State TX Zip Code 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Austin Anesthesiology Group 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  
 09 / 11 / 2013

**Transaction ID : C2425013**

Amount of Each Receipt this Period  
 500.00

**B. Laura A. Dewitt M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 986 North Royal St.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Fair Oaks Anesthesia Services 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  
 09 / 26 / 2013

**Transaction ID : C2436089**

Amount of Each Receipt this Period  
 1000.00

**C. David I. Deyhimy M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 148 W Avenida San Antonio

City San Clemente State CA Zip Code 92672-4354

FEC ID number of contributing federal political committee. **C**

Name of Employer ABEO 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  
 09 / 11 / 2013

**Transaction ID : C2425070**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. John F. Di Capua M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Byram Ridge Road  
 City Armonk State NY Zip Code 10504-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore University Hospital Anesth Occupation Anesthesiology  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2013  
**Transaction ID : C2433166**  
 Amount of Each Receipt this Period  
**83.30**

**B. James G. Dial M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 8305  
 City Gadsden State AL Zip Code 35902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates, P.A. 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  
 09 / 16 / 2013  
**Transaction ID : C2426595**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Steven R. Dickerson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 93 Victoria Park  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer anesthesia Services Associates 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  
 09 / 30 / 2013  
**Transaction ID : C2437633**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1333.30</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Mitchell A. Dickson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5315 Bent River Blvd.  
 City Knoxville State TN Zip Code 37919-9353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology 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  
 09 / 22 / 2013  
**Transaction ID : C2433206**  
 Amount of Each Receipt this Period  
 250.00

**B. Christian Diez M.D.**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426492**  
 Amount of Each Receipt this Period  
 83.30

**C. Katherine Dobie M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1251 Lewisburg Pike  
 City Franklin State TN Zip Code 37064-5037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Univ Med Center 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  
 09 / 30 / 2013  
**Transaction ID : C2437404**  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Jenny E Dolan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 43rd St S  
 City Saint Petersburg State FL Zip Code 33711-4424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer All Childrens Hospital Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437670**  
 Amount of Each Receipt this Period **500.00**

**B. Karen B. Domino M.D., M.P.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology 1959 NE Pacific St # 356540  
 City Seattle State WA Zip Code 98195-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Washington Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 08 / 2013**  
**Transaction ID : C2419597**  
 Amount of Each Receipt this Period **300.00**

**C. Deanna L. Dorsey M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Tamarack Trl  
 City Bangor State ME Zip Code 04401-2172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMMC, Anes. Dept. Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 02 / 2013**  
**Transaction ID : C2417273**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Jay Douglas III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3294  
 City State Zip Code  
 Tupelo MS 38803-3294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tupelo Anesthesia Group, PA 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  
 09 / 04 / 2013  
**Transaction ID : C2418215**  
 Amount of Each Receipt this Period  
 500.00

**B. Luke M. Douthitt M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1755 Kirby Pkwy. Suite 330  
 City State Zip Code  
 Memphis TN 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Anesthesia Group 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  
 09 / 12 / 2013  
**Transaction ID : C2425210**  
 Amount of Each Receipt this Period  
 500.00

**C. Michelle E. Downing M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 706 Woodland Village  
 City State Zip Code  
 Birmingham AL 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UAB Dept. of Anesthesiology Assistant Professor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437652**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 345  
(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. Donald D. Downs M.D.**

Mailing Address 7351 Oliver Woods Dr SE

City State Zip Code  
Grand Rapids MI 49546-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Practice Consultants Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**749.70**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 22 / 2013**

**Transaction ID : C2433165**

Amount of Each Receipt this Period  
**83.30**

Full Name (Last, First, Middle Initial)  
**B. David W. Draper M.D.**

Mailing Address 3933 Bobbin Brook Cir

City State Zip Code  
Tallahassee FL 32312-1239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesiology Assoc. of Tallahassee 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  
**09 / 17 / 2013**

**Transaction ID : C2429334**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Brian P. Dressler D.O.**

Mailing Address 4048 Evans Ave Ste 303

City State Zip Code  
Fort Myers FL 33901-9390

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MAPMC Dept. of Anesthesia 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  
**09 / 29 / 2013**

**Transaction ID : C2437305**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **833.30**

**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 Page

FOR LINE NUMBER: PAGE 87 OF 345  
(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. Lawrence D. Drewsen M.D.**

Mailing Address 6106 E Shangri La Rd

City State Zip Code  
 Scottsdale AZ 85254-5450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Valley Anes. Consultants Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : C2437378**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Denise M. Drvol M.D.**

Mailing Address 3330 N. 129th Circle

City State Zip Code  
 Omaha NE 68164-4238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Nebraska Pediatric Practice pediatric anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 08 / 2013  
**Transaction ID : C2419188**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. D'Ann Duesterhoeft M.D.**

Mailing Address 5227 Glenbrook Dr

City State Zip Code  
 Vienna WV 26105-3169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United Anesthesia, Inc Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 19 / 2013  
**Transaction ID : C2430467**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Roger P. Duggan M.D.**

Mailing Address 728 Vine St

City State Zip Code  
Denver CO 80206-3740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
South Denver Anesthesiologists 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  
09 / 30 / 2013

**Transaction ID : C2437656**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Michael R. Duncan M.D.**

Mailing Address 18616 Wolfcreek Dr.

City State Zip Code  
Edmond OK 73012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Affiliated Anesthesiology Inc. 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  
09 / 06 / 2013

**Transaction ID : C2418674**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. John S. Dunn D.O.**

Mailing Address 1291 Claret Ct

City State Zip Code  
Fort Myers FL 33919-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Medical Anesthesia and Pain Mgt. Consu 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  
09 / 17 / 2013

**Transaction ID : C2429370**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 345
<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**

**A. Kishan Dwarakanath M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6720 Bertner Ave. MC 1-226  
 City Houston State TX Zip Code 77030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Heart Institute CV Anesthesiolog Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.02**

Date of Receipt **09 / 10 / 2013**  
**Transaction ID : C2423756**  
 Amount of Each Receipt this Period **83.34**

**B. Jeffrey W. Dyer-Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 Mountain Lane  
 City Mountain Brook State AL Zip Code 35213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Perioperative Services, P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : C2436320**  
 Amount of Each Receipt this Period **250.00**

**C. Samir Dzankic M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6321 Chelton Dr.  
 City Oakland State CA Zip Code 94611-2432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of California, S.F. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437587**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>583.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 90 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James R. Earley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13321 N Meridian Ave Ste 402  
 City Oklahoma City State OK Zip Code 73120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists 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  
 09 / 13 / 2013  
**Transaction ID : C2426274**  
 Amount of Each Receipt this Period  
 250.00

**B. Jane Easdown M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5106 Cornwall Dr  
 City Brentwood State TN Zip Code 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425684**  
 Amount of Each Receipt this Period  
 500.00

**C. Anthony L. Edelman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1309 Baldwin Ave  
 City Ann Arbor State MI Zip Code 48104-3624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Ann Arbor 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  
 09 / 04 / 2013  
**Transaction ID : C2418102**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. David J. Egli M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 <b>Transaction ID : C2436277</b>
Mailing Address 120 Red Oak Ln.		Amount of Each Receipt this Period 500.00
City Mankato	State MN	Zip Code 56001
FEC ID number of contributing federal political committee. C		
Name of Employer MANKATO ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jesse O. Ehrenclou M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 <b>Transaction ID : C2418667</b>
Mailing Address 398 Poindexter Ln		Amount of Each Receipt this Period 500.00
City Lexington	State SC	Zip Code 29072-7858
FEC ID number of contributing federal political committee. C		
Name of Employer Lexington Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Clint E. Elliott M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437452</b>
Mailing Address 1514 Jefferson Hwy		Amount of Each Receipt this Period 250.00
City New Orleans	State LA	Zip Code 70121
FEC ID number of contributing federal political committee. C		
Name of Employer Ochsner Health System, Department of A	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Paul F. Elliott M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 Old Rocky Ridge Rd.  
Suite 106

City Birmingham State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Anes. Serv. of Birmingham PC Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426624**

Amount of Each Receipt this Period 500.00

**B. Truitt C. Ellis M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4421 Sheppard Pl

City Nashville State TN Zip Code 37205-3813

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Medical Group anesthesia Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2013  
**Transaction ID : C2425245**

Amount of Each Receipt this Period 250.00

**C. Georgia Elmassian R.N., MSN**  
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : C2434821**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Kenneth Elmassian D.O.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2013 <b>Transaction ID : C2417214</b>
Mailing Address 2399 Pine Hollow Dr.		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.70	

Full Name (Last, First, Middle Initial) <b>B. Todd A. Emery M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : C2437637</b>
Mailing Address 3333 Evergreen Dr. NE		Amount of Each Receipt this Period 1000.00
City Grand Rapids	State MI	Zip Code 49525
FEC ID number of contributing federal political committee. C	Name of Employer Spectrum Health	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Steven W. Emmons M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2013 <b>Transaction ID : C2418106</b>
Mailing Address 6508 Cypress Holw		Amount of Each Receipt this Period 500.00
City Edmond	State OK	Zip Code 73034
FEC ID number of contributing federal political committee. C	Name of Employer oklahoma university health science cen	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Emil D. Engels M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3127 Windsong Dr

City State Zip Code  
Oakton VA 22124-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Inova Fairfax Hospital Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**374.40**

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C2418236**

Amount of Each Receipt this Period  
**41.60**

**B. Michael R. England M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Beacon St # 5

City State Zip Code  
Boston MA 02116-1203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
tufts medical center physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**208.35**

Date of Receipt  
09 / 23 / 2013  
**Transaction ID : C2433222**

Amount of Each Receipt this Period  
**41.67**

**c. Jesse Epps M.D., Ph.D**  
Full Name (Last, First, Middle Initial)

Mailing Address 2341 McCallie Ave., #402  
Anesthesiologists Associated

City State Zip Code  
Chattanooga TN 37404-3231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesiologists Associated Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**749.70**

Date of Receipt  
09 / 03 / 2013  
**Transaction ID : C2417330**

Amount of Each Receipt this Period  
**83.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>166.57</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Lawrence Epstein M.D.**  
Full Name (Last, First, Middle Initial)

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 ▼  
1124.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2013

**Transaction ID : C2425232**

Amount of Each Receipt this Period  

83.30
-------

**B. Lawrence Epstein M.D.**  
Full Name (Last, First, Middle Initial)

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 ▼  
1124.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2013

**Transaction ID : C2426795**

Amount of Each Receipt this Period  

41.60
-------

**C. Luis Esparza M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2810 N Swan Rd Ste 100

City Tucson	State AZ	Zip Code 85712-6300
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHESIOLOGIST
---------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

**Transaction ID : C2426654**

Amount of Each Receipt this Period  

85.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 96 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. David H. Evans M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Woodmere Dr.  
 City Dothan State AL Zip Code 36301-9355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Alabama Medical Center 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  
 09 / 29 / 2013  
**Transaction ID : C2437326**  
 Amount of Each Receipt this Period  
 500.00

**B. Forest L. Evans Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1928  
 City Columbia State SC Zip Code 29202-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Consultants of Columbia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : C2418633**  
 Amount of Each Receipt this Period  
 41.60

**C. Kevin L. Everett M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 Drayton Ct  
 City Mobile State AL Zip Code 36695-4584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer sheridan 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  
 09 / 22 / 2013  
**Transaction ID : C2433188**  
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. George E. Fant M.D.**

Mailing Address P.O. Box 8305

City Gadsden State AL Zip Code 35902-8305

FEC ID number of contributing federal political committee. **C**

Name of Employer ANESTHESIA ASSOC 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  
**09 / 16 / 2013**

**Transaction ID : C2426600**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**B. Joel D. Farmer M.D.**

Mailing Address 2804 E Old Orchard Trl

City Sioux Falls State SD Zip Code 57103-4371

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiology Associates, Inc. Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 06 / 2013**

**Transaction ID : C2418643**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Ana M. Faus M.D.**

Mailing Address 7330 E. Bayaud Ave.

City Denver State CO Zip Code 80230

FEC ID number of contributing federal political committee. **C**

Name of Employer Greater Colorado Anesthesia 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  
**09 / 17 / 2013**

**Transaction ID : C2429297**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Randy J. Fayne D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1130 Hillside Dr  
 City Birmingham State MI Zip Code 48009-1824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Oakland Anesthesia Associates PC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 03 / 2013  
**Transaction ID : C2417329**  
 Amount of Each Receipt this Period 25.00

**B. William Feaster M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Ocean Avenue  
 City Seal Beach State CA Zip Code 90740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childrens Hospital Orange County Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.40

Date of Receipt 09 / 15 / 2013  
**Transaction ID : C2426335**  
 Amount of Each Receipt this Period 83.30

**C. William Feaster M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 Ocean Avenue  
 City Seal Beach State CA Zip Code 90740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childrens Hospital Orange County Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.40

Date of Receipt 09 / 27 / 2013  
**Transaction ID : C2436336**  
 Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 191.64  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Randall L. Felder M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #8 Cloister Parkway  
 City Amarillo State TX Zip Code 79121-1716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lone Star Anesthesia Consultants PLLC 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  
 09 / 18 / 2013  
**Transaction ID : C2430044**  
 Amount of Each Receipt this Period  
 500.00

**B. Marco A. Fernandez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24181 N Grandview  
 City Lake Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Suburban Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : C2435300**  
 Amount of Each Receipt this Period  
 41.60

**C. Claude L. Ferrell III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 Springdale Dr  
 City Nashville State TN Zip Code 37215-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group 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  
 09 / 18 / 2013  
**Transaction ID : C2429962**  
 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)  
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Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Cynthia A. Ferris M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22658 Park Loop  
 City Onawa State IA Zip Code 51040  
 Name of Employer Childrens Hospital and Medical Center, Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2013  
**Transaction ID : C2417254**  
 Amount of Each Receipt this Period 500.00

**B. Jonathon R. Fiebing M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1109 Bay St  
 City Traverse City State MI Zip Code 49684-1450  
 Name of Employer Traverse Anesthesia As Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2013  
**Transaction ID : C2417271**  
 Amount of Each Receipt this Period 250.00

**C. Larry C. Field M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Courtenay Dr Ste 4200  
 City Charleston State SC Zip Code 29425-8911  
 Name of Employer Medical University of South Carolina Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2013  
**Transaction ID : C2417223**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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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 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Lisa Finn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Hawthorne Ter  
 City State Zip Code  
 Saddle River NJ 07458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advanced Perioperative Medicine 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  
 09 / 30 / 2013  
**Transaction ID : C2437610**  
 Amount of Each Receipt this Period  
 250.00

**B. Stephen A. Fischer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 154 Boynton Ave  
 City State Zip Code  
 St Johnsbury VT 05819-1125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NVRH, St Johnsbury, VT MD Director, Department of Anesthesia  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426496**  
 Amount of Each Receipt this Period  
 41.60

**c. William O. Fitzpatrick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Old Rocky Ridge Rd.  
 Suite 106  
 City State Zip Code  
 Birmingham AL 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anes. Serv. of Birmingham PC 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  
 09 / 16 / 2013  
**Transaction ID : C2426625**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 791.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Gerhard W. Flacke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3947 E Ina Rd  
 City Tucson State AZ Zip Code 85718-1531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Old Pueblo Anesthesia Occupation Physician Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1166.40**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2426266**  
 Amount of Each Receipt this Period **500.00**

**B. Brian F. Flanagan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2009 Prado Vis  
 City Lincoln State CA Zip Code 95648-7948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brian Flanagan MD INC Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : C2436283**  
 Amount of Each Receipt this Period **1000.00**

**C. Michael T. Flanagan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 Haven Dr  
 City Dothan State AL Zip Code 36301-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Pain Management Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437386**  
 Amount of Each Receipt this Period **250.00**

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Glenn Fleischacker D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Village Hill Dr.  
 City Dix Hills State NY Zip Code 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North American Partners in Anesthesiol Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2417991**  
 Amount of Each Receipt this Period  
 41.67

**B. Christopher Flood M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1565 Van Hoesen Rd  
 City Castleton State NY Zip Code 12033-9694  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437274**  
 Amount of Each Receipt this Period  
 250.00

**C. James M. Flowerdew M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Maine Medical Center Dept of Anesthesiology  
 City Portland State ME Zip Code 04102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Medical Group, P.A. 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  
 09 / 23 / 2013  
**Transaction ID : C2434724**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Richard M. Flowerdew M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 833.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417342**  
 Amount of Each Receipt this Period  
 83.34

**B. Gary A. Flusche M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Westlake Dr  
 City West Lake Hills State TX Zip Code 78746-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Anesthesiology Association 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  
 09 / 26 / 2013  
**Transaction ID : C2436316**  
 Amount of Each Receipt this Period  
 500.00

**C. Michael R. Flynn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6808 Stone Mill Dr  
 City Knoxville State TN Zip Code 37919-7496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2013  
**Transaction ID : C2425009**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.68
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Edward Fohrman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26513 Brant Way  
 City Canyon Cntry State CA Zip Code 91387-8124  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437515**  
 Amount of Each Receipt this Period  
 500.00

**B. Walter H. Folger M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 148 S. Manning Blvd.  
 City Albany State NY Zip Code 12203-1732  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2013  
**Transaction ID : C2433344**  
 Amount of Each Receipt this Period  
 250.00

**C. Patrick A. Forrest M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Ave. North #301  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group, PC 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  
 09 / 13 / 2013  
**Transaction ID : C2425682**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 345  
(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. Michael P. Foster M.D.**

Mailing Address 15400 Rannes St

City State Zip Code  
 Spring Lake MI 49456-2241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Lakeshore Anesthesia Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : C2430295**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Michael P. Foster M.D.**

Mailing Address 15400 Rannes St

City State Zip Code  
 Spring Lake MI 49456-2241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Lakeshore Anesthesia Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013

**Transaction ID : C2430897**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Charles J. Fox M.D.**

Mailing Address 16 Idlewood Pl

City State Zip Code  
 River Ridge LA 70123-1525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 LSU HSC shreveport Professor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013

**Transaction ID : C2434738**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 283.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. John Alan Fox M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Hearthstone Way  
 City Hanover State MA Zip Code 02339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brigham and Womens Hospital Occupation Cardiac 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  
 09 / 26 / 2013  
**Transaction ID : C2436269**  
 Amount of Each Receipt this Period  
**500.00**

**B. Pamela E. Fox M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Anesthesiology & Pain 104 Bordeaux Ct  
 City Coppell State TX Zip Code 75019-4588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 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  
 09 / 11 / 2013  
**Transaction ID : C2425076**  
 Amount of Each Receipt this Period  
**250.00**

**C. Teresa O. Fox M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5585 St Joseph Fairway  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group 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  
 09 / 12 / 2013  
**Transaction ID : C2425559**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. James M. Frankland M.D.**

Mailing Address 3640 Mossy Creek Ln

City State Zip Code  
Tallahassee FL 32311-3638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Assoc. of Tallahassee MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2013**

**Transaction ID : C2437604**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Joel M. Frederick M.D.**

Mailing Address 1431 Washington Blvd Apt 2814

City State Zip Code  
Detroit MI 48226-1731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Management Services, PC Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 24 / 2013**

**Transaction ID : C2434847**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Eugene Freid M.D.**

Mailing Address 291 Southhall Ln  
Unit 412

City State Zip Code  
Maitland FL 32751-7274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JLR Medical Group Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 04 / 2013**

**Transaction ID : C2418090**

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	FOR LINE NUMBER: (check only one)	PAGE 109 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Eugene Freid M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 291 Southhall Ln  
 Unit 412  
 City Maitland State FL Zip Code 32751-7274  
 Name of Employer JLR Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436170**  
 Amount of Each Receipt this Period  
 25.00

**B. Howard M. Friedman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 8305  
 City Gadsden State AL Zip Code 35902-8305  
 Name of Employer 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 Y  
 09 / 16 / 2013  
**Transaction ID : C2426593**  
 Amount of Each Receipt this Period  
 1000.00

**C. Bradley C. Fry M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 765 Mc Clendon Ct.  
 City Brentwood State TN Zip Code 37027  
 Name of Employer Self 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 Y  
 09 / 17 / 2013  
**Transaction ID : C2429326**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Bennett E. Fuller M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7301 Aurelia Rd

City Oklahoma City State OK Zip Code 73121

FEC ID number of contributing federal political committee. **C**

Name of Employer Affiliated Anesthesiologists, LLC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 04 / 2013  
Transaction ID : C2418214

Amount of Each Receipt this Period  
250.00

**B. Wayne A. Fuller M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1269 E. Giles Rd.

City Muskegon State MI Zip Code 49445

FEC ID number of contributing federal political committee. **C**

Name of Employer Lakeshore Anes. of Muskegon Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.74

Date of Receipt  
09 / 06 / 2013  
Transaction ID : C2418635

Amount of Each Receipt this Period  
83.30

**C. Wayne A. Fuller M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1269 E. Giles Rd.

City Muskegon State MI Zip Code 49445

FEC ID number of contributing federal political committee. **C**

Name of Employer Lakeshore Anes. of Muskegon Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.74

Date of Receipt  
09 / 11 / 2013  
Transaction ID : C2425010

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.64

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Matthew B. Fulton D.O.**

Mailing Address 5217 Fox Ridge Rd

City State Zip Code  
 Roanoke VA 24018-8743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Valley Anesthesia, P.C. ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 27 / 2013  
**Transaction ID : C2437170**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. John Funk M.D.**

Mailing Address 10725 E Placita Merengue

City State Zip Code  
 Tucson AZ 85730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 southern arizona anesthesia services anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 22 / 2013  
**Transaction ID : C2433195**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Cory M. Furse M.D.**

Mailing Address 379 Evian Way

City State Zip Code  
 Mount Pleasant SC 29464-9261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Medical University of South Carolina D Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 23 / 2013  
**Transaction ID : C2433249**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Murali K. Gadde M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1250 Deborah Dr SE

City Huntsville State AL Zip Code 35801-1413

FEC ID number of contributing federal political committee. **C**

Name of Employer Alabama Anesthesia of Huntsville, LLC Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 10 / 2013  
Transaction ID : C2423794

Amount of Each Receipt this Period  
250.00

**B. Brantley Gaitan M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5777 E Mayo Blvd - Anesthesiology

City Phoenix State AZ Zip Code 85054-4502

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Arizona Hospital Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
09 / 30 / 2013  
Transaction ID : C2437559

Amount of Each Receipt this Period  
1000.00

**C. Josephine Gambardella M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Gallows Rd

City Falls Church State VA Zip Code 22042-3307

FEC ID number of contributing federal political committee. **C**

Name of Employer Fairfax Anesthesiology Associates Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 20 / 2013  
Transaction ID : C2430961

Amount of Each Receipt this Period  
500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Maribel G. Gamoso M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12105 Sterlingwood Ct  
 City Richmond State VA Zip Code 23233-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Total Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 21 / 2013**  
**Transaction ID : C2433122**  
 Amount of Each Receipt this Period **1000.00**

**B. Ravi V. Gangavalli M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Bellewood Dr  
 City Warren State NJ Zip Code 07059-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia consultants of nj Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437333**  
 Amount of Each Receipt this Period **500.00**

**C. Don G. Ganim M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 Woodland Mead  
 City Hamilton State MA Zip Code 01982-1861  
 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 **500.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437647**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2000.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

**A. Jimmy G. Garas M.D., M.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 E Robinson St Unit 2301  
 City Orlando State FL Zip Code 32801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brandon Regional Hosp Anesthesiology Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2013  
**Transaction ID : C2430446**  
 Amount of Each Receipt this Period 250.00

**B. Gloria T. Garcia M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 Hounds Hollow Ct.  
 City Lutz State FL Zip Code 33549-5711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Community Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 24 / 2013  
**Transaction ID : C2434768**  
 Amount of Each Receipt this Period 500.00

**C. Jeffrey C. Gardner M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 935 Oaklawn Ave  
 City Winston Salem State NC Zip Code 27104-1038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest University Dept of Anesthe Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437596**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
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		<input type="checkbox"/> 17

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

**A. Charles J. Garrett M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2013  
**Transaction ID : C2437281**  
 Amount of Each Receipt this Period  
 83.30

**B. Bradley J. Gawey M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 N.W. 15th St.  
 City Oklahoma City State OK Zip Code 73103-2103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Anesthesia PC 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  
 09 / 12 / 2013  
**Transaction ID : C2425679**  
 Amount of Each Receipt this Period  
 500.00

**C. Madalina Gecui M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 249 Birch Dr.  
 City Roslyn State NY Zip Code 11576-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore Univ. Hosp., Manhasset Ane Occupation physician anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : C2418642**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 116 OF 345  
(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. Kim M. Geelan M.D.**

Mailing Address 707 SW Washington St., Suite 700

City State Zip Code  
Portland OR 97205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oregon Anesthesiology Group, P.C. 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  
09 / 25 / 2013  
**Transaction ID : C2436051**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Adrian W. Gelb M.B.,B.Ch.**

Mailing Address Dept of Anesthesia  
521 Parnassus Ave., Rm455

City State Zip Code  
San Francisco CA 94143-0648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of California San Francisco 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  
09 / 05 / 2013  
**Transaction ID : C2418578**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Tony George M.D.**

Mailing Address 7 Layer Dr.

City State Zip Code  
Morris Plains NJ 07950-2539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Summit Medical Group 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  
09 / 02 / 2013  
**Transaction ID : C2417252**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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  
 13     14     15     16     17

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

**A. Steven J. Gerschultz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3602 Courtside Cir  
 City State Zip Code  
 Huntington Beach CA 92649-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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  
 09 / 26 / 2013  
**Transaction ID : C2436308**  
 Amount of Each Receipt this Period  
 250.00

**B. Jonathan Gerson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Hetherington Ln  
 City State Zip Code  
 Cincinnati OH 45246-3744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Associates of Northwest Day 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  
 09 / 21 / 2013  
**Transaction ID : C2433128**  
 Amount of Each Receipt this Period  
 500.00

**c. M-Ashraf M. Ghobashy M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 656 Shadowmoss Cir.  
 City State Zip Code  
 Lake Mary FL 32746-4421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 J.L.R. Medical Group Cardiac 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  
 09 / 29 / 2013  
**Transaction ID : C2437373**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Tobias Q. Gibson M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437579</b>
Mailing Address 7118 Hawks Harbor Cir		Amount of Each Receipt this Period 250.00
City Bradenton	State FL	Zip Code 34207-5862
FEC ID number of contributing federal political committee. C	Name of Employer West Florida Anesthesia Consultants	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Noel Martin Giesecke M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2013 <b>Transaction ID : C2425077</b>
Mailing Address P.O. Box 601795		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75360-1795
FEC ID number of contributing federal political committee. C	Name of Employer UT Southwestern Medical Center	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Matthew S. Giuca M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2013 <b>Transaction ID : C2437340</b>
Mailing Address 276 Jackson Cres		Amount of Each Receipt this Period 250.00
City Centerport	State NY	Zip Code 11721-1056
FEC ID number of contributing federal political committee. C	Name of Employer Winthrop University Hospital Dept. of	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. John J. Giustozzi Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Treetops Dr  
 City State Zip Code  
 State College PA 16801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Nittany Anesthesia, P.C. 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  
 09 / 09 / 2013  
**Transaction ID : C2419605**  
 Amount of Each Receipt this Period  
 250.00

**B. Lewis A. Glaser D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Swift Rd.  
 City State Zip Code  
 Voorheesville NY 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Group of Albany 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  
 09 / 18 / 2013  
**Transaction ID : C2429961**  
 Amount of Each Receipt this Period  
 250.00

**c. Philip Glogover M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21150 NE 38th Ave Apt 703  
 City State Zip Code  
 Aventura FL 33180-4034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 sheridan healthcare 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  
 09 / 25 / 2013  
**Transaction ID : C2435312**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. David F. Gloyna M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2013  
**Transaction ID : C2426287**  
 Amount of Each Receipt this Period  
**100.00**

**B. Kimberly J. Golden M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 River Ridge Rd  
 City Little Rock State AR Zip Code 72227-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Arkansas for Medical Sci 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  
 09 / 26 / 2013  
**Transaction ID : C2436087**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Marilyn J. Goldstein M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 Ridgepoint Court  
 City Piney Flats State TN Zip Code 37686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bristol Anesthesia Services Occupation Physician- Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **666.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437222**  
 Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1183.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Maria A. Gomez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5828 N 3RD AVE  
 City Phoenix State AZ Zip Code 85013-1538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valley Anesthesiology Consultants, Ltd 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  
 09 / 04 / 2013  
**Transaction ID : C2418055**  
 Amount of Each Receipt this Period  
 250.00

**B. Andrew W. Goodrich D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Oak St.  
 City Melbourne State FL Zip Code 32901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brevard Anesthesia Services, P.A. Occupation DO  
 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  
 09 / 03 / 2013  
**Transaction ID : C2417595**  
 Amount of Each Receipt this Period  
 500.00

**C. Gene N. Gordon M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1166  
 City Sylacauga State AL Zip Code 35150-1166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sylacauga anesthesia pc 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  
 09 / 20 / 2013  
**Transaction ID : C2431459**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Randall L. Goskowicz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5024 Cheltenham Ter  
 City San Diego State CA Zip Code 92130-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scripps Memorial Hospital, Encinitas 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  
 09 / 24 / 2013  
**Transaction ID : C2434772**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael C. Gosney M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Chase Dr  
 City Muscle Shoals State AL Zip Code 35661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Consultants, LLC Occupation Anesthesiology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C2418239**  
 Amount of Each Receipt this Period  
 83.30

**C. Lisa Grant MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1574 Sodon Lake Dr.  
 City Jeddo State MI Zip Code 48032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LMT Rehab 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  
 09 / 27 / 2013  
**Transaction ID : C2437207**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Paul M. Greaves M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1165 Linnwood Dr NE  
 City Albany State OR Zip Code 97322-4450  
 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 **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426581**  
 Amount of Each Receipt this Period  
**500.00**

**B. Elliott S. Greene M.D.**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : C2436483**  
 Amount of Each Receipt this Period  
**250.00**

**C. Howard M. Greenfield M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20201 E Country Club Drive  
 #2810  
 City Aventura State FL Zip Code 33180-3780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Enhance Healthcare Occupation Anesthesiologist Consultant  
 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  
 09 / 03 / 2013  
**Transaction ID : C2417310**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 124 OF 345  
(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. Ralph Gregg M.D.**

Mailing Address 18400 Pioneer Rd

City State Zip Code  
 Fort Myers FL 33908-4655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 MAPMC Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 29 / 2013  
**Transaction ID : C2437316**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. George A. Gregory M.D.**

Mailing Address 15 Cedar Avenue

City State Zip Code  
 Larkspur CA 94939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 University of California, San Francisco Anesthesiologist - RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 17 / 2013  
**Transaction ID : C2429346**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Stefan J. Grenvik M.D.**

Mailing Address 350 Blountville Hwy Suite 207

City State Zip Code  
 Bristol TN 37620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Bristol Anesthesia Services MD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 583.38

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C2418244**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Joel K. Grigsby M.D.</b>		Date of Receipt
Mailing Address 11231 Eby St		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Overland Park	KS	66210-1794
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2436264</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
University of Kansas Medical Center	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven R. Gross M.D.</b>		Date of Receipt
Mailing Address PO Box 8305		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gadsden	AL	35902-8305
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2426603</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
ANESTHESIA ASSOC	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sean T. Growney D.O.</b>		Date of Receipt
Mailing Address 844 Washington Ave Ste 100		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Holland	MI	49423-7197
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2424168</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Michigan Pain Consultants	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 126 OF 345
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Daniel F. Grum M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8626 Pepper Ridge Circle  
 City State Zip Code  
 Sylvania OH 43560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Toledo College of Medici 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  
 09 / 27 / 2013  
**Transaction ID : C2436376**  
 Amount of Each Receipt this Period  
 250.00

**B. Vincent E. Guarini M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3080 Futuna Ln  
 City State Zip Code  
 Naples FL 34119-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FGTBA 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  
 09 / 19 / 2013  
**Transaction ID : C2430468**  
 Amount of Each Receipt this Period  
 250.00

**C. Matthew L. Guidry M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Brighton Rd. NE  
 City State Zip Code  
 Atlanta GA 30309-1523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Specialists in Anesthesia 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  
 09 / 21 / 2013  
**Transaction ID : C2432959**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 127 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Maninder S Gujral M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Park Dr  
 City Menands State NY Zip Code 12204-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Group of Albany, PC 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  
 09 / 24 / 2013  
**Transaction ID : C2434860**  
 Amount of Each Receipt this Period  
 250.00

**B. George J. Guldin III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 Cloudbreak Ct  
 City Charleston State SC Zip Code 29412-2763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical University of SC 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  
 09 / 23 / 2013  
**Transaction ID : C2433239**  
 Amount of Each Receipt this Period  
 250.00

**C. Justin A. Gulledge M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5508 NW 108th Ter  
 City Oklahoma City State OK Zip Code 73162-5819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists, LLC 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  
 09 / 09 / 2013  
**Transaction ID : C2420823**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 128 OF 345  
(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. 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 ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2013**

**Transaction ID : C2425104**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Frederick P. Gutt M.D.**

Mailing Address 28 Deer Trail Dr

City Mahopac State NY Zip Code 10541-4815

FEC ID number of contributing federal political committee. **C**

Name of Employer Vassar Brothers Medical Center Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2013**

**Transaction ID : C2417992**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**c. Thomas S. Guyton M.D.**

Mailing Address 1755 Kirby Pky., Suite #330

City Memphis State TN Zip Code 38120-4398

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Anesthesia Group, P.A. 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  
**09 / 18 / 2013**

**Transaction ID : C2430298**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **633.34**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Anthony R. Gyamfi M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10018 S.W. 125th St.  
 City Miami State FL Zip Code 33176-4862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Miami Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C2418252**  
 Amount of Each Receipt this Period **500.00**

**B. Douglas S. Hagan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2134 E. Terrace Dr  
 City Highlands Ranch State CO Zip Code 80126-2695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Denver Anesthesiologists, P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 18 / 2013**  
**Transaction ID : C2430241**  
 Amount of Each Receipt this Period **500.00**

**C. Jamal A. Hakim M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2699 Lee Rd Ste 510  
 City Winter Park State FL Zip Code 32789-1742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AGO Occupation physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 20 / 2013**  
**Transaction ID : C2430949**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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**

**A. James A. Hale M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 Old Rocky Ridge Rd  
Ste. 106

City Birmingham State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Anes. Serv. of Birmingham PC Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426650**

Amount of Each Receipt this Period 500.00

**B. Amy B. Halliburton M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2006 Franklin St SE Ste 301  
Dept. of Anes.

City Huntsville State AL Zip Code 35801

FEC ID number of contributing federal political committee. **C**

Name of Employer Comprehensive Anesthesia Services Occupation Pediatric Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2013  
**Transaction ID : C2425642**

Amount of Each Receipt this Period 500.00

**C. Kimberley D. Haluski M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4565 Mystic Dr. NE

City Atlanta State GA Zip Code 30342-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Specialists in Anes., P.C. Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 541.67

Date of Receipt 09 / 23 / 2013  
**Transaction ID : C2434296**

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional).....▶ 1041.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. John W. Hamilton D.O.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Scenic Hollow Ln

City Signal Mountain State TN Zip Code 37377

FEC ID number of contributing federal political committee. **C**

Name of Employer ACE Dept of Anesthesiology 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  
 09 / 18 / 2013

**Transaction ID : C2429989**

Amount of Each Receipt this Period  
 1000.00

**B. Aaron Hammond D.O.**  
Full Name (Last, First, Middle Initial)

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 ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013

**Transaction ID : C2418631**

Amount of Each Receipt this Period  
 83.30

**C. Kevin G. Hampel M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2113 S. Pin Oak Dr.

City Springfield State MO Zip Code 65809

FEC ID number of contributing federal political committee. **C**

Name of Employer Ozark Anesthesia Associates 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  
 09 / 17 / 2013

**Transaction ID : C2429374**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2083.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Richard Eun Han M.D., M.P.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23604 Wintergreen Cir  
 City State Zip Code  
 Novi MI 48374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 William Beaumont Hospital 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  
 09 / 17 / 2013  
**Transaction ID : C2429336**  
 Amount of Each Receipt this Period  
 250.00

**B. James G. Hansard M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9465 E 109th St  
 City State Zip Code  
 Tulsa OK 74133-6374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Associated Anesthesiologists, Inc. 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  
 09 / 15 / 2013  
**Transaction ID : C2426460**  
 Amount of Each Receipt this Period  
 500.00

**c. Corbin D. Harline D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3046 44th Avenue Dr NE  
 City State Zip Code  
 Hickory NC 28601-9762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Western Piedmont Anesthesia 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  
 09 / 26 / 2013  
**Transaction ID : C2436104**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. James A. Harris D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3238 Gallows Rd  
 City State Zip Code  
 Fairfax VA 22031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 US Army Resident  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2417987**  
 Amount of Each Receipt this Period  
 25.00

**B. Russell D. Harris M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 S University Ave Ste 505  
 City State Zip Code  
 Little Rock AR 72205-5307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Little Rock Anesthetic Services 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  
 09 / 18 / 2013  
**Transaction ID : C2430171**  
 Amount of Each Receipt this Period  
 250.00

**C. Dorothy I. Hartman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1245 S Cedar Crest Blvd Ste 301  
 City State Zip Code  
 Allentown PA 18103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lehigh Valley Hospital 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  
 09 / 30 / 2013  
**Transaction ID : C2437593**  
 Amount of Each Receipt this Period  
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. Alison D. Hartvigson M.D.</b>		Date of Receipt
Mailing Address 5323 NE 42nd St		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Seattle WA 98105-4910		<b>Transaction ID : C2433218</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer Virginia Mason	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="208.35"/>	

Full Name (Last, First, Middle Initial) <b>B. David J. Hasler M.D.</b>		Date of Receipt
Mailing Address 106 W Seeboth St Unit 1004		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Milwaukee WI 53204-4331		<b>Transaction ID : C2437254</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer MOSH	Occupation M.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. John I. Hatridge M.D.</b>		Date of Receipt
Mailing Address 7202 Sandpiper Cir		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City State Zip Code Crp Christi TX 78412-3853		<b>Transaction ID : C2425078</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Austin Anesthesiology Group, LLP	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1541.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

**A. Steven Hattamer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Prospect St  
 Nashua Anesthesia Partners  
 City Nashua State NH Zip Code 03060-3925  
 Name of Employer Nashua Anesthesia Partners Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2013  
**Transaction ID : C2417244**  
 Amount of Each Receipt this Period  
 83.30

**B. Steven J. Hauck M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 September Chase  
 City Wellford State SC Zip Code 29385-9228  
 Name of Employer Spartanburg Regional Medical Center 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  
 09 / 24 / 2013  
**Transaction ID : C2434871**  
 Amount of Each Receipt this Period  
 500.00

**C. Adam C. Hauser M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Huntsman Dr  
 City Garnet Valley State PA Zip Code 19060-1212  
 Name of Employer Associates in Anesthesia, Inc. 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  
 09 / 18 / 2013  
**Transaction ID : C2429422**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 136 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. William D. Hawk M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 Aurelia Rd  
 City Oklahoma City State OK Zip Code 73121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists, LLC 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  
 09 / 03 / 2013  
**Transaction ID : C2417459**  
 Amount of Each Receipt this Period  
 250.00

**B. Jennifer E. Hayes ,**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : C2434880**  
 Amount of Each Receipt this Period  
 1000.00

**C. Michael W. Hays M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Ave N Ste 201  
 City Nashville State TN Zip Code 37203-1458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Occupation MD  
 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  
 09 / 13 / 2013  
**Transaction ID : C2426257**  
 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**

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

FOR LINE NUMBER: PAGE 137 OF 345  
(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. Waring M. Hazlehurst M.D.**

Mailing Address 4650 Normandy

City State Zip Code  
 Memphis TN 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 27 / 2013  
**Transaction ID : C2436380**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. David A. Heaton M.D.**

Mailing Address 4694 N. Rocky Crest Place

City State Zip Code  
 Tucson AZ 85750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Southern Arizona Anesthesia anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 09 / 12 / 2013  
**Transaction ID : C2425225**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. Kenneth S. Heeringa D.O.**

Mailing Address 3333 Evergreen Dr., NE

City State Zip Code  
 Grand Rapids MI 49525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Med. Consultants, P.C. Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2424738**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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



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

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

FOR LINE NUMBER: PAGE 139 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Sally H. Helton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6885 Indian Hill Pl  
 City Cincinnati State OH Zip Code 45227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Assoc. of Cincinnati 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  
 09 / 23 / 2013  
**Transaction ID : C2433213**  
 Amount of Each Receipt this Period  
 250.00

**B. Laura B. Hemmer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2650 N Paulina St  
 City Chicago State IL Zip Code 60614-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern UniversityFeinberg School 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  
 09 / 23 / 2013  
**Transaction ID : C2434407**  
 Amount of Each Receipt this Period  
 250.00

**c. Wayne Z. Henderson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Medical Center Pkwy # 330  
 City Murfreesboro State TN Zip Code 37129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Murfreesboro Anesthesia Group, P.A. 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  
 09 / 30 / 2013  
**Transaction ID : C2437476**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Robert S. Hendrick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3366 Deborah Dr.  
 City Monroe State LA Zip Code 71201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parish Anesthesia Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 11 / 2013**  
**Transaction ID : C2425102**  
 Amount of Each Receipt this Period **250.00**

**B. Peter L. Hendricks M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **749.70**

Date of Receipt **09 / 08 / 2013**  
**Transaction ID : C2419183**  
 Amount of Each Receipt this Period **83.30**

**C. Thomas Henthorn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Anschutz Med. Campus Leprino Offic  
 12401 E 17th Ave. Mail Stop B113  
 City Aurora State CO Zip Code 80045-7158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Colorado Denver Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 17 / 2013**  
**Transaction ID : C2429291**  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. David L. Hepner M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address Department of Anesthesiology  
75 Francis St L1

City Boston State MA Zip Code 02115-6110

FEC ID number of contributing federal political committee. **C**

Name of Employer Brigham and Womens Hosp - Harvard Med Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **09 / 25 / 2013**

**Transaction ID : C2435308**

Amount of Each Receipt this Period **83.34**

**B. Andrew Herlich M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Haverford Cir

City Pittsburgh State PA Zip Code 15228-2380

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pittsburgh School of Med Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **749.70**

Date of Receipt **09 / 02 / 2013**

**Transaction ID : C2417240**

Amount of Each Receipt this Period **83.30**

**C. Linda B. Hertzberg M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6622 N. Forkner Ave.

City Fresno State CA Zip Code 93711

FEC ID number of contributing federal political committee. **C**

Name of Employer Linda B Hertzberg MD Inc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **749.70**

Date of Receipt **09 / 02 / 2013**

**Transaction ID : C2417243**

Amount of Each Receipt this Period **83.30**

**SUBTOTAL** of Receipts This Page (optional)..... **249.94**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. Richard N. Heyendal M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : C2437577</b>
Mailing Address 25481 Gallup Circle		Amount of Each Receipt this Period 250.00
City Laguna Hills	State CA	Zip Code 92653
FEC ID number of contributing federal political committee. C	Name of Employer California Anesthesia Associates	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Kirk B. Hickey M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2013 <b>Transaction ID : C2429301</b>
Mailing Address 17104 Saddlecreek Way		Amount of Each Receipt this Period 500.00
City Edmond	State OK	Zip Code 73012-7424
FEC ID number of contributing federal political committee. C	Name of Employer Affiliated Anesthesiologists, LLC	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory Hickman M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2013 <b>Transaction ID : C2418746</b>
Mailing Address 1040 Gulf Breeze Parkway Suite 100		Amount of Each Receipt this Period 500.00
City Gulf Breeze	State FL	Zip Code 32561
FEC ID number of contributing federal political committee. C	Name of Employer Paradigm Anesthesia, PA	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Matthew J. Higgins D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Wildwood Acres  
 City Rockfall State CT Zip Code 06481-2055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YALE UNIV ANESTH 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  
 09 / 06 / 2013  
**Transaction ID : C2418678**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael Higgins M.D., M.P.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address TVC 722 Mab  
 1 Medical Center Drive  
 City Nashville State TN Zip Code 37232-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt University 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  
 09 / 27 / 2013  
**Transaction ID : C2437208**  
 Amount of Each Receipt this Period  
 500.00

**C. Thomas Higley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1755 Kirby Pkwy # 3330  
 City Memphis State TN Zip Code 38120-8300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group 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  
 09 / 18 / 2013  
**Transaction ID : C2430013**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 144 OF 345  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. John S. Hill M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3549  
 City State Zip Code  
 Chattanooga TN 37404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesiologists Assoc., PC 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  
 09 / 29 / 2013  
**Transaction ID : C2437302**  
 Amount of Each Receipt this Period  
 500.00

**B. Joyce L. Hoatson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2127 S Terrace Blvd  
 City State Zip Code  
 Longwood FL 32779-4888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JLR Anesthesia 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  
 09 / 10 / 2013  
**Transaction ID : C2423892**  
 Amount of Each Receipt this Period  
 500.00

**C. Timothy J. Holroyd M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1993 Irish Bank Dr.  
 City State Zip Code  
 Virginia Beach VA 23454-1136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Atlantic Anesthesia 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  
 09 / 18 / 2013  
**Transaction ID : C2429817**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 145 OF 345  
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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. Gregory S. Hondorp M.D.**

Mailing Address 2931 Pioneer Club, S.E.

City State Zip Code  
 Grand Rapids MI 49506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 APC anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436171**

Amount of Each Receipt this Period  
 41.60

Full Name (Last, First, Middle Initial)  
**B. Robert Horvath M.D.**

Mailing Address 5201 N. Fort Yuma Trl

City State Zip Code  
 Tucson AZ 85750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Old Pueblo Anes. Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437435**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Michael P. Hosking M.D.**

Mailing Address 1907 Rufford Ln.

City State Zip Code  
 Knoxville TN 37922-8568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 University of Tennessee Medical Center 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  
 09 / 10 / 2013  
**Transaction ID : C2423674**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **316.60**

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Timothy W. Houseman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1025  
 City State Zip Code  
 Fairhope AL 36533-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Eastern Shore Anesthesia anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2429454**  
 Amount of Each Receipt this Period  
 83.30

**B. Rory L. Howard M.D., M.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3357 NW 172nd Ter  
 City State Zip Code  
 Edmond OK 73012-7101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 R. Lance Howard, M.D., PLLC 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  
 09 / 26 / 2013  
**Transaction ID : C2436124**  
 Amount of Each Receipt this Period  
 500.00

**C. Franklin L. Howell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 218 E Bearss Ave #110.  
 City State Zip Code  
 Tampa FL 33613-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GFA- Unicom Division Staff 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  
 09 / 18 / 2013  
**Transaction ID : C2430179**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.30  
**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 Page

FOR LINE NUMBER: PAGE 147 OF 345  
(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. Michael D. Howington M.D.**

Mailing Address 95429 Barnwell Rd

City State Zip Code  
 Fernandina Beach FL 32034-1698

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Amelia Anesthesia, PL 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  
 09 / 29 / 2013

**Transaction ID : C2437345**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Michael J. Hruskocy M.D.**

Mailing Address 560 McCormick Dr.

City State Zip Code  
 Lake Forest IL 60045-3352

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Midwest Anesthesia Partners 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  
 09 / 30 / 2013

**Transaction ID : C2437615**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**c. Jeffrey Huang M.D.**

Mailing Address 2699 Lee Rd Ste 510

City State Zip Code  
 Winter Park FL 32789-1742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 AGO 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  
 09 / 18 / 2013

**Transaction ID : C2430006**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Peter R. Hubbs M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Belfield Rd  
 City Cape Elizabeth State ME Zip Code 04107-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maine Medical Center Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2013  
**Transaction ID : C2433158**  
 Amount of Each Receipt this Period  
 300.00

**B. Mark E. Hudson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Little Mingo Rd.  
 City Finleyville State PA Zip Code 15332-3715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pittsburgh Physicians 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  
 09 / 19 / 2013  
**Transaction ID : C2430406**  
 Amount of Each Receipt this Period  
 500.00

**C. Randall B. Hudson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 W. 49th Terrace  
 City Kansas City State MO Zip Code 64112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiothoracic Anesthesiology Associat 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  
 09 / 04 / 2013  
**Transaction ID : C2418112**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Hayden R. Hughes M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1941 21st Ave S  
 City Birmingham State AL Zip Code 35209-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama Medical Center D Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 21 / 2013**  
**Transaction ID : C2432966**  
 Amount of Each Receipt this Period **83.30**

**B. Barbara J. Hurlbert M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9223 Davenport St.  
 City Omaha State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Nebraska Med Center Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : C2436137**  
 Amount of Each Receipt this Period **250.00**

**C. Robert W. Hurley M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 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 **374.40**

Date of Receipt **09 / 10 / 2013**  
**Transaction ID : C2423747**  
 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).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Jerry J. Hynes M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6911 Van Dorn St Ste 2  
 City Lincoln State NE Zip Code 68506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Assoc. Anes. Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 09 / 05 / 2013  
**Transaction ID : C2418583**  
 Amount of Each Receipt this Period: 250.00

**B. Robert Impastato M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Barrett Hill Rd.  
 City Hopewell Junction State NY Zip Code 12533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Vassar Brothers Hospital Anes. Dept. Occupation: ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt: 09 / 15 / 2013  
**Transaction ID : C2426333**  
 Amount of Each Receipt this Period: 83.30

**C. Michael T Ingoglia M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1014 Sterling Ridge Dr  
 City Rensselaer State NY Zip Code 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 **750.06**

Date of Receipt: 09 / 25 / 2013  
**Transaction ID : C2435307**  
 Amount of Each Receipt this Period: 83.34

**SUBTOTAL** of Receipts This Page (optional)..... **416.64**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Charles C. Ingram M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1755 Kirby Pkwy Ste 330  
 City Memphis State TN Zip Code 38120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Methodist Hospitals 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  
 09 / 12 / 2013  
**Transaction ID : C2425564**  
 Amount of Each Receipt this Period  
 500.00

**B. Jill H. Irby M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 W Markham St Lot 515  
 Dept of Anes  
 City Little Rock State AR Zip Code 72205-7101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAMS 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  
 09 / 02 / 2013  
**Transaction ID : C2417280**  
 Amount of Each Receipt this Period  
 500.00

**C. Philip A. Isaac M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 E 6th St Ste 205  
 City Panama City State FL Zip Code 32401-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Panhandle Anesthesiologists, Inc. 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  
 09 / 24 / 2013  
**Transaction ID : C2434758**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Hugh F. Jacobs M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Columbine Dr.  
 City State Zip Code  
 Glenmont NY 12077-2966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Group of Albany Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2013  
**Transaction ID : C2433186**  
 Amount of Each Receipt this Period  
 300.00

**B. Jeffrey S. Jacobs M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Cleveland Clinic Florida Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C2418237**  
 Amount of Each Receipt this Period  
 83.30

**C. Aliraza G. Jaffer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5070 Brookdale Road  
 City State Zip Code  
 Bloomfield Hills MI 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 William Beaumont Hospital Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425705**  
 Amount of Each Receipt this Period  
 83.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	466.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 153 OF 345  
(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. Amber L. Jandik B.S., M.D.**

Mailing Address 5251 Westminster Dr

City State Zip Code  
Fort Myers FL 33919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Medical Anesthesia and Pain Management Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 02 / 2013  
**Transaction ID : C2417260**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Daniel J. Janik M.D.**

Mailing Address 15605 E Prentice Dr

City State Zip Code  
Centennial CO 80015-4264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of Colorado Denver Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
749.70

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : C2425701**

Amount of Each Receipt this Period  
83.30

Full Name (Last, First, Middle Initial)  
**C. Cynthia L. Jenson M.D.**

Mailing Address 434 Main St.

City State Zip Code  
Waterville ME 04901-4118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Associates of Lewiston Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
749.70

Date of Receipt  
09 / 03 / 2013  
**Transaction ID : C2417326**

Amount of Each Receipt this Period  
83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1166.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 345
<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**

**A. Joseph M. Johnson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5007 Monica Rd NW  
 City Huntsville State AL Zip Code 35810-1129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Huntsville Anesthesiology Consultants Occupation Doctor  
 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  
 09 / 21 / 2013  
**Transaction ID : C2433135**  
 Amount of Each Receipt this Period  
 1000.00

**B. Kathy D. Johnson D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 NW 160th Ter  
 City Edmond State OK Zip Code 73013-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KJ Anesthesia PLLC 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  
 09 / 10 / 2013  
**Transaction ID : C2424746**  
 Amount of Each Receipt this Period  
 500.00

**C. Tara C. Johnson-Williams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109-G Gainsborough Sq # 182  
 City Chesapeake State VA Zip Code 23320-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlantic Anesthesia 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  
 09 / 18 / 2013  
**Transaction ID : C2429987**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 155 OF 345  
(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. Bryan H. Jones M.D.**

Mailing Address 11913 Grandview Drive

City State Zip Code  
 Northport AL 35475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 DCH Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 27 / 2013  
**Transaction ID : C2436383**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Daniel T. Jones M.D.**

Mailing Address 10646 Chesapeake Dr N

City State Zip Code  
 Indianapolis IN 46236-8507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Community Anesthesia Associates Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : C2437669**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Donald K. Jones M.D.**

Mailing Address 2043 Alaqua Lakes Blvd.

City State Zip Code  
 Longwood FL 32779

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 JLR Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 09 / 14 / 2013  
**Transaction ID : C2426289**

Amount of Each Receipt this Period  
 83.30

**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 Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Gary P. Jones A.A.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013
Mailing Address 6410 Fannin St Suite 480		<b>Transaction ID : C2425703</b>
City Houston	State TX	Zip Code 77030-3000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.30
Name of Employer Case Western Reserve University	Occupation Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.70	

Full Name (Last, First, Middle Initial) <b>B. Kathryn C. Jones M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013
Mailing Address 1600 7th Ave S Ste 420		<b>Transaction ID : C2426261</b>
City Birmingham	State AL	Zip Code 35233-1711
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Pediatric Anesthesia	Occupation Pediatric Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Keith A. Jones M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2013
Mailing Address 619 19th St S # JT804		<b>Transaction ID : C2426801</b>
City Birmingham	State AL	Zip Code 35249-6810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Alabama at Birmingham	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 157 OF 345
<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**

**A. Mark L. Jones M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 Denali Cir  
 City London State UT Zip Code 84042-2227  
 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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2013  
**Transaction ID : C2434769**  
 Amount of Each Receipt this Period  
**250.00**

**B. Stacy L. Jones M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8700 Tallwood Dr  
 City Austin State TX Zip Code 78759-7530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Anesthesiology Association Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425710**  
 Amount of Each Receipt this Period  
**83.30**

**C. Peter C. Jong M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24008 Falcons View Drive  
 City Diamond Bar State CA Zip Code 91765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern California Permanente 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  
 09 / 17 / 2013  
**Transaction ID : C2429331**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>583.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Vilma A. Joseph M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 682 Frick St  
 City Elmont State NY Zip Code 11003-4135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monetefiore Medical Center Albert Eins Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **374.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437243**  
 Amount of Each Receipt this Period  
**41.60**

**B. Sanjoy Joshi M.B.,B.S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Kettlepond Rd  
 City Jericho State NY Zip Code 11753-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAPA Occupation ANesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2013  
**Transaction ID : C2419184**  
 Amount of Each Receipt this Period  
**41.67**

**C. Paul F. Judson III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2158 Brook Highland Rdg  
 City Birmingham State AL Zip Code 35242-5870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Perioperative Services 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  
 09 / 30 / 2013  
**Transaction ID : C2437578**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **583.27**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 159 OF 345  
(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. Ian J. Kallmeyer M.D.**

Mailing Address 9491 E Altadena Avenue

City State Zip Code  
 Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Valley Anesthesiology Consultants Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 18 / 2013  
**Transaction ID : C2430294**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Chris J. Kane D.O.**

Mailing Address 4853 Long Bow Road

City State Zip Code  
 Jacksonville FL 32210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 North Florida Anesthesia Consultants anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 18 / 2013  
**Transaction ID : C2430299**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Suresh Kannan M.D.**

Mailing Address 249 Maison Ct

City State Zip Code  
 Altamonte Springs FL 32714-5905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 JLR Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 21 / 2013  
**Transaction ID : C2432968**

Amount of Each Receipt this Period  
 50.00

**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 Page

FOR LINE NUMBER: PAGE 160 OF 345  
(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. Jonathan B. Kaper M.D.**

Mailing Address 5413 Waldenhill Ct

City Ypsilanti State MI Zip Code 48198-9654

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Assoc of Ann Arbor Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 04 / 2013**

**Transaction ID : C2418076**

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)  
**B. Pravin M. Karia M.D.**

Mailing Address 6918 Windham Pkwy

City Prospect State KY Zip Code 40059-8863

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Associates of Clark Co.,Inc Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 28 / 2013**

**Transaction ID : C2437251**

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)  
**c. Kenneth C. Kasper Jr., M.D.**

Mailing Address 4917 Fairfield Cir

City Memphis State TN Zip Code 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Anesthesia Group Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 18 / 2013**

**Transaction ID : C2429433**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 345
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Jeremy J. Katz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 SW Beach Drive Ter  
 City Seattle State WA Zip Code 98116-4360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auburn Anesthesia Associates 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  
 09 / 24 / 2013  
**Transaction ID : C2434766**  
 Amount of Each Receipt this Period  
 250.00

**B. Jason D. Keller D.O.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C2426447**  
 Amount of Each Receipt this Period  
 500.00

**C. Robert M. Kent M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8810 Fernwood Cove  
 City Germantown State TN Zip Code 38138-7357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group, P.A. 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  
 09 / 13 / 2013  
**Transaction ID : C2425842**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. James K. Kerr III, M.D.**  
Full Name (Last, First, Middle Initial)

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 ▼ **750.06**

Date of Receipt **09 / 28 / 2013**

**Transaction ID : C2437224**

Amount of Each Receipt this Period **83.34**

**B. Rubin Kesner D.O.**  
Full Name (Last, First, Middle Initial)

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 ▼ **1000.40**

Date of Receipt **09 / 30 / 2013**

**Transaction ID : C2437549**

Amount of Each Receipt this Period **334.00**

**c. Georgina O. Kesterson M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5169 Rowen Oak Rd.

City Collierville State TN Zip Code 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical anesthesia group Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **783.34**

Date of Receipt **09 / 24 / 2013**

**Transaction ID : C2434741**

Amount of Each Receipt this Period **700.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1117.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 163 OF 345  
(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. Georgina O. Kesterson M.D.**

Mailing Address 5169 Rowen Oak Rd.

City State Zip Code  
 Collierville TN 38017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Medical anesthesia group Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 783.34

Date of Receipt  
 09 / 29 / 2013  
**Transaction ID : C2437282**

Amount of Each Receipt this Period  
 41.67

Full Name (Last, First, Middle Initial)  
**B. Edwin P. Kezar M.D.**

Mailing Address 2151 Old Rocky Ridge Rd., #106

City State Zip Code  
 Birmingham AL 35216-6101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Services of Birmingham ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 16 / 2013  
**Transaction ID : C2426626**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Harold J. Kiamzon M.D.**

Mailing Address 1620 Manhattan Ave Apt C2

City State Zip Code  
 Union City NJ 07087-7010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Consultants of New Jersey Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 208.35

Date of Receipt  
 09 / 16 / 2013  
**Transaction ID : C2426501**

Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Harold Kim M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 68 South Service Road  
Suite 350

City Melville State NY Zip Code 11747

FEC ID number of contributing federal political committee. **C**

Name of Employer North American Partners in Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2013**

**Transaction ID : C2417337**

Amount of Each Receipt this Period  
**83.34**

**B. Matthew Kimball M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 Old Rocky Ridge Rd Ste 106  
Dept of Anesthesiology

City Birmingham State AL Zip Code 35216-7251

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Tennessee Medical Center 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  
**09 / 16 / 2013**

**Transaction ID : C2426628**

Amount of Each Receipt this Period  
**500.00**

**C. Noah B. Kimball M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4271 Montrose Dr

City Memphis State TN Zip Code 38117-3007

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Anesthesia Group 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  
**09 / 13 / 2013**

**Transaction ID : C2426259**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>833.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Gary W. Kimzey M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2397 Lennox Dr.  
 City Germantown State TN Zip Code 38138-4924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group Occupation Anaesthesiologist  
 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  
 09 / 23 / 2013  
**Transaction ID : C2434093**  
 Amount of Each Receipt this Period  
 250.00

**B. Collin K. King M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Persimmon Pl  
 City Birmingham State AL Zip Code 35226-5101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatric Anesthesia Associates 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  
 09 / 28 / 2013  
**Transaction ID : C2437245**  
 Amount of Each Receipt this Period  
 250.00

**C. Jeffrey G. King M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2763 Meeting Pl  
 City Orlando State FL Zip Code 32814-6136  
 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 ▼ 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : C2435301**  
 Amount of Each Receipt this Period  
 41.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Kevin P. Kinkead M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 McConnell Dr.  
 City Williamsport State PA Zip Code 17701-9300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAW Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt **09 / 22 / 2013**  
**Transaction ID : C2433150**  
 Amount of Each Receipt this Period **83.34**

**B. Roger Kinkor M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 Laurel St Ste 3170  
 City Des Moines State IA Zip Code 50314-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Center Anesthesiologists, PC Occupation Physician - Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 17 / 2013**  
**Transaction ID : C2429320**  
 Amount of Each Receipt this Period **250.00**

**C. Richard B. Kirkpatrick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Bennoch Rd  
 City Orono State ME Zip Code 04473-3616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437365**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **583.34**  
**TOTAL** This Period (last page this line number only).....

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

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

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(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. Robert C. Kitterman III, M.D.**

Mailing Address 7613 Silverstone Ct

City State Zip Code  
 Grimes IA 50111-4793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Medical center anesthesiologists PC 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  
 09 / 17 / 2013

**Transaction ID : C2429307**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Wayne M. Kleinman M.D.**

Mailing Address 5445 Shirley Ave

City State Zip Code  
 Tarzana CA 91356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Providence Tarzana Medical Center 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  
 09 / 06 / 2013

**Transaction ID : C2419035**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Benjamin M. Kline M.D.**

Mailing Address 9 Brookfield Ave.

City State Zip Code  
 Sinking Spring PA 19608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Reading Anesthesia Associates 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  
 09 / 23 / 2013

**Transaction ID : C2434436**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 345
<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**

**A. Christina Kloss M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 SW Washington St., Suite 700

City Portland	State OR	Zip Code 97205
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FEC ID number of contributing federal political committee. **C**

Name of Employer Oregon Anesthesiology Group	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
09	/	25	/	2013

**Transaction ID : C2435362**

Amount of Each Receipt this Period  
500.00

**B. Stephania G. Knight M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4016 W 90th St

City Sioux Falls	State SD	Zip Code 57108-6207
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Physicians, LTD	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

**Transaction ID : C2418644**

Amount of Each Receipt this Period  
41.67

**C. Nagendra S. Kodali M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 N Dunlap St  
Pediatric Anesthesiologists PA

City Memphis	State TN	Zip Code 38103-2800
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatric Anesthesiologists PA	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
09	/	30	/	2013

**Transaction ID : C2437588**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1041.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Heidi M. Koenig M.D.**

Mailing Address 507 Ridgewood Road

City State Zip Code  
 Louisville KY 40207-1324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 University of Louisville Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : C2437385**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Eun-Kyu Koh M.D.**

Mailing Address 2323 Thornwood Ave

City State Zip Code  
 Wilmette IL 60091-1354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Northshore University Health System physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C2423750**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Rainer Kohrs M.D.**

Mailing Address 6819 E 116th St

City State Zip Code  
 Bixby OK 74008-8251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Associated Anesthesiologists Inc Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 09 / 19 / 2013  
**Transaction ID : C2430496**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Alan Koontz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4246 Allistair Rd.  
 City Winston Salem State NC Zip Code 27104-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piedmont Triad anesthesia, P.A. Occupation Anesthesiologists  
 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  
 09 / 08 / 2013  
**Transaction ID : C2419170**  
 Amount of Each Receipt this Period  
**250.00**

**B. Joanna Kountanis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1H247 UH SPC 5861  
 1500 East Medical Center Drive  
 City Ann Arbor State MI Zip Code 48109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of MI Anes Dept 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  
 09 / 17 / 2013  
**Transaction ID : C2429302**  
 Amount of Each Receipt this Period  
**250.00**

**C. Joseph Koveleskie M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 Prytania St # 435  
 City New Orleans State LA Zip Code 70115-4237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Medical Center Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425709**  
 Amount of Each Receipt this Period  
**83.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>583.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Matthew S. Kozlowski M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3028 Luke Crossing Drive  
 City Charlotte State NC Zip Code 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  
 09 / 17 / 2013  
**Transaction ID : C2429332**  
 Amount of Each Receipt this Period  
 250.00

**B. Mark Kramp M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 Prudential Drive Suite 606  
 City Jacksonville State FL Zip Code 32207  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417594**  
 Amount of Each Receipt this Period  
 1000.00

**C. Forrest J. Krause M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 South Ave  
 City La Crosse State WI Zip Code 54601-5467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gundersen-Lutheran Dept. of Anes. 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  
 09 / 18 / 2013  
**Transaction ID : C2429398**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Ted R. Kreitzman M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 E Northern Ave Ste 103

City Phoenix State AZ Zip Code 85020-3960

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Anesthesia Consultants Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2013  
**Transaction ID : C2423926**

Amount of Each Receipt this Period 500.00

**B. David M. Krhovsky M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2248 Shawnee Dr SE

City Grand Rapids State MI Zip Code 49506-5335

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Practice Consultants Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 749.70

Date of Receipt 09 / 01 / 2013  
**Transaction ID : C2417215**

Amount of Each Receipt this Period 83.30

**C. Donna A. Kucharski M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Read St

City Seekonk State MA Zip Code 02771

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Anesthesia, Inc. Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437662**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1083.30

**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 Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Jane A. Kugler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9739 Fieldcrest Dr  
 City Omaha State NE Zip Code 68114-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nebraska pediatric practice childrens Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437575**  
 Amount of Each Receipt this Period **500.00**

**B. Catherine M. Kuhn M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 Anesthsiology R  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2425698**  
 Amount of Each Receipt this Period **100.00**

**C. Eric T. Kunichika M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2272 Alaqua Dr  
 City Longwood State FL Zip Code 32779-3100  
 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 **09 / 30 / 2013**  
**Transaction ID : C2437418**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 174 OF 345
<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) <b>A. Chun L. Kwan M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : C2437561</b>
Mailing Address 18801 Otter Creek Dr		Amount of Each Receipt this Period 500.00
City Edmond	State OK	Zip Code 73012-4129
FEC ID number of contributing federal political committee. C		
Name of Employer self employed	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. William C. Kwasny M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2013 <b>Transaction ID : C2437197</b>
Mailing Address 2381 Woodland Hills Dr		Amount of Each Receipt this Period 250.00
City Menasha	State WI	Zip Code 54952-8821
FEC ID number of contributing federal political committee. C		
Name of Employer NEW Anesthesiology, S.C.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Hung-Chi Kwok M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2013 <b>Transaction ID : C2426302</b>
Mailing Address 2732 Muir Woods Dr., SE		Amount of Each Receipt this Period 175.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 175 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John E. La Gorio M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **749.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426494**  
 Amount of Each Receipt this Period  
**83.30**

**B. Sarah J Laduzenski M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Delano Park  
 City Cape Elizabeth State ME Zip Code 04107-1941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Medical Group Anesthesiology 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  
 09 / 12 / 2013  
**Transaction ID : C2425625**  
 Amount of Each Receipt this Period  
**250.00**

**C. Brent F. Lagrave M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Indian Pipe Dr  
 City Wynantskill State NY Zip Code 12198-7818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Group of Albany PC 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  
 09 / 19 / 2013  
**Transaction ID : C2430415**  
 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) 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**

**A. Ellis C. Lai M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 Via Acalones  
 City Palos Verdes Estates State CA Zip Code 90274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cedars-Sinai Medical Center Anesthesio 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  
 09 / 19 / 2013  
**Transaction ID : C2430492**  
 Amount of Each Receipt this Period  
 500.00

**B. Bradley D. Lambrecht M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12719 S. 2nd Street  
 City Jenks State OK Zip Code 74037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated 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  
 09 / 04 / 2013  
**Transaction ID : C2418114**  
 Amount of Each Receipt this Period  
 500.00

**C. Benjamin A. Lampert M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 S Farm Road 197  
 City Springfield State MO Zip Code 65809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Clinic 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  
 09 / 19 / 2013  
**Transaction ID : C2430495**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

**A. David E. Landry M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 North St  
 Maine Gen. Med. Center  
 City Waterville State ME Zip Code 04901-4974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennebec Anesthesia Associates 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  
 09 / 27 / 2013  
**Transaction ID : C2437062**  
 Amount of Each Receipt this Period  
**250.00**

**B. Robert F. LaPorta M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Swarthmore Ln  
 City Dix Hills State NY Zip Code 11746-4829  
 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 **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2429457**  
 Amount of Each Receipt this Period  
**50.00**

**C. George D. Lappas M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 878 Bluespring Ln  
 City Frontenac State MO Zip Code 63131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Acuity Anesthesiology 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  
 09 / 12 / 2013  
**Transaction ID : C2425212**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 345
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		<input type="checkbox"/> 17

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

**A. Adam L. Larson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 E. Churchill Dr.  
 City State Zip Code  
 Salt Lake City UT 84103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mountain West Anesthesia MD  
 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  
 09 / 18 / 2013  
**Transaction ID : C2429966**  
 Amount of Each Receipt this Period  
 1000.00

**B. Nathan Lasiter M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18904 Shilstone Way  
 City State Zip Code  
 Edmond OK 73003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwest Anesthesia Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437398**  
 Amount of Each Receipt this Period  
 41.67

**C. Hector O. Laurel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2317 Woodcliff Rd SE  
 City State Zip Code  
 Huntsville AL 35801-1471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Comprehensive Anesthesia Services 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  
 09 / 15 / 2013  
**Transaction ID : C2426442**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1541.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Patrick J. Lawler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 W Ralph Rogers Rd  
 City State Zip Code  
 Sioux Falls SD 57108-2702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 McKennan Hospital 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  
 09 / 11 / 2013  
**Transaction ID : C2425097**  
 Amount of Each Receipt this Period  
 1000.00

**B. Paul Q. Le M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 N Lee Ave Ste 236  
 City State Zip Code  
 Oklahoma City OK 73103-2620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Scheduling Services 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  
 09 / 17 / 2013  
**Transaction ID : C2427598**  
 Amount of Each Receipt this Period  
 500.00

**c. Phong H. Le D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3361 Hollow Spring Dr  
 City State Zip Code  
 Dewitt MI 48820-8722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 McClaren of Greater Lansing 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  
 09 / 08 / 2013  
**Transaction ID : C2419592**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Todd H. LeBleu M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Ave N Ste 202  
 City Nashville State TN Zip Code 37203-1448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMG Occupation MD  
 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  
 09 / 25 / 2013  
**Transaction ID : C2436079**  
 Amount of Each Receipt this Period  
 250.00

**B. Andrzej J. Lechowicz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Woods Hill Rd.  
 City Voorheesville State NY Zip Code 12186-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anes. Group of Albany 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  
 09 / 21 / 2013  
**Transaction ID : C2433144**  
 Amount of Each Receipt this Period  
 250.00

**C. George Lederhaas M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2155 NW 137th St  
 City Clive State IA Zip Code 50325-8535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Anesthesiologists, PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : C2418672**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Laura H. Leduc M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 North St  
 City Delmar State NY Zip Code 12054-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical Center Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.02**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417341**  
 Amount of Each Receipt this Period  
**41.67**

**B. Carlos-Nicholas L. Lee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6715 Windrift Way Apt 24  
 City Austin State TX Zip Code 78745-3853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Anesthesiology Association Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2417981**  
 Amount of Each Receipt this Period  
**125.00**

**C. Christian C. Lee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2338 East Virgo Place  
 City Chandler State AZ Zip Code 84249  
 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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437266**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **416.67**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 182 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jay B. Lee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Oakwood Circle  
 City Roslyn State NY Zip Code 11030-3816  
 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 ▼ 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2417993**  
 Amount of Each Receipt this Period  
 83.34

**B. Jeffrey A. Lee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6650 Pasture Lands Pl.  
 City Winter Garden State FL Zip Code 34787-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JLR Medical Group Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2013  
**Transaction ID : C2425007**  
 Amount of Each Receipt this Period  
 41.60

**C. Marcia M. Lee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6939 Hedgewood Dr  
 City Rancho Palos Verdes State CA Zip Code 90275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SCPMG 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  
 09 / 10 / 2013  
**Transaction ID : C2423899**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 624.94  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Robert W. Lee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Murphrees Valley Rd  
 City Springville State AL Zip Code 35146-6803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama Medical Ctr, Dep Occupation Resident  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 16 / 2013**  
**Transaction ID : C2426602**  
 Amount of Each Receipt this Period **1000.00**

**B. David C. Leggett M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2389 Brook Hollow Cv  
 City Memphis State TN Zip Code 38119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : C2425535**  
 Amount of Each Receipt this Period **500.00**

**C. Robert T. Lehew D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3614 Creek Bend Rd  
 City Edmond State OK Zip Code 73003-3506  
 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 **500.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : C2436193**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 184 OF 345
<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) <b>A. Thomas J. Lekan M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2013 <b>Transaction ID : C2436262</b>
Mailing Address 2149 Auburn Ave		Amount of Each Receipt this Period 250.00
City Cincinnati	State OH	Zip Code 45219-2906
FEC ID number of contributing federal political committee.	C	
Name of Employer The Christ Hospital Dept of Anes	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Brandon Lenox D.O.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2013 <b>Transaction ID : C2434870</b>
Mailing Address 3346 Horseshoe Bend Ct		Amount of Each Receipt this Period 500.00
City Longwood	State FL	Zip Code 32779-3135
FEC ID number of contributing federal political committee.	C	
Name of Employer JLR Medical Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. William M. Leppert M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2013 <b>Transaction ID : C2425561</b>
Mailing Address 2557 Ingleside Farm W		Amount of Each Receipt this Period 250.00
City Germantown	State TN	Zip Code 38139-6715
FEC ID number of contributing federal political committee.	C	
Name of Employer Medical Anesthesia Group, P.A.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 185 OF 345  
(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. Gordon W. Lewis M.D.**

Mailing Address 2151 Old Rocky Ridge Rd Suite 106

City Birmingham State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Services of Birmingham P C Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 16 / 2013**

**Transaction ID : C2426634**

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 ▼ **749.70**

Date of Receipt **09 / 05 / 2013**

**Transaction ID : C2418235**

Amount of Each Receipt this Period **83.30**

Full Name (Last, First, Middle Initial)  
**C. J. Lance Lichtor M.D.**

Mailing Address PO Box 4668 #8824

City New York State NY Zip Code 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 ▼ **748.80**

Date of Receipt **09 / 05 / 2013**

**Transaction ID : C2418234**

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**

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

FOR LINE NUMBER: PAGE 186 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. J. Lance Lichtor M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4668 #8824  
 City State Zip Code  
 New York NY 10163-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Yale University Department of Anesthes Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 748.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2429453**  
 Amount of Each Receipt this Period  
 41.60

**B. Kristen L. Lienhart M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 W Markham St Lot 515  
 City State Zip Code  
 Little Rock AR 72205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UAMS anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2417989**  
 Amount of Each Receipt this Period  
 83.34

**c. Mark D. Lignell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5890 Sonoma Ct  
 City State Zip Code  
 Naples FL 34119-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Collier Anesthesia, P.A. 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  
 09 / 30 / 2013  
**Transaction ID : C2437563**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 374.94  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 187 OF 345  
(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. James S. Limanek M.D.**

Mailing Address 39 Fieldstone Way

City State Zip Code  
Shelburne VT 05482-6470

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fletcher Allen Health Care 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  
09 / 07 / 2013  
**Transaction ID : C2419166**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
University of Nebraska Medical Center 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  
09 / 02 / 2013  
**Transaction ID : C2417234**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Eric F. Lobel M.D.**

Mailing Address 53 Clarise Circle

City State Zip Code  
Mobile AL 36608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Solutions of Mobile, Inc. 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  
09 / 03 / 2013  
**Transaction ID : C2417408**

Amount of Each Receipt this Period  
500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Asa C. Lockhart M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2106 Kennebunk Ln.  
 City Tyler State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ETAA Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C2417985**  
 Amount of Each Receipt this Period **83.30**

**B. Lajuana S. Logan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Old Rocky Ridge Rd. Suite 106  
 City Birmingham State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anes. Serv. of Birmingham PC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 16 / 2013**  
**Transaction ID : C2426638**  
 Amount of Each Receipt this Period **500.00**

**C. Michael A. Lopez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2810 N Swan Rd Ste 100  
 City Tucson State AZ Zip Code 85712-6300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Old Pueblo Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 08 / 2013**  
**Transaction ID : C2419604**  
 Amount of Each Receipt this Period **400.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>983.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Brit M. Lovvorn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 Canyon Circle North  
 City Tuscaloosa State AL Zip Code 35406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology and Pain Mgmt Consultan Occupation Anesthesiology  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 03 / 2013**  
**Transaction ID : C2417597**  
 Amount of Each Receipt this Period **1000.00**

**B. Stuart M. Lawson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 992 Kelsey Dr  
 City Charlottesville State VA Zip Code 22903-7855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Virginia Health System Occupation doctor  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : C2436319**  
 Amount of Each Receipt this Period **250.00**

**C. Joshua L. Lumbley M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **374.40**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C2417982**  
 Amount of Each Receipt this Period **41.60**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1291.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Claudio Lumermann M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept. of Anesthesia  
 270-75 76 Ave,  
 City State Zip Code  
 New Hyde Park NY 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Long Island Jewish Med. Ctr. Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2013  
**Transaction ID : C2419625**  
 Amount of Each Receipt this Period  
 83.34

**B. Moises Lustgarten M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8755 SW 94 St  
 City State Zip Code  
 Miami FL 33176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Center for Pain Management 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  
 09 / 15 / 2013  
**Transaction ID : C2426463**  
 Amount of Each Receipt this Period  
 250.00

**C. Kevin Luu M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6235 North Fresno Street  
 Suite 103  
 City State Zip Code  
 Fresno CA 93710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PAAMG 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  
 09 / 30 / 2013  
**Transaction ID : C2437570**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. German Enrique Luzardo Granados M.D.**

Mailing Address 11489 SW Fieldstone Way

City State Zip Code  
 Port St Lucie FL 34987-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 St Lucie Anesthesia Associates, LLC Staff Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013

**Transaction ID : C2436267**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. Anne M. Lynn M.D.**

Mailing Address 6049 51st Ave NE

City State Zip Code  
 Seattle WA 98115-7707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 University of WashingtonSeattle Childr pediatric 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  
 09 / 17 / 2013

**Transaction ID : C2429337**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Robert I. Macfarlane M.D.**

Mailing Address 350 Blountville Highway  
 Suite 207

City State Zip Code  
 Bristol TN 37620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Bristol Anesthesia Services Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C2418246**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **633.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. David P. Maguire M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2013 <b>Transaction ID : C2429295</b>
Mailing Address 8 Talon Ct.		Amount of Each Receipt this Period 500.00
City Sewell	State NJ	Zip Code 08080
FEC ID number of contributing federal political committee. C		
Name of Employer Department of Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Mandabach M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2013 <b>Transaction ID : C2426661</b>
Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845		Amount of Each Receipt this Period 100.00
City Birmingham	State AL	Zip Code 35249-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Alabama - Birmingham	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 783.38	

Full Name (Last, First, Middle Initial) <b>C. Mark Mandabach M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437658</b>
Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845		Amount of Each Receipt this Period 100.00
City Birmingham	State AL	Zip Code 35249-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Alabama - Birmingham	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 783.38	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Philip A. Mandato D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 607 Fairway Dr  
 City Telford State PA Zip Code 18969-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grandview 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  
 09 / 30 / 2013  
**Transaction ID : C2437405**  
 Amount of Each Receipt this Period  
**500.00**

**B. Joe M. Maniscalco M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 E 6th St Ste 205A  
 City Panama City State FL Zip Code 32401-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Unlimited, Inc 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  
 09 / 22 / 2013  
**Transaction ID : C2433176**  
 Amount of Each Receipt this Period  
**500.00**

**c. Gregory P. Marcoe D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4087 Old Pine Trail  
 City Midland State MI Zip Code 48642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MMAG 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  
 09 / 18 / 2013  
**Transaction ID : C2430278**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 194 OF 345  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Michael J. Marcovitz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4483 Ford Rd.  
 City Ann Arbor State MI Zip Code 48105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Ann Arbor, P.  
 Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.67

Date of Receipt 09 / 24 / 2013  
**Transaction ID : C2434764**  
 Amount of Each Receipt this Period 41.67

**B. Scott S. Margolies M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2535 Aberdeen Rd.  
 City Birmingham State AL Zip Code 35223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Perioperative Services  
 Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : C2434894**  
 Amount of Each Receipt this Period 500.00

**C. Mark A. Margolis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6515 Meadow Rd  
 City Dallas State TX Zip Code 75230-5225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metro Anesthesia Consultants  
 Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2013  
**Transaction ID : C2425084**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1041.67  
**TOTAL** This Period (last page this line number only).....▶

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

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

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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**

**A. Gregory B. Marsh M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 26th Ave East  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer pas 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 Y  
 09 / 29 / 2013  
**Transaction ID : C2437301**  
 Amount of Each Receipt this Period  
 250.00

**B. John Martin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Hidden Cove Ct  
 City Seneca State SC Zip Code 29672-9139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Consultants of the Upstate Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : C2425227**  
 Amount of Each Receipt this Period  
 41.60

**C. Judson F. Martin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 357 Sunway Ln.  
 City St. Louis State MO Zip Code 63141-8045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Anesthesia Services 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  
 09 / 22 / 2013  
**Transaction ID : C2433196**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 791.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 196 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Thomas W. Martin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Montevallo Ter  
 City Birmingham State AL Zip Code 35213-4422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alabama Pain Physicians 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  
 09 / 10 / 2013  
**Transaction ID : C2423793**  
 Amount of Each Receipt this Period  
 500.00

**B. Ty A. Martindale D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6516 Hackberry Trl  
 City Edmond State OK Zip Code 73034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists, LLC 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  
 09 / 09 / 2013  
**Transaction ID : C2419613**  
 Amount of Each Receipt this Period  
 500.00

**C. Leonel Martinez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14782 SW 32nd Ln  
 City Miami State FL Zip Code 33185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sheridan Health Co. 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  
 09 / 06 / 2013  
**Transaction ID : C2418627**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 197 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John Mascia M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Reade Pl  
 City Poughkeepsie State NY Zip Code 12601-3947  
 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 ▼ 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : C2418639**  
 Amount of Each Receipt this Period  
 83.34

**B. George Mashour M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anes  
 1500 E Medical Center Dr  
 City Ann Arbor State MI Zip Code 48109-5048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan 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  
 09 / 20 / 2013  
**Transaction ID : C2430873**  
 Amount of Each Receipt this Period  
 150.00

**C. Richard B. Massey D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3200 Troup Hwy Ste 200  
 City Tyler State TX Zip Code 75701-8342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Texas Anesthesiology 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  
 09 / 18 / 2013  
**Transaction ID : C2429984**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 483.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Donald M. Mathews M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 340 S Willard St

City Burlington State VT Zip Code 05401-3908

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Vermont Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2429458**

Amount of Each Receipt this Period  
**83.34**

**B. Bill C. Maupin M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 N.W. 145th Cir.

City Edmond State OK Zip Code 73013-1876

FEC ID number of contributing federal political committee. **C**

Name of Employer Affiliated Anesthesiologists 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  
 09 / 17 / 2013  
**Transaction ID : C2429348**

Amount of Each Receipt this Period  
**500.00**

**C. Eric M. May M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 20810 W 81st PI

City Lenexa State KS Zip Code 66220-8227

FEC ID number of contributing federal political committee. **C**

Name of Employer Westport Anesthesia Services, PC 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  
 09 / 02 / 2013  
**Transaction ID : C2417278**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1083.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Jennifer L. Maziad M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 12603 Lake Square Circle  
Apt 310

City Orlando State FL Zip Code 32821

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 ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2013

**Transaction ID : C2425191**

Amount of Each Receipt this Period  
250.00

**B. Brian G. McAllister M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 Rangers Way

City Cumberland State ME Zip Code 04021

FEC ID number of contributing federal political committee. **C**

Name of Employer Spectrum 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  
09 / 09 / 2013

**Transaction ID : C2423648**

Amount of Each Receipt this Period  
250.00

**c. Philip P. McClarty M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Orchard Circle

City Dothan State AL Zip Code 36305

FEC ID number of contributing federal political committee. **C**

Name of Employer ACMG 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  
09 / 10 / 2013

**Transaction ID : C2423741**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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**

**A. Anne P. McConville M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5347 Coliseum St  
 City New Orleans State LA Zip Code 70115-3052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tulane School of Medicine Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2013  
**Transaction ID : C2417211**  
 Amount of Each Receipt this Period  
 41.60

**B. Matthew M. McCord M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5400 Timber Bend Dr.  
 City Brighton State MI Zip Code 48116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Mercy Health System 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  
 09 / 09 / 2013  
**Transaction ID : C2419611**  
 Amount of Each Receipt this Period  
 250.00

**C. Michael J. McCormick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Sherwood Dr.  
 City Glastonbury State CT Zip Code 06033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartford Anesthesiology Associates 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  
 09 / 11 / 2013  
**Transaction ID : C2424785**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.60  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. William A. McDade M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 S Ellis Ave, RM 514  
 Dept of Anes & Critical Care  
 City Chicago State IL Zip Code 60637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Chicago Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **374.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : C2436360**  
 Amount of Each Receipt this Period  
**41.60**

**B. Keith A. McFarland M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13023 Blue Canyon Cir  
 City Oklahoma City State OK Zip Code 73142-6207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesia  
 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  
 09 / 25 / 2013  
**Transaction ID : C2436043**  
 Amount of Each Receipt this Period  
**500.00**

**C. Brian P. McGlinch M.D.**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C2426330**  
 Amount of Each Receipt this Period  
**83.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>624.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Brian A. McHugh D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Glen Hollow Rd  
 City Slingerlands State NY Zip Code 12159-3718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Group of Albany P.C. 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  
 09 / 23 / 2013  
**Transaction ID : C2433228**  
 Amount of Each Receipt this Period  
**250.00**

**B. Samuel T. McIlrath M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1933 Hickory Glen Rd  
 City Knoxville State TN Zip Code 37932-1953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Alliance of East Te 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  
 09 / 30 / 2013  
**Transaction ID : C2437464**  
 Amount of Each Receipt this Period  
**500.00**

**C. Robert D. McKay M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 Blountville Hwy Ste 207  
 City Bristol State TN Zip Code 37620-1671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bristol Anesthesia Services Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425715**  
 Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>833.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Eddrice M. McMullan M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 <b>Transaction ID : C2436303</b>
Mailing Address 6900 Howells Ferry Rd., #6		Amount of Each Receipt this Period 1000.00
City Mobile	State AL	Zip Code 36618
FEC ID number of contributing federal political committee. C	Name of Employer University of South Alabama Hospitals	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J. Meddows M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2013 <b>Transaction ID : C2433221</b>
Mailing Address 8508-B Atlantic Ave.		Amount of Each Receipt this Period 41.67
City Virginia Beach	State VA	Zip Code 23451
FEC ID number of contributing federal political committee. C	Name of Employer Atlantic Anesthesia	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) <b>C. Yuriy Medvid M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 <b>Transaction ID : C2436260</b>
Mailing Address 1006 Buck Hill Dr		Amount of Each Receipt this Period 500.00
City Veazie	State ME	Zip Code 04401-7000
FEC ID number of contributing federal political committee. C	Name of Employer EMMC	Occupation Attending Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1541.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Vivian S. Mejias M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11861 Grand Isles Ln.  
 City Fort Myers State FL Zip Code 33913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Consultants in Anesthesia and Pain Man 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  
 09 / 12 / 2013  
**Transaction ID : C2425631**  
 Amount of Each Receipt this Period  
**250.00**

**B. Howard G. Mendel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Ralston Dr  
 City Mount Laurel State NJ Zip Code 08054-3347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Burlington Anesthesia Associates 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  
 09 / 26 / 2013  
**Transaction ID : C2436276**  
 Amount of Each Receipt this Period  
**250.00**

**C. Timothy E. Mercer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1670 Enterprise Rd.  
 City Piney Flats State TN Zip Code 37686-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **666.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : C2436337**  
 Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>583.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 205 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Brigitte M. Messenger M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 The University of Tennessee Graduate S 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  
 09 / 10 / 2013  
**Transaction ID : C2423769**  
 Amount of Each Receipt this Period  
 250.00

**B. Wade E. Metro M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 Engle St.  
 City Englewood State NJ Zip Code 07652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Englewood Hospital and Medical Center 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  
 09 / 30 / 2013  
**Transaction ID : C2437671**  
 Amount of Each Receipt this Period  
 500.00

**C. David E. Meyer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 339 Consort Dr  
 City Ballwin State MO Zip Code 63011-4439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Western Anesthesiology 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  
 09 / 30 / 2013  
**Transaction ID : C2437654**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Eric J. Miano M.D.</b>		Date of Receipt
Mailing Address 12130 Sawhill Blvd		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Spotsylvania	State VA	Zip Code 22553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C2437189</b>
Name of Employer Spotsylvania Regional Medical Center		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Marc A. Michelsen D.O.</b>		Date of Receipt
Mailing Address 4048 Evans Ave Ste 303 MAPMC ANESTHESIA		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Fort Myers	State FL	Zip Code 33901-9390
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C2440676</b>
Name of Employer MAPMC ANESTHESIA		Amount of Each Receipt this Period
Occupation anesthesiologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="225.00"/>		

Full Name (Last, First, Middle Initial) <b>C. David Miller M.D.</b>		Date of Receipt
Mailing Address 619 19th St Bldg Jt Dept of Anesthesiology		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Birmingham	State AL	Zip Code 35249
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C2437442</b>
Name of Employer University of Alabama - Birmingham		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Douglas T. Miller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2699 Lee Rd Ste 510  
 City Winter Park State FL Zip Code 32789-1742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ago Occupation md  
 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  
 09 / 27 / 2013  
**Transaction ID : C2437160**  
 Amount of Each Receipt this Period  
 500.00

**B. James K. Miller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept.  
 City Knoxville State TN Zip Code 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2013  
**Transaction ID : C2423749**  
 Amount of Each Receipt this Period  
 100.00

**C. Patrick T. Miller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 S Brookshire Ct  
 City Spokane State WA Zip Code 99223-6229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013  
**Transaction ID : C2429388**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Christopher G. Millson M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2013 <b>Transaction ID : C2426331</b>
Mailing Address 2400 Wimbledon Dr		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.70	

Full Name (Last, First, Middle Initial) <b>B. Mitchell F. Minana M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2013 <b>Transaction ID : C2431456</b>
Mailing Address 1306 E Welden Dr		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Mitchell M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 <b>Transaction ID : C2425708</b>
Mailing Address 3710 SW US Veterans Hospital Rd		Amount of Each Receipt this Period 41.60
City Portland	State OR	Zip Code 97239-2964
FEC ID number of contributing federal political committee. C		
Name of Employer Portland VA Medical Center P3- ANES	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.90
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Karen P. Mitchell M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3838 N Braeswood Blvd Apt 112

City Houston	State TX	Zip Code 77025-3005
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Hermann Southwest Hospital	Occupation physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2013

**Transaction ID : C2436339**

Amount of Each Receipt this Period  

83.34
-------

**B. Nanhi R. Mitter M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1800 Orleans St Zayed Tower 6208

City Baltimore	State MD	Zip Code 21287-0010
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Johns Hopkins Hospital	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
09	/	26	/	2013

**Transaction ID : C2436266**

Amount of Each Receipt this Period  

250.00
--------

**C. R. Brad Mock M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2206 Willow Place

City Anderson	State SC	Zip Code 29621
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiology Services of Anderson	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
09	/	03	/	2013

**Transaction ID : C2417586**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>583.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 210 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Joseph Monaco D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6105 NW Hickory Pl  
 City State Zip Code  
 Parkville MO 64152-8712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Union Hill Anesthesia 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  
 09 / 18 / 2013  
**Transaction ID : C2429444**  
 Amount of Each Receipt this Period  
 500.00

**B. Paul D. Mongan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 San Pablo Rd S  
 City State Zip Code  
 Jacksonville FL 32224-1865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ of CO Dept of Anesthesia 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  
 09 / 13 / 2013  
**Transaction ID : C2426262**  
 Amount of Each Receipt this Period  
 250.00

**C. Dominic D. Monterosso D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 5th St. Unit #614  
 City State Zip Code  
 Royal Oak MI 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesia of Michigan Staff 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  
 09 / 18 / 2013  
**Transaction ID : C2429464**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 211 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Richard C. Month M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Hamilton St Apt 2307  
 City Philadelphia State PA Zip Code 19130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pennsylvania Dept. of An Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **749.70**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : C2425231**  
 Amount of Each Receipt this Period **83.30**

**B. Raul R. Montague M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7803 Railyard Dr SW  
 City Byron Center State MI Zip Code 49315-9525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Practice Consultants, PC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **374.40**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437283**  
 Amount of Each Receipt this Period **41.60**

**C. James Moore M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ronald Reagan UCLA Medical Center  
 757 Westwood Plaza, Suite 3325  
 City Los Angeles State CA Zip Code 90095-7403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Anesthesiology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **749.70**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C2417983**  
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Patrick A. Moore M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3939 J St Ste 310  
 City State Zip Code  
 Sacramento CA 95819-3666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sacramento Anesthesia Medical Group 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  
 09 / 09 / 2013  
**Transaction ID : C2419633**  
 Amount of Each Receipt this Period  
 250.00

**B. Rishi Moorthy M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 M St NW Apt 605  
 City State Zip Code  
 Washington DC 20001-6323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Washington Hospital Center 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  
 09 / 17 / 2013  
**Transaction ID : C2429310**  
 Amount of Each Receipt this Period  
 250.00

**C. Gwendolyn M. Moraski M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Ruthies Ln.  
 City State Zip Code  
 West Simsbury CT 06092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Woodland Anesthesiology PC 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  
 09 / 10 / 2013  
**Transaction ID : C2424158**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. Mark A. Morehart M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 01 / 2013 <b>Transaction ID : C2417229</b>
Mailing Address 15947 Waluga Dr		Amount of Each Receipt this Period 250.00
City Lake Oswego	State OR	Zip Code 97035-4245
FEC ID number of contributing federal political committee. C		
Name of Employer Magnolia Anesthesia, PLLC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. George A. Moresea M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437436</b>
Mailing Address 1232 Ashwood Rd		Amount of Each Receipt this Period 83.30
City Akron	State OH	Zip Code 44312-5800
FEC ID number of contributing federal political committee. C		
Name of Employer Stark County Anesthesia, Inc.	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.70	

Full Name (Last, First, Middle Initial) <b>C. Kabel A. Morgan M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2013 <b>Transaction ID : C2427508</b>
Mailing Address 500 N Lake Shore Dr Apt 2402		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60611-4586
FEC ID number of contributing federal political committee. C		
Name of Employer Northwestern Memorial Hospital	Occupation Fellow	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 214 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Matthew L. Morgan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 9th Ave S Unit 7B  
 City Jacksonville Beach State FL Zip Code 32250-6573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JACI Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2013  
**Transaction ID : C2433133**  
 Amount of Each Receipt this Period 250.00

**B. Samuel A. Morgos M.B.,B.S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12707 Crestmoor Cir  
 City Prospect State KY Zip Code 40059-9182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jewish Physician Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 09 / 25 / 2013  
**Transaction ID : C2435309**  
 Amount of Each Receipt this Period 41.67

**C. Howard A. Moritz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 729 Harvard St.  
 City Wilmette State IL Zip Code 60091-2311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mobile Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2013  
**Transaction ID : C2437303**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Caroline Morris M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2797 Fox Creek Dr.  
 City Germantown State TN Zip Code 38138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437284**  
 Amount of Each Receipt this Period **83.30**

**B. Jason E. Morris M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2797 Fox Creek Dr.  
 City Germantown State TN Zip Code 38138-5723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437285**  
 Amount of Each Receipt this Period **83.30**

**C. Robert R. Morrison M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Spinnaker Pointe  
 City Parkville State MO Zip Code 64152-6102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ad Vivum Anesthesiology, P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2250.00**

Date of Receipt **09 / 07 / 2013**  
**Transaction ID : C2419143**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **416.60**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. John G. Morrow III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1365 Clifton Rd NE Bldg B  
 City Atlanta State GA Zip Code 30322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Emory Clinic Ambulatory Surgery Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2013  
**Transaction ID : C2418628**  
 Amount of Each Receipt this Period 250.00

**B. Gary H. Morton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Bluebonnet Ln  
 City Temple State TX Zip Code 76502-7405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott and White Clinic Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2013  
**Transaction ID : C2425083**  
 Amount of Each Receipt this Period 500.00

**C. John P. Mrachek M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4520 W. Woodland Rd.  
 City Edina State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Anesthesia, PA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 09 / 25 / 2013  
**Transaction ID : C2434889**  
 Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.34  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 217 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cathleen M. Mucenski M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7870 Dennler Ln  
 City Cincinnati State OH Zip Code 45247-5505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Independent Anesthesiologists 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  
 09 / 02 / 2013  
**Transaction ID : C2417253**  
 Amount of Each Receipt this Period  
 250.00

**B. Jochen D. Muehlschlegel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Francis St Cwn Li  
 City Boston State MA Zip Code 02115-6110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brigham and Womens Hosp Anes and Pain 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  
 09 / 10 / 2013  
**Transaction ID : C2424157**  
 Amount of Each Receipt this Period  
 250.00

**C. Michael L. Mueller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1520 Chandler Rd SE  
 City Huntsville State AL Zip Code 35801-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Comprehensive Anesthesia Services Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2013  
**Transaction ID : C2419156**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: (check only one)	PAGE 218 OF 345
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. John C. Mullican M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 Don Cubero Place

City Santa Fe	State NM	Zip Code 87505
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Santa Fe Anesth. Specialists	Occupation MD
--	------------------

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
09	/	30	/	2013

**Transaction ID : C2437562**

Amount of Each Receipt this Period  
1000.00

**B. Michael H. Mullins D.O.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2415 Heights Ave

City Lansing	State MI	Zip Code 48912-3515
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Carson City Hospital	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
09	/	11	/	2013

**Transaction ID : C2425085**

Amount of Each Receipt this Period  
250.00

**C. Robert J. Munhall M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3745 E. Mission Ln.

City Phoenix	State AZ	Zip Code 85028
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Anesthesia	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
09	/	17	/	2013

**Transaction ID : C2429342**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 219 OF 345  
(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. Sergio A Murillo M.D.**

Mailing Address 2170 Trenton Way

City State Zip Code  
 Allen TX 75013-4911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Pinnacle Partners In Medicine Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2013

**Transaction ID : C2426800**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Andrew W. Murphy M.D.**

Mailing Address 5 Old Landmark Dr.

City State Zip Code  
 Rochester NY 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Westside Anesthesiology Associates of 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  
 09 / 26 / 2013

**Transaction ID : C2436314**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mark Murray M.D.**

Mailing Address 1924 Alcoa Highway, Box U-109  
 Department of Anesthesia

City State Zip Code  
 Knoxville TN 37920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 University Anesthesiologists Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : C2429455**

Amount of Each Receipt this Period  
 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 433.30

**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 Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Sath R. Mysore M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2013 <b>Transaction ID : C2419602</b>
Mailing Address 40 Woods Edge Circle		Amount of Each Receipt this Period 250.00
City London	State KY	Zip Code 40741
FEC ID number of contributing federal political committee. C	Name of Employer Saint Joseph London, KY1 Hospital	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Peter A. Nagi M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437441</b>
Mailing Address 3924 Forest Ave		Amount of Each Receipt this Period 41.60
City Mountain Brk	State AL	Zip Code 35213-2929
FEC ID number of contributing federal political committee. C	Name of Employer Univ. of Alabama at Birmingham Dept of	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.40	

Full Name (Last, First, Middle Initial) <b>C. Paul M. Nagrodzki M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2013 <b>Transaction ID : C2426640</b>
Mailing Address 2151 Old Rocky Ridge Rd. Suite 106		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C	Name of Employer Anes. Serv. of Birmingham PC	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Kenneth C. Nanners M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2013 <b>Transaction ID : C2436183</b>
Mailing Address 170 Leewood Farms Rd		Amount of Each Receipt this Period 250.00
City Wheeling	State WV	Zip Code 26003
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Business Administration	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Allison W. Nassif D.O.</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2013 <b>Transaction ID : C2429456</b>
Mailing Address 2107 Companero Ave		Amount of Each Receipt this Period 41.60
City Orlando	State FL	Zip Code 32804-6503
FEC ID number of contributing federal political committee. C		
Name of Employer JLR medical group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.40	

Full Name (Last, First, Middle Initial) <b>C. Marco S. Navetta M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437625</b>
Mailing Address 514 W Pueblo St Fl 2		Amount of Each Receipt this Period 250.00
City Santa Barbara	State CA	Zip Code 93105-6219
FEC ID number of contributing federal political committee. C		
Name of Employer Anes.Med. Group of Santa Barbara	Occupation Executive and Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 222 OF 345  
(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. Emery Navori M.D.**

Mailing Address 412 S Paloma Pl

City Tampa State FL Zip Code 33609-3712

FEC ID number of contributing federal political committee. **C**

Name of Employer Fla Gulf to Bay Anesthesia 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  
 09 / 01 / 2013  
**Transaction ID : C2417222**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Emery Navori M.D.**

Mailing Address 412 S Paloma Pl

City Tampa State FL Zip Code 33609-3712

FEC ID number of contributing federal political committee. **C**

Name of Employer Fla Gulf to Bay Anesthesia 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  
 09 / 28 / 2013  
**Transaction ID : C2437255**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Donald L. Neirink M.D.**

Mailing Address 7018 Oakhurst Ridge Rd

City Clarkston State MI Zip Code 48348

FEC ID number of contributing federal political committee. **C**

Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437244**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1025.00

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

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

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

FOR LINE NUMBER: PAGE 223 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Eric J. Neller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9316 Autumn Road  
 City Oklahoma City State OK Zip Code 73151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eric Neller MD PLLC 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  
 09 / 22 / 2013  
**Transaction ID : C2433212**  
 Amount of Each Receipt this Period  
 500.00

**B. David A. Nelson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8004 Danforth Cove  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Anesthesiology Association 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  
 09 / 29 / 2013  
**Transaction ID : C2437367**  
 Amount of Each Receipt this Period  
 250.00

**C. Mark L. Nelson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 Heathrow Dr  
 City Knoxville State TN Zip Code 37919-8964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer american anesthesiology of TN 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  
 09 / 03 / 2013  
**Transaction ID : C2417591**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 224 OF 345  
(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 G. Nelson M.D.**

Mailing Address 4822 Locust Street

City State Zip Code  
 Bellaire TX 77401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Greater Houston Anesthesiology, P.A. Anesthesiology

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C2426268**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Robert Nesselrode M.D.**

Mailing Address 20 S Bradbury Dr

City State Zip Code  
 Edmond OK 73034-7029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Robert Nesselrode, MD PLLC 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  
 09 / 29 / 2013

**Transaction ID : C2437346**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Sheldon B. Newman M.D.**

Mailing Address 60 Thadford St.

City State Zip Code  
 East Northport NY 11731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 North American Partners in Anesthesia Anesthesiologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013

**Transaction ID : C2417338**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ► 1583.34

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Ray J. Nichols Jr., M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 509

City Jonesport State ME Zip Code 04649-0509

FEC ID number of contributing federal political committee. **C**

Name of Employer retired 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  
 09 / 28 / 2013

**Transaction ID : C2437212**

Amount of Each Receipt this Period  
 250.00

**B. Joseph E. Nicholson M.D., Ph.D**  
Full Name (Last, First, Middle Initial)

Mailing Address 1708 Indian Creek Dr.

City Birmingham State AL Zip Code 35243-1700

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Perioperative Services, PC 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  
 09 / 27 / 2013

**Transaction ID : C2436354**

Amount of Each Receipt this Period  
 500.00

**C. James R. Niederlehner M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6609 Hidden Woods Ct

City Roanoke State VA Zip Code 24018-7489

FEC ID number of contributing federal political committee. **C**

Name of Employer ANES CONSULT OF VA 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  
 09 / 11 / 2013

**Transaction ID : C2425089**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Bradley P. Nielsen M.D.</b>			Date of Receipt MM / DD / YYYY 09 / 25 / 2013 <b>Transaction ID : C2436045</b>
Mailing Address 1244 Walden Ln			Amount of Each Receipt this Period 250.00
City Draper	State UT	Zip Code 84020-9562	
FEC ID number of contributing federal political committee. C			
Name of Employer Millcreek Anesthesia	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Heather C. Nixon M.D.</b>			Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C2425234</b>
Mailing Address 4833 W Pratt Ave			Amount of Each Receipt this Period 41.67
City Lincolnwood	State IL	Zip Code 60712-3214	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Illinois Hospital and He	Occupation Assistant Professor of Anesthesiology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03		

Full Name (Last, First, Middle Initial) <b>c. Jorge F. Noriega M.D.</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2013 <b>Transaction ID : C2436282</b>
Mailing Address 1111 N Lee Ave Ste 236			Amount of Each Receipt this Period 250.00
City Oklahoma City	State OK	Zip Code 73103-2620	
FEC ID number of contributing federal political committee. C			
Name of Employer Anesthesia Scheduling Services .P.C	Occupation M.D. - Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Douglas E. Norton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Ave. N.  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 12 / 2013**  
**Transaction ID : C2425567**  
 Amount of Each Receipt this Period **300.00**

**B. Andrew J. Nosti M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 West 48th St., #704  
 City Kansas City State MO Zip Code 64112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer anesthesia associates of Kansas City Occupation MD anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2437183**  
 Amount of Each Receipt this Period **1000.00**

**C. Joseph M. Nounou M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 668 Lakeside Dock Dr  
 City Kingsport State TN Zip Code 37663-4109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Briston Anesthesia Services P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **666.72**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2425714**  
 Amount of Each Receipt this Period **83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1383.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Dennis E. Novia M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 519 Spaulding Lake Dr.  
 City Greenville State SC Zip Code 29615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer palmetto anesthesia associates of gree Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C2418388**  
 Amount of Each Receipt this Period **250.00**

**B. Robert F. Novo D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2727 N Highway A1A Apt 101  
 City Indialantic State FL Zip Code 32903-2282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brevard Anesthesia Associates Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : C2436257**  
 Amount of Each Receipt this Period **250.00**

**c. Richard P. O'Flynn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 White Pine Ln.  
 City Rose Valley State PA Zip Code 19063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Society Hill Anesthesia Consultants at Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **374.40**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2425700**  
 Amount of Each Receipt this Period **41.60**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>541.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Robert O'Bryan M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 5587

City State Zip Code  
Beaumont TX 77726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Associates 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  
09 / 18 / 2013

**Transaction ID : C2429960**

Amount of Each Receipt this Period  
250.00

**B. Jerome F. O'Hara Jr., M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2931 Hunters Woods Ln

City State Zip Code  
Willoughby Hills OH 44094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cleveland Clinic 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  
09 / 26 / 2013

**Transaction ID : C2436125**

Amount of Each Receipt this Period  
250.00

**C. Kathleen A. O'Leary M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 666 Elm and Carlton St  
Roswell Park Cancer Institute

City State Zip Code  
Buffalo NY 14263-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Roswell Park Cancer Institute PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
374.40

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2013

**Transaction ID : C2425707**

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Kayla O'Toole M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1656 S Augusta Ave

City Springfield State MO Zip Code 65809

FEC ID number of contributing federal political committee. **C**

Name of Employer Ozark Anesthesia Associates Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2013  
**Transaction ID : C2419168**

Amount of Each Receipt this Period 500.00

**B. John R. Ohnoutka M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 17613 Colonial Ave.

City Omaha State NE Zip Code 68136-1983

FEC ID number of contributing federal political committee. **C**

Name of Employer Nebraska Medical Center Dept of Anesth Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2013  
**Transaction ID : C2421818**

Amount of Each Receipt this Period 250.00

**c. Molly OKane M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2016 Whitefish Rd

City Sand Lake State MI Zip Code 49343-9709

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Medical Consultants, PC Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2013  
**Transaction ID : C2424751**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 231 OF 345  
(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. Oluwatosin Oladipupo M.D.**

Mailing Address 1836 S Shores Dr

City State Zip Code  
 Decatur IL 62521-5529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Associated Anes. of Decatur Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1075.00

Date of Receipt  
 09 / 23 / 2013  
**Transaction ID : C2433263**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**B. Thomas A. Olen D.O.**

Mailing Address 2141 N. Yasimin Ct.

City State Zip Code  
 Midland MI 48642-8897

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 MidMichigan Anesthesiology Group PC Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 17 / 2013  
**Transaction ID : C2426734**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Jeffery A. Ollis M.D.**

Mailing Address 2020 River Sound Dr

City State Zip Code  
 Knoxville TN 37922-5661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 American Anesthesiology of Tennessee Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 09 / 22 / 2013  
**Transaction ID : C2433204**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Bryan Orme M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10001 E 33rd Street  
City Jones State OK Zip Code 73049  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Affiliated Anesthesiologists Occupation: Anesthesiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: 09 / 04 / 2013  
**Transaction ID : C2418098**  
Amount of Each Receipt this Period: **500.00**

**B. Kenneth E. Oswalt M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2500 N State St  
City Jackson State MS Zip Code 39216  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Univ. Anesthesia Services, PLLC Occupation: MD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 09 / 19 / 2013  
**Transaction ID : C2430309**  
Amount of Each Receipt this Period: **250.00**

**C. Elizabeth Ourkey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5445 Pine Hollow Trl.  
City Oviedo State FL Zip Code 32765  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Information Requested Occupation: Spouse  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 09 / 13 / 2013  
**Transaction ID : C2426272**  
Amount of Each Receipt this Period: **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Steven Ozer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9564 E. Charter Oak Drive  
 City State Zip Code  
 Scottsdale AZ 85260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Valley Anesthesiology Consultants 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  
 09 / 27 / 2013  
**Transaction ID : C2437177**  
 Amount of Each Receipt this Period  
 500.00

**B. Wendy L. Pabich M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1229 Madison St Ste 1440  
 City State Zip Code  
 Seattle WA 98104-3538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physicians Anesthesia Service, Inc., P Cardiac 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  
 09 / 19 / 2013  
**Transaction ID : C2430304**  
 Amount of Each Receipt this Period  
 250.00

**C. Patricia N. Pancoast M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19031 Hilltop Rd  
 City State Zip Code  
 Lake Oswego OR 97034-7474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oregon Anesthesiology Group, P.C. 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  
 09 / 26 / 2013  
**Transaction ID : C2436268**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 234 OF 345
<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**

**A. Parag Pandya M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 23 / 2013**  
**Transaction ID : C2433262**  
 Amount of Each Receipt this Period **83.30**

**B. John Panico M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2237 Governors Bend Dr  
 City Huntsville State AL Zip Code 35801-4740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer aahlc Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2425690**  
 Amount of Each Receipt this Period **250.00**

**c. Thomas J. Papadimos M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **374.40**

Date of Receipt **09 / 14 / 2013**  
**Transaction ID : C2426283**  
 Amount of Each Receipt this Period **41.60**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>374.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 235 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Theodoros G. Papalimberis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Goldenrod Ln.  
 City Falmouth State ME Zip Code 04105-3823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Medical Group 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 Y  
 09 / 04 / 2013  
**Transaction ID : C2418208**  
 Amount of Each Receipt this Period  
 250.00

**B. John L. Pappas M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 749.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : C2425229**  
 Amount of Each Receipt this Period  
 83.30

**C. Edward K. Park M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99 Nobscot Road  
 City Sudbury State MA Zip Code 01776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth 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  
 09 / 10 / 2013  
**Transaction ID : C2424156**  
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jennifer M. Parod M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4742 N Courtney Dr  
 City Tucson State AZ Zip Code 85705-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Arizona Department of An Occupation Assistant Professor  
 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  
 09 / 15 / 2013  
**Transaction ID : C2426470**  
 Amount of Each Receipt this Period  
 500.00

**B. Harry G. Parr D.O.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C2426334**  
 Amount of Each Receipt this Period  
 83.30

**C. Rafael P. Pascual M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1488 Jesse Jewell Pky SE, Ste. 100  
 City Gainesville State GA Zip Code 30501-3852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Assoc. of Gainesville 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  
 09 / 30 / 2013  
**Transaction ID : C2437619**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.30  
**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 Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Srikanth S. Patankar M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Lincoln Rd.  
 City Westfield State NJ Zip Code 07090-3902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Anesthesia Associates Occupation Pediatric anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 28 / 2013**  
**Transaction ID : C2437246**  
 Amount of Each Receipt this Period **1000.00**

**B. Anand Patel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8522 Terlizzi Ct  
 City Orlando State FL Zip Code 32836-8775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JLR Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : C2434754**  
 Amount of Each Receipt this Period **500.00**

**C. Atul N Patel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19080 Ashbourne Ln  
 City Brookfield State WI Zip Code 53045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Elmbrook Hospital Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 08 / 2013**  
**Transaction ID : C2419190**  
 Amount of Each Receipt this Period **250.00**

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Haresh D. Patel M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Enclave Rd

City Chattanooga	State TN	Zip Code 37415-5650
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiology Consultants Exchange	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C2437602**

Amount of Each Receipt this Period  

1000.00
---------

**B. Haresh D. Patel M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Enclave Rd

City Chattanooga	State TN	Zip Code 37415-5650
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiology Consultants Exchange	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C2437603**

Amount of Each Receipt this Period  

83.34
-------

**C. Dennis J. Patin M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1475 N.W. 12th Ave.

City Miami	State FL	Zip Code 33136
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Miami	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
09	/	16	/	2013

**Transaction ID : C2426586**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1333.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 239 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Derrick R. Payne M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6117 Oxbow Bend Ln  
 City Port Orange State FL Zip Code 32128-7164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Halifax Anesthesiology 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  
 09 / 22 / 2013  
**Transaction ID : C2433149**  
 Amount of Each Receipt this Period  
 500.00

**B. James Pearson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Hawthorne Lane  
 City Charlotte State NC Zip Code 28204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presbyterian Anesthesia Associates, P. 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  
 09 / 26 / 2013  
**Transaction ID : C2436105**  
 Amount of Each Receipt this Period  
 250.00

**C. William F. Pederson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1819 Denver West Drive #200  
 City Golden State CO Zip Code 80401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Anesthesia Services 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  
 09 / 29 / 2013  
**Transaction ID : C2437304**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Joseph M. Pellegrino M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 Country Club Road Apt 108  
 City State Zip Code  
 Lehighton PA 18235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Geisinger Wyoming Valley Medical Cente Staff 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  
 09 / 13 / 2013  
**Transaction ID : C2426260**  
 Amount of Each Receipt this Period  
 500.00

**B. Stephen J. Penca M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Rushing Meadow Ct.  
 City State Zip Code  
 Arlington TX 76016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pinnacle Anesthesia 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  
 09 / 29 / 2013  
**Transaction ID : C2437287**  
 Amount of Each Receipt this Period  
 500.00

**C. Feyce M. Peralta M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 E Huron St # F5-704  
 City State Zip Code  
 Chicago IL 60611-2908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Memorial Hospital Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425704**  
 Amount of Each Receipt this Period  
 83.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1083.30
<b>TOTAL</b> This Period (last page this line number only).....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Barbara A. Pero M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437572</b>
Mailing Address 6 Senda Torcida		Amount of Each Receipt this Period 1000.00
City Santa Fe	State NM	Zip Code 87508
FEC ID number of contributing federal political committee. C	Name of Employer Santa Fe Anesthesia Specialists	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Raymond M. Pessa M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2013 <b>Transaction ID : C2417335</b>
Mailing Address 278 Round Swamp Rd		Amount of Each Receipt this Period 83.34
City Melville	State NY	Zip Code 11747-1903
FEC ID number of contributing federal political committee. C	Name of Employer NORTH AMERICAN PARTNERS ANESTHESIA	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.52	

Full Name (Last, First, Middle Initial) <b>C. Joseph H. Peters M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2013 <b>Transaction ID : C2426594</b>
Mailing Address PO Box 8305		Amount of Each Receipt this Period 1000.00
City Gadsden	State AL	Zip Code 35902-8305
FEC ID number of contributing federal political committee. C	Name of Employer ANESTHESIA ASSOC	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2083.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Theodore A. Peterson M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2013 <b>Transaction ID : C2426303</b>
Mailing Address 3632 21st Ave. S.		Amount of Each Receipt this Period 250.00
City St. Cloud	State MN	Zip Code 56301-8935
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of St. Cloud	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Wesley V. Picolo Jr., M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : C2437431</b>
Mailing Address 7401 SW 5th St.		Amount of Each Receipt this Period 250.00
City Plantation	State FL	Zip Code 33317
FEC ID number of contributing federal political committee. C		
Name of Employer Sheridan Health Care	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Marina A. Pierce M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2013 <b>Transaction ID : C2426502</b>
Mailing Address 2438 Golfview Dr		Amount of Each Receipt this Period 83.34
City Orange Park	State FL	Zip Code 32003-3383
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Anesthesia Assoc., P.A.	Occupation Anesthesiologist, MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Sara K. Pieren M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1918 E Lafayette Pl  
 Unit 308-S  
 City Milwaukee State WI Zip Code 53202-1368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Associates of Wisconsin Occupation Associate Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.02**

Date of Receipt **09 / 14 / 2013**  
**Transaction ID : C2426294**  
 Amount of Each Receipt this Period **41.67**

**B. Benjamin D. Pitman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1322 Sherwood Ln  
 City Nichols Hills State OK Zip Code 73116  
 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 **1000.00**

Date of Receipt **09 / 03 / 2013**  
**Transaction ID : C2417445**  
 Amount of Each Receipt this Period **1000.00**

**C. Michael H. Plumer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 162 Paako St.  
 City Kapaa State HI Zip Code 96746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kauai Medical Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2436361**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1091.67**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 244 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Roma C. Polce M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 666.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426493**  
 Amount of Each Receipt this Period  
 83.30

**B. Linda S. Polley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Ridgeway St  
 City Ann Arbor State MI Zip Code 48104-1739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan Health System 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  
 09 / 02 / 2013  
**Transaction ID : C2417266**  
 Amount of Each Receipt this Period  
 250.00

**C. Chuck T. Poole M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 Tucker Street, Suite 5  
 City Jackson State TN Zip Code 38301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Professional Anesthesia Associates Occupation Physician Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436207**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.30  
**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 Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Garrett R Poole M.D.**

Mailing Address 117 S Alameda Ln Apt 6

City San Clemente	State CA	Zip Code 92672
----------------------	-------------	-------------------

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
09	/	17	/	2013

**Transaction ID : C2429316**

Amount of Each Receipt this Period  

500.00
--------

Full Name (Last, First, Middle Initial)  
**B. Marc Popovich M.D.**

Mailing Address 9500 Euclid Ave Surgical ICU G-58  
Surgical ICU, G-58

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

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Found	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
09	/	27	/	2013

**Transaction ID : C2436363**

Amount of Each Receipt this Period  

250.00
--------

Full Name (Last, First, Middle Initial)  
**C. Jason Porter M.D.**

Mailing Address 381 Cherry St

City St Henry	State OH	Zip Code 45883
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercer Health, Coldwater, Ohio	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2013

**Transaction ID : C2426798**

Amount of Each Receipt this Period  

41.67
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>791.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Karl A. Poterack M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5777 E Mayo Blvd  
 City Phoenix State AZ Zip Code 85054-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Foundation Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437469**  
 Amount of Each Receipt this Period **1000.00**

**B. Ronald G. Powell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4330 Hillside  
 City Norman State OK Zip Code 73072-2821  
 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 **500.00**

Date of Receipt **09 / 18 / 2013**  
**Transaction ID : C2430291**  
 Amount of Each Receipt this Period **500.00**

**C. Ravindra V. Prasad M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N2201 North Wing CB 7010  
 City Chapel Hill State NC Zip Code 27599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer U NC Sch of Med Anes Dept Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt **09 / 09 / 2013**  
**Transaction ID : C2419624**  
 Amount of Each Receipt this Period **41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **1541.67**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 247 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Susan E. Presseau M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5504 Greenmont Ter  
 City State Zip Code  
 Vienna WV 26105-3296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Marietta Memorial Hospital 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  
 09 / 05 / 2013  
**Transaction ID : C2418221**  
 Amount of Each Receipt this Period  
 500.00

**B. Marc A. Pressman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4605 Jasmine Dr.  
 City State Zip Code  
 Rockville MD 20853-1738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Safe Sedation, PLLC 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  
 09 / 08 / 2013  
**Transaction ID : C2419191**  
 Amount of Each Receipt this Period  
 500.00

**C. Gregory Previte M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Meadow Cove Rd  
 City State Zip Code  
 Pittsford NY 14534-3350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Rochester Medical Center 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  
 09 / 02 / 2013  
**Transaction ID : C2417267**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 248 OF 345  
(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. Matthew D. Price M.D.**  
 Mailing Address 50791 Chesapeake Dr.  
 City State Zip Code  
 Novi MI 48374-2552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Oakland Anesthesia Associates PC Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 833.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : C2430375**  
 Amount of Each Receipt this Period  
 83.30

Full Name (Last, First, Middle Initial)  
**B. Blake Prince M.D.**  
 Mailing Address 501 20th St Ste 606  
 City State Zip Code  
 Knoxville TN 37916-1863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Medical Alliance of East TN 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  
 09 / 30 / 2013  
**Transaction ID : C2437571**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**c. Thomas G. Provost D.O.**  
 Mailing Address 15 Hastings Ave  
 City State Zip Code  
 Keene NH 03431-5204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cheshire Anesthesia Associates 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  
 09 / 09 / 2013  
**Transaction ID : C2422621**  
 Amount of Each Receipt this Period  
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**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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Danica Q. Pruett M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 806 Mullins Hill Dr.  
 City Huntsville State AL Zip Code 35802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Danica Q Pruett M.D. 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  
 09 / 30 / 2013  
**Transaction ID : C2437645**  
 Amount of Each Receipt this Period  
 1000.00

**B. Jeffory J. Prylinski D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5610 Tarleton Dr SE  
 City Huntsville State AL Zip Code 35802-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAS, Inc. 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  
 09 / 30 / 2013  
**Transaction ID : C2437624**  
 Amount of Each Receipt this Period  
 500.00

**C. P. G. Purves M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 627  
 City Auburn State AL Zip Code 36831-0627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of East Alabama 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  
 09 / 17 / 2013  
**Transaction ID : C2429325**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. John-Patrick Python M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Thistle Ln  
 City State Zip Code  
 Glenmont NY 12077-2972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Group of Albany 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  
 09 / 30 / 2013  
**Transaction ID : C2437612**  
 Amount of Each Receipt this Period  
 500.00

**B. Forrest C. Quiggle M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13048 Rocky River Rd North  
 City State Zip Code  
 Jacksonville FL 32224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Florida Anesthesia Associates 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  
 09 / 04 / 2013  
**Transaction ID : C2418085**  
 Amount of Each Receipt this Period  
 1000.00

**C. Crispin S. Quito D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1018 Harrington Ln.  
 City State Zip Code  
 East Lansing MI 48823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lansing Anesthesiologist, P.C. 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  
 09 / 04 / 2013  
**Transaction ID : C2418204**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Nathan M. Rachman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1241 Killarney Dr  
 City Ormond Beach State FL Zip Code 32174-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Halifax Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436098**  
 Amount of Each Receipt this Period  
 41.67

**B. Lloyd E. Rader M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4225 Stirrup Ln  
 City Edmond State OK Zip Code 73034-1532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists, Inc. 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  
 09 / 08 / 2013  
**Transaction ID : C2419584**  
 Amount of Each Receipt this Period  
 500.00

**C. Jonathan S. Radin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12720 Frank Dr S  
 City Seminole State FL Zip Code 33776-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Area Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2013  
**Transaction ID : C2433241**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1041.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Navdip S. Rangji M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10191 W. Shrewsbury Run  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 17 / 2013**  
**Transaction ID : C2427936**  
 Amount of Each Receipt this Period **1000.00**

**B. Sripad P. Rao M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1504 Bay Rd Apt 3307  
 City Miami Beach State FL Zip Code 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 **749.70**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C2418233**  
 Amount of Each Receipt this Period **83.30**

**C. John P. Rask M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 756 Fairway Rd., NW  
 City Albuquerque State NM Zip Code 87107-5719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of New Mexico School of Med Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **749.70**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2425711**  
 Amount of Each Receipt this Period **83.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1166.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Joseph M. Rater M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11155 Conway Rd  
 City Saint Louis State MO Zip Code 63131-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South County Anesthesia Associates 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 Y  
 09 / 17 / 2013  
**Transaction ID : C2429303**  
 Amount of Each Receipt this Period  
 250.00

**B. Stephen A. Rath M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 Sudderth Dr  
 City Ruidoso State NM Zip Code 88345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fusion Medical Spa 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 Y  
 09 / 17 / 2013  
**Transaction ID : C2429345**  
 Amount of Each Receipt this Period  
 250.00

**C. Joseph S. Rayburn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 English Ln  
 City Rainbow City State AL Zip Code 35906-3740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates, PA 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  
 09 / 16 / 2013  
**Transaction ID : C2426599**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 254 OF 345  
(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. Kellie E. Reading M.D.**

Mailing Address 9710 Ravenswood Ct

City Saline State MI Zip Code 48176-9803

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Associates of Ann Arbor 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  
**09 / 04 / 2013**

**Transaction ID : C2418054**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Douglas A. Redfield M.D.**

Mailing Address 580 Court St  
 Cheshire Medical Center Anes. Dept

City Keene State NH Zip Code 03431-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer Cheshire Medical Center Anes. Dept. Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 22 / 2013**

**Transaction ID : C2433168**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Reed M.D.**

Mailing Address 5208 Verbena Ln

City Oklahoma City State OK Zip Code 73142

FEC ID number of contributing federal political committee. **C**

Name of Employer Affiliated Anesthesiologists, LLC 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  
**09 / 03 / 2013**

**Transaction ID : C2417580**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **780.00**

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

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

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

FOR LINE NUMBER: PAGE 255 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. David C. Reeder M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8606 35th Ave NE Apt 122  
 City State Zip Code  
 Seattle WA 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 myself 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  
 09 / 17 / 2013  
**Transaction ID : C2429329**  
 Amount of Each Receipt this Period  
 500.00

**B. Keith A. Riabov M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Warwick Rd  
 City State Zip Code  
 Chatham NJ 07928-1516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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  
 09 / 30 / 2013  
**Transaction ID : C2437517**  
 Amount of Each Receipt this Period  
 500.00

**C. Theresa Rickelman D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 South Osteopathy  
 City State Zip Code  
 Kirksville MO 63501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northeast Regional Medical Center Anes 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  
 09 / 17 / 2013  
**Transaction ID : C2429263**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Jeffrey M. Ricketts D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 Bradford Holw NE  
 City Grand Rapids State MI Zip Code 49525-3300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Consultants, P.C. Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 28 / 2013  
**Transaction ID : C2437229**  
 Amount of Each Receipt this Period 50.00

**B. Cameron J. Ricks M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33965 Malaga Dr  
 City Dana Point State CA Zip Code 92629-2456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UC Irvine Dept Anes Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426495**  
 Amount of Each Receipt this Period 41.60

**C. Robert K. Rigsby M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 Live Oak Ln.  
 City Altamonte Springs State FL Zip Code 32714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JLRmed Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2013  
**Transaction ID : C2429968**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	591.60
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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) <b>A. Frank E. Rinaldo M.D.</b>		Date of Receipt 09 / 17 / 2013 <b>Transaction ID : C2429312</b>
Mailing Address 8524 Pine Lake Rd		Amount of Each Receipt this Period 1000.00
City Denver	State NC	Zip Code 28037
FEC ID number of contributing federal political committee. C		
Name of Employer Western Piedmont Anesthesia	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Robert L. Ringering D.O.</b>		Date of Receipt 09 / 18 / 2013 <b>Transaction ID : C2429459</b>
Mailing Address PO Box 506		Amount of Each Receipt this Period 41.67
City Old Lyme	State CT	Zip Code 06371-0506
FEC ID number of contributing federal political committee. C		
Name of Employer North American Partners in Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) <b>C. Edwin A. Risi Jr., M.D.</b>		Date of Receipt 09 / 08 / 2013 <b>Transaction ID : C2419180</b>
Mailing Address 19543 SW 39th St		Amount of Each Receipt this Period 100.00
City Miramar	State FL	Zip Code 33029-2734
FEC ID number of contributing federal political committee. C		
Name of Employer North Shore Anesthesiology Partners L	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1141.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 258 OF 345
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Daniel Rivera M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18810 Canoe Brk  
 City San Antonio State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clinical Colleagues, Inc Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437437**  
 Amount of Each Receipt this Period  
 100.00

**B. Kevin W. Roberts M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 240 Walnut Ln.  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical Center Hospital Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C2418241**  
 Amount of Each Receipt this Period  
 83.34

**C. Laura L. Roberts M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4217 Coolidge St  
 City Mt Pleasant State SC Zip Code 29466-7161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical University of South Carolina 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  
 09 / 05 / 2013  
**Transaction ID : C2418413**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	683.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. David Robinson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3882 Belle Vista Dr E  
 City St Pete Beach State FL Zip Code 33706-2629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer David Robinson, MD PA 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  
 09 / 23 / 2013  
**Transaction ID : C2433240**  
 Amount of Each Receipt this Period  
**250.00**

**B. Edward S. Robinson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 E 37th St  
 City Kansas City State MO Zip Code 64109-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAKC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425697**  
 Amount of Each Receipt this Period  
**75.00**

**C. Joel C. Robinson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 E 3100 N  
 City North Logan State UT Zip Code 84341-8341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Interwest Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : C2436078**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **625.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 260 OF 345
<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**

**A. Babak Roboubi M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7305 Helmsdale Rd.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington hospital center	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
09	/	26	/	2013

**Transaction ID : C2436265**

Amount of Each Receipt this Period  

250.00
--------

**B. Kai J. Rodning M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3750 Rhonda Dr N

City Mobile	State AL	Zip Code 36608
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of South Alabama	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
09	/	18	/	2013

**Transaction ID : C2429439**

Amount of Each Receipt this Period  

250.00
--------

**C. Peter M. Roessler M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 19031 Hilltop Rd

City Lake Oswego	State OR	Zip Code 97034-7474
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Oregon Anesthesiology Group, P.C.	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
09	/	25	/	2013

**Transaction ID : C2435333**

Amount of Each Receipt this Period  

250.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Scott T. Roethle M.D.**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **749.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2417984**  
 Amount of Each Receipt this Period  
**83.30**

**B. Robert D. Roettger M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9051 Itasca Trail North  
 City Grant State MN Zip Code 55082-5285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Anesthesiologists, P.A. 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  
 09 / 29 / 2013  
**Transaction ID : C2437300**  
 Amount of Each Receipt this Period  
**250.00**

**C. David L. Rogers M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2810 N Swan Rd Ste 100  
 City Tucson State AZ Zip Code 85712-6300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Old Pueblo Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : C2435342**  
 Amount of Each Receipt this Period  
**200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>533.30</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. David L. Rogers M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2810 N Swan Rd Ste 100

City Tucson State AZ Zip Code 85712-6300

FEC ID number of contributing federal political committee. **C**

Name of Employer Old Pueblo Anesthesia Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 25 / 2013  
**Transaction ID : C2435343**

Amount of Each Receipt this Period 250.00

**B. John Rogoski D.O.**  
Full Name (Last, First, Middle Initial)

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  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 749.70

Date of Receipt 09 / 15 / 2013  
**Transaction ID : C2426337**

Amount of Each Receipt this Period 83.30

**C. Richard A. Romer M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Lamplighter Rd.

City Schenectady State NY Zip Code 12309-1159

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia group of Albany, P.C. Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2013  
**Transaction ID : C2429956**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 358.30

**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 Page		FOR LINE NUMBER: (check only one)	PAGE 263 OF 345
<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**

**A. Gerald P. Rosen M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Alton Rd., #1401

City Miami	State FL	Zip Code 33140
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Miami Beach Anesthesiology Assoc.	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

**Transaction ID : C2417328**

Amount of Each Receipt this Period  

341.60
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**B. Randy L. Rosett M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 13611 Elena Gallegos PI NE

City Albuquerque	State NM	Zip Code 87111-8159
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of New Mexico	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
09	/	10	/	2013

**Transaction ID : C2424742**

Amount of Each Receipt this Period  

250.00
--------

**C. Frank A. Rosinia M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Idlewood PI

City River Ridge	State LA	Zip Code 70123-1525
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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 ▼ **533.30**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C2418240**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>341.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 264 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Irl L. Rosner M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 396 Princes Point Rd  
 City Brunswick State ME Zip Code 04011-3724  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : C2436189**  
 Amount of Each Receipt this Period  
 250.00

**B. Brian S. Rothman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Medical Center Drive, 4648 TV  
 City Nashville State TN Zip Code 37232-5614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt University Medical Center Occupation Assistant Professor - Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : C2430379**  
 Amount of Each Receipt this Period  
 41.67

**C. Michael G. Royce M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2469 E 33rd St  
 City Tulsa State OK Zip Code 74105-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assoc. Anesthesiologists, Inc. 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  
 09 / 30 / 2013  
**Transaction ID : C2437673**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 265 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Donald B. Rudolf M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9052 Short Chip Cir  
 City Port St Lucie State FL Zip Code 34986-2800  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437267**  
 Amount of Each Receipt this Period  
 250.00

**B. James G. Rudolph M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Old Rocky Ridge Rd. Suite 106  
 City Birmingham State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anes. Serv. of Birmingham PC 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  
 09 / 16 / 2013  
**Transaction ID : C2426643**  
 Amount of Each Receipt this Period  
 500.00

**c. Christopher G. Rumery M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1132 Petra Ct  
 City Davis State CA Zip Code 95618-6577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Woodland Memorial Hospital 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  
 09 / 05 / 2013  
**Transaction ID : C2418590**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Julia A. Rygaard M.D.</b>			Date of Receipt MM / DD / YYYY 09 / 10 / 2013 <b>Transaction ID : C2424707</b>
Mailing Address 3107 Harwich Ct			Amount of Each Receipt this Period 500.00
City Norman	State OK	Zip Code 73071-7158	
FEC ID number of contributing federal political committee. C			
Name of Employer Julia Rygaard, MD, PLLC	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Sammy Sabri M.D.</b>			Date of Receipt MM / DD / YYYY 09 / 16 / 2013 <b>Transaction ID : C2426644</b>
Mailing Address 2151 Old Rocky Ridge Rd Ste 106			Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35216-7251	
FEC ID number of contributing federal political committee. C			
Name of Employer Anes. Associates, P.C.	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Saccocci D.O.</b>			Date of Receipt MM / DD / YYYY 09 / 20 / 2013 <b>Transaction ID : C2430942</b>
Mailing Address 1358 East Drive SW			Amount of Each Receipt this Period 41.60
City Roanoke	State VA	Zip Code 24015-3718	
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Anesthesia, P.C.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.40		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1041.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 267 OF 345  
(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. Yasser Sakawi M.D.**

Mailing Address 2020 5th Ave S Apt 433B

City Birmingham State AL Zip Code 35233

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436100**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. James M. Sams M.D.**

Mailing Address 3500 Castlegate Dr NW

City Atlanta State GA Zip Code 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Specialists in Anesthesia 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  
 09 / 07 / 2013  
**Transaction ID : C2419151**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Robert H. Sanborn M.D.**

Mailing Address 3939 J St Ste 310

City Sacramento State CA Zip Code 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer Sacramento Anesthesia 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  
 09 / 17 / 2013  
**Transaction ID : C2429386**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Carl Sanchez M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C2425638</b>
Mailing Address 1755 Kirby Pky. Suite 330		Amount of Each Receipt this Period 250.00
City Memphis	State Zip Code TN 38120	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Medical Anesthesia Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alfredo A. Santi M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2013 <b>Transaction ID : C2434753</b>
Mailing Address 19 Old Farms Rd.		Amount of Each Receipt this Period 41.67
City Poughkeepsie	State Zip Code NY 12603	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 333.36
Name of Employer North American Partners in Anesthesia	Occupation Md Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steve F. Santi M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2013 <b>Transaction ID : C2425720</b>
Mailing Address 110 29th Ave. N., #202		Amount of Each Receipt this Period 500.00
City Nashville	State Zip Code TN 37203	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Anesthesia Medical Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Antonio A. Santos M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 E Fletcher Ave  
 City Tampa State FL Zip Code 33613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unicom Division GFA LLC 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  
 09 / 27 / 2013  
**Transaction ID : C2436344**  
 Amount of Each Receipt this Period  
 250.00

**B. Bryant O. Santos M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12230 NW Tualatin Ave.  
 City Portland State OR Zip Code 97229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Anesthesiology Group, P.C. 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  
 09 / 28 / 2013  
**Transaction ID : C2437211**  
 Amount of Each Receipt this Period  
 250.00

**C. Constantine D. Sarantopoulos M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1611 NW 12th Ave  
 Central Bldg, #300  
 City Miami State FL Zip Code 33136-1005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Miami Sch of Med 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  
 09 / 30 / 2013  
**Transaction ID : C2437467**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Madhankumar Sathyamoorthy M.B.,B.S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 North State st  
 City Jackson State MS Zip Code 39222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Mississippi Medical cent Occupation pediatric anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : C2436505**  
 Amount of Each Receipt this Period  
 500.00

**B. Katarina Sawtele M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Goose Cove Rd  
 City Bath State ME Zip Code 04530-4017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum 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  
 09 / 22 / 2013  
**Transaction ID : C2433161**  
 Amount of Each Receipt this Period  
 250.00

**c. Phyllis G. Schapire M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 Cedar Hill Ln  
 City Media State PA Zip Code 19063-6310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associates in anesthesia 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  
 09 / 29 / 2013  
**Transaction ID : C2437289**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 345
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<input type="checkbox"/> 12	<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) <b>A. Gerald A. Schiff M.D.</b>		Date of Receipt 09 / 19 / 2013 <b>Transaction ID : C2430378</b>
Mailing Address 346 Richard St.		Amount of Each Receipt this Period 41.67
City West Hempstead	State NY	Zip Code 11552
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North American Partners in Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) <b>B. Dominique H. Schiffer M.D.</b>		Date of Receipt 09 / 13 / 2013 <b>Transaction ID : C2426263</b>
Mailing Address 11529 E Dorado Ave		Amount of Each Receipt this Period 250.00
City Englewood	State CO	Zip Code 80111-4143
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Colorado Hospital Dept.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Steven B. Schulman M.D.</b>		Date of Receipt 09 / 13 / 2013 <b>Transaction ID : C2425713</b>
Mailing Address 100 Port Washington Blvd		Amount of Each Receipt this Period 83.34
City Roslyn	State NY	Zip Code 11576-1353
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NY Cardiovascular Anesthesiologists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Abraham Schuster M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 Old Rocky Ridge Rd.  
Suite 106

City Birmingham State AL Zip Code 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Anes. Serv. of Birmingham PC 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  
09 / 16 / 2013

**Transaction ID : C2426646**

Amount of Each Receipt this Period  
1000.00

**B. Daniel Scokin M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 Olive Branch Rd

City Nashville State TN Zip Code 37205-3220

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia 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  
09 / 28 / 2013

**Transaction ID : C2437239**

Amount of Each Receipt this Period  
250.00

**C. Mark P. Scott M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 963 Via Bolzano

City Goleta State CA Zip Code 93117

FEC ID number of contributing federal political committee. **C**

Name of Employer Santa Barbara Cottage Hospital 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  
09 / 05 / 2013

**Transaction ID : C2418585**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 273 OF 345  
(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. Alvaro M. Segura-Vasi M.D.**

Mailing Address 216 Marengo St Ste F

City State Zip Code  
 Florence AL 35630-6034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Beer,Simon, Williams,Moody and Asso 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  
 09 / 26 / 2013

**Transaction ID : C2436185**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Paul A. Seitz M.D.**

Mailing Address 821 Shadowstone Pl

City State Zip Code  
 Nashville TN 37220-1827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Medical Group PC 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  
 09 / 16 / 2013

**Transaction ID : C2426591**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Papiya Sengupta M.B.**

Mailing Address 90 Apple Gate Unit 95

City State Zip Code  
 Southington CT 06489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Milford Anesthesia Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 474.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2013

**Transaction ID : C2419181**

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Kurt A. Senn M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3104 Blue Lake Dr., #110

City Birmingham	State AL	Zip Code 35243
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesiologists Associated, P.C.	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
09	/	05	/	2013

**Transaction ID : C2418435**

Amount of Each Receipt this Period  
500.00

**B. Alexandru Sevcicu M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 Oak Grove Dr

City Brewer	State ME	Zip Code 04412-1268
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Maine Medical Center	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
09	/	12	/	2013

**Transaction ID : C2425673**

Amount of Each Receipt this Period  
250.00

**c. Christopher C. Shadid M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 837 NW 41st St

City Oklahoma City	State OK	Zip Code 73118-6822
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Anesthesia	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
09	/	16	/	2013

**Transaction ID : C2426682**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) <b>A. Fred E. Shapiro D.O.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2013
Mailing Address Department of Anesthesiology 330 Brookline Ave # F-407		<b>Transaction ID : C2417213</b>
City Boston	State MA	Zip Code 02215-5400
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.30	
Name of Employer Harvard Medical School	Occupation Assistant Professor of Anesthesia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.70	

Full Name (Last, First, Middle Initial) <b>B. Marvin L. Shapiro M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013
Mailing Address 8451 Briarbirch Cove		<b>Transaction ID : C2425732</b>
City Memphis	State TN	Zip Code 38139
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer medical anesthesia group	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Marvin L. Shapiro M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2013
Mailing Address 8451 Briarbirch Cove		<b>Transaction ID : C2434725</b>
City Memphis	State TN	Zip Code 38139
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 800.00	
Name of Employer medical anesthesia group	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Matthew J. Shatz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Jarombek Dr.  
 City Towaco State NJ Zip Code 07082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Garden State Anesthesia Services, PA 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  
 09 / 03 / 2013  
**Transaction ID : C2417581**  
 Amount of Each Receipt this Period  
**250.00**

**B. Michael L. Shelton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3504 Great Oak Ln  
 City Birmingham State AL Zip Code 35223-1614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Alabama at Birmingham- Dept of 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  
 09 / 05 / 2013  
**Transaction ID : C2418589**  
 Amount of Each Receipt this Period  
**500.00**

**C. Daniel M. Sherrer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Old Rocky Ridge Rd Ste 106  
 City Birmingham State AL Zip Code 35216-7251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Services of Birmingham, P.C 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  
 09 / 16 / 2013  
**Transaction ID : C2426648**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 277 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Shira Shiloah M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1810 Autumn Ave  
 City Memphis State TN Zip Code 38112-5310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Occupation MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1332.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C2430894**  
 Amount of Each Receipt this Period  
 1000.00

**B. Bret E. Shipley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6918 Melrose Ln  
 City Oklahoma City State OK Zip Code 73127-6140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integris Baptist Occupation Anes  
 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  
 09 / 04 / 2013  
**Transaction ID : C2418059**  
 Amount of Each Receipt this Period  
 500.00

**c. Larry D. Shirley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2705 Rambling Dr.  
 City Edmond State OK Zip Code 73025  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2425689**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. William R. Shurley III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7954 Dexter Rd  
 City Cordova State TN Zip Code 38016-8781  
 Name of Employer Metropolitan Anesthesia Alliance Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2013  
**Transaction ID : C2425092**  
 Amount of Each Receipt this Period 1000.00

**B. Karen S. Sibert M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4146 Sunnyslope Ave.  
 City Sherman Oaks State CA Zip Code 91423  
 Name of Employer Cedars-Sinai Medical Center Anes. Dept Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.12

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C2418243**  
 Amount of Each Receipt this Period 83.34

**C. Dean Sider M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2699 Lee Rd Ste 510  
 City Winter Park State FL Zip Code 32789-1742  
 Name of Employer Sheridan Healthcorp Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2013  
**Transaction ID : C2426671**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1583.34  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. John H. Siegle M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Bramhall St  
 Maine Med. Ctr., Anes. Dept.  
 City Portland State ME Zip Code 04102-3134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Medical Group Occupation physician -- anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 09 / 04 / 2013  
**Transaction ID : C2418219**  
 Amount of Each Receipt this Period  
 250.00

**B. Richard B. Silver M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1006 Taray De Avila  
 City Tampa State FL Zip Code 33613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer gfa Occupation doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 09 / 18 / 2013  
**Transaction ID : C2429988**  
 Amount of Each Receipt this Period  
 250.00

**C. Joseph E. Simpson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1524 Agawela Ave.  
 City Knoxville State TN Zip Code 37919-8317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 09 / 02 / 2013  
**Transaction ID : C2417251**  
 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	FOR LINE NUMBER: (check only one)	PAGE 280 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. David R. Sinclair M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8362 NW 28th Street  
 City State Zip Code  
 Cooper City FL 33024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Miami Hospital Assistant Professor of Anesthesiology  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2013  
**Transaction ID : C2419182**  
 Amount of Each Receipt this Period  
 25.00

**B. Sandra S. Sipe M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2449 Mountain Vista Dr  
 City State Zip Code  
 Vestavia AL 35243-2856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Alabama School of Medici 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  
 09 / 18 / 2013  
**Transaction ID : C2429954**  
 Amount of Each Receipt this Period  
 500.00

**C. Philip L. Sissons M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 8305  
 City State Zip Code  
 Gadsden AL 35902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ANESTHESIA ASSOC 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  
 09 / 16 / 2013  
**Transaction ID : C2426598**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 281 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Patrick W. Slatev M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Mulholland Dr  
 City Edmond State OK Zip Code 73012-4119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesiologists Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 10 / 2013**  
**Transaction ID : C2424153**  
 Amount of Each Receipt this Period **500.00**

**B. J. Paul Slavenas Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 363  
 City Deerfield State IL Zip Code 60015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Consultants, Limited Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 17 / 2013**  
**Transaction ID : C2429361**  
 Amount of Each Receipt this Period **500.00**

**C. Robert H. Small M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 W 10th Ave Dept of Anes - N411 Doan Hall  
 City Columbus State OH Zip Code 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 **749.70**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2425702**  
 Amount of Each Receipt this Period **83.30**

**SUBTOTAL** of Receipts This Page (optional)..... **1083.30**  
**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 Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Andrew O. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5207 146th Ave SE  
 City Bellevue State WA Zip Code 98006-3553  
 Name of Employer Valley Anesthesia Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2013  
**Transaction ID : C2417548**  
 Amount of Each Receipt this Period 250.00

**B. Bryan Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Aolewa Pl  
 City Kula State HI Zip Code 96790-8083  
 Name of Employer The Anesthesia Medical Group, Inc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2013  
**Transaction ID : C2437206**  
 Amount of Each Receipt this Period 250.00

**C. David W. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 W. Hillwood Dr.  
 City Nashville State TN Zip Code 37205-1340  
 Name of Employer Anesthesia Medical Group Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2013  
**Transaction ID : C2425560**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Floyd L. Smith M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3410 Overholser Dr.  
 City Bethany State OK Zip Code 73008-3554  
 Name of Employer Mercy Hospital Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2013  
**Transaction ID : C2417257**  
 Amount of Each Receipt this Period 500.00

**B. Jeremy B. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 Boulder Lake Way  
 City Vestavia State AL Zip Code 35242-2105  
 Name of Employer UAB Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2013  
**Transaction ID : C2429403**  
 Amount of Each Receipt this Period 1000.00

**C. Joshua E. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 Lansdowne Pl  
 City Vestavia State AL Zip Code 35226-3264  
 Name of Employer Univ of Alabama Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437430**  
 Amount of Each Receipt this Period 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Stephen R. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1158 Dutch Hollow Drive  
 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 **09 / 30 / 2013**  
**Transaction ID : C2437520**  
 Amount of Each Receipt this Period **1000.00**

**B. William D. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2223 Edgemont  
 City Bristol State TN Zip Code 37620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bristol Anesthesia Services Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **666.72**

Date of Receipt **09 / 28 / 2013**  
**Transaction ID : C2437231**  
 Amount of Each Receipt this Period **83.34**

**C. Paul R. Smythe M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 1500 E. Medical Center Drive  
 City Ann Arbor State MI Zip Code 48109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan Occupation faculty anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 25 / 2013**  
**Transaction ID : C2435303**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1133.34**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 285 OF 345  
(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. Gregory W. Snodgrass M.D.**

Mailing Address 100 Deerfield Ln

City State Zip Code  
 Oak Ridge TN 37830-8767

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 mmc anesthesia group 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  
 09 / 25 / 2013

**Transaction ID : C2436048**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Henry W. Soechting M.D.**

Mailing Address 102 Charm Drive

City State Zip Code  
 New Braunfels TX 78132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Star Anesthesia Anesthesiologists

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  
 09 / 30 / 2013

**Transaction ID : C2437639**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Bryan T. Solby M.D.**

Mailing Address 3444 Ashton Oaks Cv

City State Zip Code  
 Longwood FL 32779-3164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 JLR Medical group 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  
 09 / 26 / 2013

**Transaction ID : C2436288**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Jatinder S. Somal M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4422 N Camino Allenada  
 City Phoenix State AZ Zip Code 85018-3240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417599**  
 Amount of Each Receipt this Period  
 2000.00  
 Aggregate Year-to-Date ▼  
 2000.00

**B. James J. Sonn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Longshadow Drive  
 City Latham State NY Zip Code 12110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Group of Albany Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2429967**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Kortnee L. Sorbin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10718 W 163rd Ter  
 City Overland Park State KS Zip Code 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)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2013  
**Transaction ID : C2419186**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date ▼  
 500.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2333.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 287 OF 345
<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) <b>A. Roy G. Soto M.D.</b>		Date of Receipt
Mailing Address 355 Sycamore Ct		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield Hills	MI	48302
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2419142</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.60"/>
Name of Employer	Occupation	
William Beaumont Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="374.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Spiro G. Spanakis D.O.</b>		Date of Receipt
Mailing Address 65 Lake Ave., #1005		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Worcester	MA	01604
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2433265</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.60"/>
Name of Employer	Occupation	
University of Massachussetts Medical S	Assistant Professor of Anesthesiology	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="374.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Leon Specthrie M.D.</b>		Date of Receipt
Mailing Address 53 Green Hill Rd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kinnelon	NJ	07405
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2437403</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Morris Anesthesia Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="166.54"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 288 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Matthew F. Spond M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6065 Allwood Dr  
 City North Little Rock State AR Zip Code 72116-3707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Arkansas for Medical Sci Occupation Resident  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 533.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : C2418638**  
 Amount of Each Receipt this Period  
 83.34

**B. Andrew N. Springer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2530 Maxim Ln  
 Dept of Anes N411 Doan Hall  
 City Columbus State OH Zip Code 43235-5529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio State Univ Med Ctr Occupation Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C2426339**  
 Amount of Each Receipt this Period  
 41.67

**C. Jeffrey B Stack M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6818 Lion Heart Ln  
 City Knoxville State TN Zip Code 37919-9148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Tennessee Medical Center 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  
 09 / 09 / 2013  
**Transaction ID : C2419612**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.01  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 289 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Kathryn E. Stack M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6200 Mountain Brook Ln NW  
 City State Zip Code  
 Sandy Springs GA 30328-3605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emory University School of Medicine De 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  
 09 / 18 / 2013  
**Transaction ID : C2429404**  
 Amount of Each Receipt this Period  
 250.00

**B. Myra C. Stamps M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4436 Jett Rd NW  
 City State Zip Code  
 Atlanta GA 30327-3565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ambulatory Anesthesia of Atlanta 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  
 09 / 03 / 2013  
**Transaction ID : C2417340**  
 Amount of Each Receipt this Period  
 25.00

**C. Carl W. Stanberry M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 237 Haverford Ave  
 City State Zip Code  
 Nashville TN 37205-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesia Services Associates 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  
 09 / 30 / 2013  
**Transaction ID : C2437591**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 290 OF 345  
(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. Timothy E. Standlee M.D.**  
 Mailing Address 20375 W 151st St Ste 406  
 City Olathe State KS Zip Code 66061-7209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johnson County Anes CHTD 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  
 09 / 30 / 2013  
**Transaction ID : C2437667**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. James Stangl M.D.**  
 Mailing Address 314 Martin Luther King Jr Way # 30  
 City Tacoma State WA Zip Code 98405-4250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tacoma Anesthesia Associates Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2013  
**Transaction ID : C2426290**  
 Amount of Each Receipt this Period  
 83.30

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 ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C2418238**  
 Amount of Each Receipt this Period  
 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Steven P. Stein M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 <b>Transaction ID : C2418640</b>
Mailing Address 18 Harbor Hill Dr		Amount of Each Receipt this Period 83.34
City Lloyd Harbor	State NY	Zip Code 11743-1031
FEC ID number of contributing federal political committee. C	Name of Employer NAPA	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.44	

Full Name (Last, First, Middle Initial) <b>B. Steven P. Stein M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2013 <b>Transaction ID : C2418641</b>
Mailing Address 18 Harbor Hill Dr		Amount of Each Receipt this Period 83.34
City Lloyd Harbor	State NY	Zip Code 11743-1031
FEC ID number of contributing federal political committee. C	Name of Employer NAPA	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.44	

Full Name (Last, First, Middle Initial) <b>C. Todd M. Stevens M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2013 <b>Transaction ID : C2419586</b>
Mailing Address 2718 Old Fort PI		Amount of Each Receipt this Period 1000.00
City Midlothian	State VA	Zip Code 23113-3957
FEC ID number of contributing federal political committee. C	Name of Employer Total Anesthesia	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1166.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 292 OF 345  
(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. 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 Occupation  
 Alabama Pain Center Cullman Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 895.84

Date of Receipt  
 09 / 20 / 2013  
**Transaction ID : C2430939**

Amount of Each Receipt this Period  
 62.50

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Alabama Pain Center Cullman Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 895.84

Date of Receipt  
 09 / 25 / 2013  
**Transaction ID : C2436039**

Amount of Each Receipt this Period  
 250.00

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 Occupation  
 Alabama Pain Center Cullman Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 895.84

Date of Receipt  
 09 / 25 / 2013  
**Transaction ID : C2436040**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **395.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Sarah B. Strand M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1508 Heatherstone Ct.  
 City Chesterfield State MO Zip Code 63005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ballas Anesthesia, Inc Occupation Anesthesia  
 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  
 09 / 17 / 2013  
**Transaction ID : C2429309**  
 Amount of Each Receipt this Period  
 250.00

**B. Jeffrey Strickland M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3445 Maguire Rd  
 City Windermere State FL Zip Code 34786-7851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JLR Medical Group 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  
 09 / 24 / 2013  
**Transaction ID : C2434733**  
 Amount of Each Receipt this Period  
 500.00

**C. Jeffrey S. Stuart M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 518 Laurel Ave  
 City Menlo Park State CA Zip Code 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 M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2013  
**Transaction ID : C2418740**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 294 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffrey M. Sugarman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Loidans Dr NE  
 City Atlanta State GA Zip Code 30342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside anesthesia consultants 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  
 09 / 18 / 2013  
**Transaction ID : C2429400**  
 Amount of Each Receipt this Period  
 250.00

**B. Erin A Sullivan M.D., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Anes PUH C-224  
 200 Lothrop St.  
 City Pittsburgh State PA Zip Code 15213-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPP Department of Anesthesiology Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417333**  
 Amount of Each Receipt this Period  
 83.30

**C. Rohan Sundaralingam M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 884 N. Paulina St., #3  
 City Chicago State IL Zip Code 60622-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lutheran General Hospital Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437400**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 374.97  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Esther Sung M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2013 <b>Transaction ID : C2419146</b>
Mailing Address 3710 SW US Veterans Hospital Rd P3 ANES		Amount of Each Receipt this Period 83.34
City Portland	State OR	Zip Code 97239-2964
FEC ID number of contributing federal political committee. C	Name of Employer Portland VAMC Operative Care	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) <b>B. Stephen D. Surgenor M.D., M.B.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437550</b>
Mailing Address 1 Medical Center Dr		Amount of Each Receipt this Period 500.00
City Lebanon	State NH	Zip Code 03756-1000
FEC ID number of contributing federal political committee. C	Name of Employer Dartmouth Hitchcock Medical Center	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Laurie A. Sutherland M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C2418209</b>
Mailing Address 2 Golden Rod Ln.		Amount of Each Receipt this Period 250.00
City Falmouth	State ME	Zip Code 04105-3823
FEC ID number of contributing federal political committee. C	Name of Employer Maine Medical Center	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 296 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Trevor S. Sutton M.D., M.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Soby Drive  
 City West Hartford State CT Zip Code 06107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milford 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  
 09 / 25 / 2013  
**Transaction ID : C2435341**  
 Amount of Each Receipt this Period  
 250.00

**B. David A. Swastek M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5540 Lohr Lake Dr  
 City Ann Arbor State MI Zip Code 48108-8558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Joseph Mercy Hospital - Ann Arbor Occupation Attending Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2013  
**Transaction ID : C2426269**  
 Amount of Each Receipt this Period  
 250.00

**C. John M. Swirczek M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 S Bear Lake Rd  
 City Muskegon State MI Zip Code 49445-2372  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C2430972**  
 Amount of Each Receipt this Period  
 300.00

**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 Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Steven H. Sykes M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1118 Ross Clark Circle, Suite 700  
 City Dothan State AL Zip Code 36301  
 Name of Employer Anesthesia Consultants Medical Group 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  
 09 / 11 / 2013  
**Transaction ID : C2425203**  
 Amount of Each Receipt this Period  
 1000.00

**B. James F. Szocik M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 1500 E. Medical CtrCenter Drive,  
 City Ann Arbor State MI Zip Code 48109-0048  
 Name of Employer University of Michigan Occupation MD  
 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  
 09 / 11 / 2013  
**Transaction ID : C2425014**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert E. Tainsh Jr., M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 323 Trismen Ter.  
 City Winter Park State FL Zip Code 32789-3949  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436242**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Donald R. Tatum Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 770 Brookwood Walke  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.06**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2436340**  
 Amount of Each Receipt this Period **83.34**

**B. Geoffrey L. Taylor M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4708 Val Verde Dr  
 City Oklahoma City State OK Zip Code 73142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Affiliated Anesthesia LLC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C2418399**  
 Amount of Each Receipt this Period **500.00**

**C. Jefferson B. Taylor M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3171 Green Valley Rd. Box #411  
 City Birmingham State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Resource Management, Inc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437646**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1083.34**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Walter T. Taylor M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2013 <b>Transaction ID : C2437161</b>
Mailing Address 1270 Hunter Run		Amount of Each Receipt this Period 250.00
City Grenada	State MS	Zip Code 38901-4056
FEC ID number of contributing federal political committee. C	Name of Employer grenada anesthesia	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. William M. Taylor Jr., M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2013 <b>Transaction ID : C2419095</b>
Mailing Address 5403 Redfield Circle		Amount of Each Receipt this Period 500.00
City Dunwoody	State GA	Zip Code 30338
FEC ID number of contributing federal political committee. C	Name of Employer Physician Specialists in Anesthesia, P	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Travis J. Teetor M.D.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : C2437410</b>
Mailing Address 19309 Briggs St		Amount of Each Receipt this Period 500.00
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. C	Name of Employer Boys Town National Research Hospital	Occupation Staff Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 300 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Gregory B. Terry M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1252  
 City Murfreesboro State TN Zip Code 37133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Murfreesboro Anes 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  
 09 / 30 / 2013  
**Transaction ID : C2437457**  
 Amount of Each Receipt this Period  
 500.00

**B. Shelly L. Thannum M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1315 Bull Creek Ln  
 City Collierville State TN Zip Code 38017-3943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Grp 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  
 09 / 13 / 2013  
**Transaction ID : C2425727**  
 Amount of Each Receipt this Period  
 250.00

**C. David G. Thomas M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Preservation Cir  
 City Pawleys Island State SC Zip Code 29585-8219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Practice Owner 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  
 09 / 26 / 2013  
**Transaction ID : C2436166**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. Marcy W. Thomas B.S., M.S.</b>		Date of Receipt
Mailing Address 10615 Woodpecker Rd		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chesterfield	VA	23838-4308
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2417247</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Virginia Eye Institute	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.28"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hannah Ja Thompson M.D.</b>		Date of Receipt
Mailing Address 5480 SW 104th Ter		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cooper City	FL	33328
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2427572</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Aventura Hospital Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kyle Thompson M.D.</b>		Date of Receipt
Mailing Address 333 W Hampden Ave #600		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Englewood	CO	80110
FEC ID number of contributing federal political committee.		Transaction ID : <b>C2437438</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
South Denver Anesthesiologists, P.C.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.06"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 302 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Stephen W. Thompson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1205 Country Lane  
 City Orlando State FL Zip Code 32804-6511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiologists of Greater Orlando 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  
 09 / 27 / 2013  
**Transaction ID : C2437154**  
 Amount of Each Receipt this Period  
 500.00

**B. Sydney I. Thomson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6224 Hidden Meadow Ct  
 City San Jose State CA Zip Code 95135-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coast Anesthesia 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  
 09 / 06 / 2013  
**Transaction ID : C2418669**  
 Amount of Each Receipt this Period  
 500.00

**C. Surya R. Thota M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Hurley Plz  
 City Flint State MI Zip Code 48503-5902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hurley Medical Center Anes. Dept. 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  
 09 / 13 / 2013  
**Transaction ID : C2426270**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Benjamin V. Tibbals M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 10207 NE 62nd St

City Kirkland State WA Zip Code 98033

FEC ID number of contributing federal political committee. **C**

Name of Employer Matrix Anesthesia, P.S. Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 03 / 2013  
**Transaction ID : C2417512**

Amount of Each Receipt this Period  
250.00

**B. Arturo G. Torres M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address PSC 475 box 1895

City FPO State AP Zip Code 96350

FEC ID number of contributing federal political committee. **C**

Name of Employer US NAVY Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 08 / 2013  
**Transaction ID : C2419169**

Amount of Each Receipt this Period  
250.00

**C. Lida C. Trillos M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 417 Corrine Pl

City Carlsbad State NM Zip Code 88220-8853

FEC ID number of contributing federal political committee. **C**

Name of Employer Carlsbad Anesthesia Services, LLC Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 26 / 2013  
**Transaction ID : C2436251**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Terrence Truxillo M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 1514 Jefferson Highway  
 City New Orleans State LA Zip Code 70121-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **374.40**

Date of Receipt **09 / 14 / 2013**  
**Transaction ID : C2426284**  
 Amount of Each Receipt this Period **41.60**

**B. Christopher Turner M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 Shore Dr  
 Bay Area Med Ctr Dept of Anes  
 City Marinette State WI Zip Code 54143-4242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Area Med Ctr Dept of Anes Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **374.40**

Date of Receipt **09 / 20 / 2013**  
**Transaction ID : C2430940**  
 Amount of Each Receipt this Period **41.60**

**C. Eric Tweedie M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Skyline Rd  
 City Bangor State ME Zip Code 04401-2156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Maine Medical Center Occupation MD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 29 / 2013**  
**Transaction ID : C2437351**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **583.20**  
**TOTAL** This Period (last page this line number only).....





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Jeffrey K. Unruh M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7630 S.W. Indian Woods Pl.  
 City Topeka State KS Zip Code 66615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Team Health Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2013**  
**Transaction ID : C2436318**  
 Amount of Each Receipt this Period **250.00**

**B. Jeffrey Uppington M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4150 V St PSSB Suite 1200  
 City Sacramento State CA Zip Code 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 **09 / 03 / 2013**  
**Transaction ID : C2417513**  
 Amount of Each Receipt this Period **250.00**

**C. David A. Van Alstine M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 Goodbar Ave  
 City Memphis State TN Zip Code 38104-4879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Group, PA Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 15 / 2013**  
**Transaction ID : C2426444**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 307 OF 345  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James F. Van Dam M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 Evergreen Dr., N.E.  
 City Grand Rapids State MI Zip Code 49525-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Consultants Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2013  
**Transaction ID : C2424162**  
 Amount of Each Receipt this Period 250.00

**B. Matthew B. Vance M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 51947  
 City Knoxville State TN Zip Code 37950-1947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2013  
**Transaction ID : C2420930**  
 Amount of Each Receipt this Period 250.00

**C. Jermey B. Vandenberg M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4970 Meadow Springs Trl SE  
 City Ada State MI Zip Code 49301-8154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Practice Consultants Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437490**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 308 OF 345  
(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. Scott A. VanEyck M.D.**

Mailing Address 1455 S Franklin St

City State Zip Code  
 Denver CO 80210-2331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Colorado Permanente Medical Gp. 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  
 09 / 29 / 2013

**Transaction ID : C2437374**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Karin H. Vangura M.D.**

Mailing Address 62 Jefferson Ave

City State Zip Code  
 Ponte Vedra Beach FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 self 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  
 09 / 29 / 2013

**Transaction ID : C2437354**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Luis A. Velazquez M.D.**

Mailing Address 7521 Yonie Ct

City State Zip Code  
 Las Vegas NV 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 VAC 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  
 09 / 16 / 2013

**Transaction ID : C2426637**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Annette Vizona M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2013  
**Transaction ID : C2426656**  
 Amount of Each Receipt this Period  
**50.00**

**B. Mark M. Vogelhut M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3603 Hennessy PI  
 City Charlotte State NC Zip Code 28210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Presbyterian Anesthesia Associates PA 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  
 09 / 06 / 2013  
**Transaction ID : C2419130**  
 Amount of Each Receipt this Period  
**500.00**

**C. Cassie Volker M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3840 N River Oak PI  
 City Tucson State AZ Zip Code 85718-6956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Old Pueblo Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2013  
**Transaction ID : C2437232**  
 Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **591.67**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. J. Michael Vollers M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **749.70**

Date of Receipt **09 / 13 / 2013**  
**Transaction ID : C2425699**  
 Amount of Each Receipt this Period **83.30**

**B. Lance W. Wagner M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 **900.00**

Date of Receipt **09 / 15 / 2013**  
**Transaction ID : C2426329**  
 Amount of Each Receipt this Period **100.00**

**C. Marsha L. Wakefield M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 19th St S  
 City Birmingham State AL Zip Code 35249-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama in Birmingham Occupation physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 24 / 2013**  
**Transaction ID : C2434734**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **433.30**  
**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 Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Brian E. Wallace M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C2425223</b>
Mailing Address 400 E Pioneer Ste 204 Rainier Anesthesia Associates		Amount of Each Receipt this Period 50.00
City Puyallup	State WA	Zip Code 98372-3257
FEC ID number of contributing federal political committee.	C	
Name of Employer Rainier Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Ebon J. Wallace-Talifarro M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C2418117</b>
Mailing Address 7205 Meadowgrass Court		Amount of Each Receipt this Period 1500.00
City Caledonia	State MI	Zip Code 49316
FEC ID number of contributing federal political committee.	C	
Name of Employer Central Anesthesia Services	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) <b>C. Ebon J. Wallace-Talifarro M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C2418118</b>
Mailing Address 7205 Meadowgrass Court		Amount of Each Receipt this Period 150.00
City Caledonia	State MI	Zip Code 49316
FEC ID number of contributing federal political committee.	C	
Name of Employer Central Anesthesia Services	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) <b>A. Katarzyna M. Walosik-Arenall M.D.</b>		Date of Receipt
Mailing Address 1117 Moosehead Dr		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City State Zip Code Orange Park FL 32065-5240		<b>Transaction ID : C2433185</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Anesthesia Associates of Clay County	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James J. Walsh M.D.</b>		Date of Receipt
Mailing Address 166 83rd St.		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City State Zip Code Brooklyn NY 11209		<b>Transaction ID : C2418645</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer NAPA	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="708.35"/>	

Full Name (Last, First, Middle Initial) <b>C. John T. Walsh M.D.</b>		Date of Receipt
Mailing Address 10834 Monterey Woods Cv		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code Eads TN 38028		<b>Transaction ID : C2436059</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Metropolitan Anesthesia Alliance	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="791.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Henry C. Walther M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6845 Rancho Los Pavos Ln  
 City State Zip Code  
 Granite Bay CA 95746-7349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CASE Medical Group Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C2418218**  
 Amount of Each Receipt this Period  
 300.00

**B. Michael D. Waltz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Cliff Line Rd  
 City State Zip Code  
 Golden CO 80403-1574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Physician Anesthesia Services 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  
 09 / 26 / 2013  
**Transaction ID : C2436321**  
 Amount of Each Receipt this Period  
 250.00

**c. Denham S. Ward M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 307  
 City State Zip Code  
 Bowdoinham ME 04008-0307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Rochester Professor Emeritus of Anesthesiology  
 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  
 09 / 25 / 2013  
**Transaction ID : C2436053**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 314 OF 345  
(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. Harper R. Ward M.D.**

Mailing Address 2300 Belleview Ter

City State Zip Code  
Oklahoma City OK 73112-7741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harper R Ward MD PLLC Attending

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
09 / 16 / 2013  
**Transaction ID : C2426497**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Barbara Y. Watanabe M.D.**

Mailing Address 141 S 293rd PI

City State Zip Code  
Federal Way WA 98003-3658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pacific anesthesia MD anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 04 / 2013  
**Transaction ID : C2418119**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Liza M. Weavind M.B.,Ch.B.**

Mailing Address 1409 Beddington Park

City State Zip Code  
Nashville TN 37215-5815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vanderbilt University Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 13 / 2013  
**Transaction ID : C2425691**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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) <b>A. Joseph Webster Jr., M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 <b>Transaction ID : C2437641</b>
Mailing Address 5834 N Delaware St		Amount of Each Receipt this Period 250.00
City Indianapolis	State IN	Zip Code 46220-2530
FEC ID number of contributing federal political committee. C		
Name of Employer NAS, LLC	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Paul S. Webster M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C2425239</b>
Mailing Address 825 E Oak St		Amount of Each Receipt this Period 83.34
City Kissimmee	State FL	Zip Code 34744-5838
FEC ID number of contributing federal political committee. C		
Name of Employer Doctors Pain Management Associates	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) <b>C. Grant T. Weicht M.D.</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2013 <b>Transaction ID : C2429344</b>
Mailing Address 1625 E Northern Ave Ste 103		Amount of Each Receipt this Period 1000.00
City Phoenix	State AZ	Zip Code 85020-3921
FEC ID number of contributing federal political committee. C		
Name of Employer Metro Anesthesia Consultants	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1333.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 345
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Ivan Jared Weiner M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10527 Emerald Chase Dr  
 City Orlando State FL Zip Code 32836-5862  
 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 ▼ 499.84

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437429**  
 Amount of Each Receipt this Period 83.34

**B. Toby Weingarten M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 200 First St. SW  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.01

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437401**  
 Amount of Each Receipt this Period 41.67

**C. Toby Weingarten M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 200 First St. SW  
 City Rochester State MN Zip Code 55905-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.01

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C2437439**  
 Amount of Each Receipt this Period 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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(check only one)  
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 13     14     15     16     17

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

**A. Steven L. Weissman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 Baltic Circle  
 City Tampa State FL Zip Code 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 ▼ 374.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013  
**Transaction ID : C2435306**  
 Amount of Each Receipt this Period  
 41.60

**B. James F. Weller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3335 Legacy Trce  
 City Cincinnati State OH Zip Code 45237-1729  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2429445**  
 Amount of Each Receipt this Period  
 250.00

**C. Natalie C. Wells M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2699 Lee Rd Ste 510  
 City Winter Park State FL Zip Code 32789-1742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sheridan Healthcare Anesthesiologists Occupation Anesthesiologist, MD  
 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  
 09 / 27 / 2013  
**Transaction ID : C2436928**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 791.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 345
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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		<input type="checkbox"/> 17

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

**A. Jordan M. Wetstone M.D.**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : C2430368**  
 Amount of Each Receipt this Period  
 250.00

**B. Kevin K. Whitrock M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 Court North Dr  
 City Melville State NY Zip Code 11747-8102  
 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 ▼ 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C2417334**  
 Amount of Each Receipt this Period  
 83.34

**C. Ana Elizabeth Whitten M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3070 Devonshire Way  
 City Germantown State TN Zip Code 38139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metropolitan Anesthesia Alliance 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  
 09 / 08 / 2013  
**Transaction ID : C2419603**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John S. Whittington M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Circle Dr NE  
 City Albuquerque State NM Zip Code 87122-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anes. Assoc. of New Mexico, P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2013  
**Transaction ID : C2436341**  
 Amount of Each Receipt this Period  
 250.00

**B. Steve W. Wicklund M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9824 Quarry Trail Rd.  
 City Scottsdale State AZ Zip Code 85262  
 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  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C2437628**  
 Amount of Each Receipt this Period  
 500.00

**C. Charles A. Wideburg M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3627 Long Furrow Rd.  
 City Franksville State WI Zip Code 53126-9463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great Lakes Anesthesia 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  
 09 / 05 / 2013  
**Transaction ID : C2418267**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
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		<input type="checkbox"/> 17

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

**A. David M. Wild M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 Rainbow Blvd  
 Mailstop 1034  
 City Kansas City State KS Zip Code 66160-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Kansas Department of Ane Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2013  
**Transaction ID : C2436172**  
 Amount of Each Receipt this Period  
**41.67**

**B. Christopher A. Wilhoit M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3049 Hawks Gln  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Associates of Tallahass 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  
 09 / 15 / 2013  
**Transaction ID : C2426457**  
 Amount of Each Receipt this Period  
**500.00**

**C. Lance J. Wilkins M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Burton Dr.  
 City Ballston Lake State NY Zip Code 12019-1043  
 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2013  
**Transaction ID : C2433197**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **791.67**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Vincent A. Willeford M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 820 NW 12th Ave Apt 412  
 City Portland State OR Zip Code 97209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Anesthesiology Group, P.C. 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  
 09 / 17 / 2013  
**Transaction ID : C2429378**  
 Amount of Each Receipt this Period  
 250.00

**B. Lionel A. Williams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Susie Blvd  
 City Poughkeepsie State NY Zip Code 12603-1721  
 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 ▼ 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2013  
**Transaction ID : C2419145**  
 Amount of Each Receipt this Period  
 83.34

**C. N. Jeannie Williams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9725 Sunset Circle  
 City Lenexa State KS Zip Code 66220  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2013  
**Transaction ID : C2425103**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 345
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Nathan L. Williams M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5050

City Silver City State NM Zip Code 88062-5050

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 ▼ 500.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C2418588**

Amount of Each Receipt this Period  
500.00

**B. Murray S. Willis M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 12963 W. Harvard Ave.

City Lakewood State CO Zip Code 80228-4925

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Anesthesia Services, P.C. Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : C2425568**

Amount of Each Receipt this Period  
500.00

**C. David K. Winek M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 29th Ave N Ste 202

City Nashville State TN Zip Code 37203-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Medical Group Occupation anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 12 / 2013  
**Transaction ID : C2425641**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

**A. Todd M. Witzeling M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1044 S. Wolcott  
 City Casper State WY Zip Code 82601  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2013  
**Transaction ID : C2430282**  
 Amount of Each Receipt this Period  
 500.00

**B. Glenn M. Woods M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1956 Stoneridge Dr  
 City Auburn State AL Zip Code 36830-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Assoc of East Ala 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  
 09 / 10 / 2013  
**Transaction ID : C2424745**  
 Amount of Each Receipt this Period  
 500.00

**C. Granville B. Work M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3749 Lynnfield Dr  
 City Virginia Beach State VA Zip Code 23452-4721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentara Norfolk General Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2013  
**Transaction ID : C2419596**  
 Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1083.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Jason Workman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7575 W Washington Ave  
 Suite 127-374  
 City Las Vegas State NV Zip Code 89128-4333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Consultants, Inc Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2436342**  
 Amount of Each Receipt this Period **83.34**

**B. Manoj B. Wunnava M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Bennington Parkway  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Anesthsiology Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 18 / 2013**  
**Transaction ID : C2429463**  
 Amount of Each Receipt this Period **25.00**

**C. Manoj B. Wunnava M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Bennington Parkway  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Anesthsiology Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2436343**  
 Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **133.34**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 325 OF 345  
(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. Derrick R. Wurl M.D.**

Mailing Address 3 Victoria Ln.

City State Zip Code  
 Saratoga Springs NY 12866-2706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Group of Albany 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  
 09 / 18 / 2013

**Transaction ID : C2430262**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Jeremy Wynn M.D.**

Mailing Address 1108 NE 9th Ct

City State Zip Code  
 Moore OK 73160-6853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 NW ANESTHESIA 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  
 09 / 19 / 2013

**Transaction ID : C2430397**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Jason Wyse M.D.**

Mailing Address PO Box 296

City State Zip Code  
 Freeport ME 04032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Kennebec Anesthesia Associates Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2013

**Transaction ID : C2434895**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Jacques T. Ya Deau M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 W 12th St Apt 4B  
 City New York State NY Zip Code 10011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hospital for Special Surgery Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 14 / 2013**  
**Transaction ID : C2426304**  
 Amount of Each Receipt this Period **1000.00**

**B. Steven Yee M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10800 E Cactus Rd Unit 58  
 City Scottsdale State AZ Zip Code 85259-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valley Anesth Consult Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437585**  
 Amount of Each Receipt this Period **500.00**

**c. Margaret Ann Yoakum-Pyle M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6354 Locust St  
 City Shawnee Mission State KS Zip Code 66218-9065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Chartered Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 11 / 2013**  
**Transaction ID : C2425088**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 327 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Sami S. Zamzam M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 Hunters Run NE

City State Zip Code  
Ada MI 49301-9764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anesthesia Medical Consultants 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  
09 / 04 / 2013  
**Transaction ID : C2418116**

Amount of Each Receipt this Period  
500.00

**B. Zachary D. Zanowiak M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8513 N Ashley Dr

City State Zip Code  
Edmond OK 73025-1558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwest Anesthesia 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  
09 / 18 / 2013  
**Transaction ID : C2430173**

Amount of Each Receipt this Period  
1000.00

**C. John J. Zapp M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Sandy Springs Dr.

City State Zip Code  
Orange Park FL 32003-9024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANETHESIA ASSOCIATES OF CLAY COUNTY ANESTHESIA RESIDENT

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  
09 / 06 / 2013  
**Transaction ID : C2418675**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 345
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Fernando L. Zaragoza M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4242 Medical Dr Ste 3100  
 City San Antonio State TX Zip Code 78229-5642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tejas Anesthesia, P.A. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **09 / 30 / 2013**  
**Transaction ID : C2437440**  
 Amount of Each Receipt this Period **41.67**

**B. Mitchell J. Zeitler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6650 Nature Preserve Ct.  
 City Naples State FL Zip Code 34109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Naples Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **416.68**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C2418248**  
 Amount of Each Receipt this Period **41.67**

**C. Mitchell J. Zeitler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6650 Nature Preserve Ct.  
 City Naples State FL Zip Code 34109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Naples Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **416.68**

Date of Receipt **09 / 27 / 2013**  
**Transaction ID : C2437194**  
 Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>333.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 329 OF 345  
(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. Matthew W. Zeleznik M.D.**

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Specialists in Anesthesia Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **374.40**

Date of Receipt **09 / 22 / 2013**

**Transaction ID : C2433169**

Amount of Each Receipt this Period **41.60**

Full Name (Last, First, Middle Initial)  
**B. Andrzej J. Zembrzuski M.D.**

Mailing Address 31 Meredith Dr.

City Sparta State NJ Zip Code 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Morris Anesthesia Group Occupation anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **374.40**

Date of Receipt **09 / 20 / 2013**

**Transaction ID : C2430943**

Amount of Each Receipt this Period **41.60**

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>83.20</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>330969.92</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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

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

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Credit Card Merchant

Date of Disbursement

/  /

**Transaction ID : D148676**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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 VICTORY FUND**

Mailing Address 8505 Technology Forest Pl

City Spring State TX Zip Code 77381-1000

Purpose of Disbursement  
2013 Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
2013 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : D148513**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DAVID ROUZER FOR CONGRESS**

Mailing Address PO BOX 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement  
2014 Primary Contribution

011  
Category/  
Type

Candidate Name

**Mr. David Cheston Rouzer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : D148427**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. JASON SMITH FOR CONGRESS**

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement  
2014 Primary Contribution

011  
Category/  
Type

Candidate Name

**Mr. Jason Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : D148505**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Lobo PAC**

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

Transaction ID : D148292

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Minnesota House DFL Caucus**

Mailing Address 255 Plato Blvd E

City Saint Paul State MN Zip Code 55107-1623

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2013

Transaction ID : D148098

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2014 Primary Contribution

011

Category/  
Type

Candidate Name

**Rep. Anna G. Eshoo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

Transaction ID : D148431

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. MCCOLLUM FOR CONGRESS**

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Betty McCollum**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148297**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WENSTRUP FOR CONGRESS**

Mailing Address 512 MISSOURI AVE

City CINCINNATI State OH Zip Code 45226

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : D148428**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : D148503**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. CHARLIE DENT FOR CONGRESS**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Charlie Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148293**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. CHARLIE DENT FOR CONGRESS**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2014 General Contribution

011

Candidate Name

**Rep. Charlie Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148294**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. VAN HOLLEN FOR CONGRESS**

Mailing Address 10537 ST. PAUL ST.

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Chris Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148287**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. GARDNER FOR CONGRESS 2012**

Mailing Address PO BOX 2408

City: LOVELAND State: CO Zip Code: 80539

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

Transaction ID : D148425

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BENISHEK FOR CONGRESS**

Mailing Address 802 Pentoga Trail

City: Crystal Falls State: MI Zip Code: 49920

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Dan Benishek**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

Transaction ID : D148499

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAN MAFFEI**

Mailing Address PO BOX 230

City: SYRACUSE State: NY Zip Code: 13201

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Dan Maffei**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

Transaction ID : D148497

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. MCKINLEY FOR CONGRESS**

Mailing Address 32 20TH STREET

City State Zip Code  
WHEELING WV 26003

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. David B. McKinley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

**Transaction ID : D148500**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**

Mailing Address 1519 Washington Street

City State Zip Code  
Laredo TX 78042

Purpose of Disbursement  
2014 General Contribution

011

Candidate Name

**Rep. Henry Cuellar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

**Transaction ID : D148494**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. HUFFMAN FOR CONGRESS 2014**

Mailing Address P.O. BOX 151563

City State Zip Code  
SAN RAFAEL CA 94915

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Jared Huffman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

**Transaction ID : D148512**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. JIM GERLACH FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 87

City State Zip Code  
UWCHLAND PA 19480

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Jim Gerlach**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148290**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CASTRO FOR CONGRESS**

Mailing Address PO BOX 544

City State Zip Code  
SAN ANTONIO TX 78292

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Joaquin Castro**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2013

**Transaction ID : D148511**

Amount of Each Disbursement this Period

1000.00

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  
2014 General Contribution

011

Candidate Name

**Rep. Joe Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : D148430**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVENUE

City State Zip Code  
ELMHURST NY 11373

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

Transaction ID : D148496

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Juan Vargas**

Mailing Address 330 Encinitas Blvd  
Ste 101

City State Zip Code  
Encinitas CA 92024-8705

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Juan Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

Transaction ID : D148506

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City State Zip Code  
THOUSAND OAKS CA 91358

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	3

Transaction ID : D148507

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. ROTHFUS FOR CONGRESS**

Mailing Address PO BOX 435

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Keith Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148295**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : D148495**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LANCE FOR CONGRESS**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Rep. Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : D148432**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. STUTZMAN FOR CONGRESS**

Mailing Address 0250 W 600 N

City State Zip Code  
Howe IN 46746

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Marlin Stutzman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148288**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MARTHA ROBY FOR CONGRESS**

Mailing Address PO Box 195

City State Zip Code  
Montgomery AL 36101

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Martha Roby**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148286**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL GRIMM FOR CONGRESS**

Mailing Address 560 9th Street

City State Zip Code  
Brooklyn NY 11215

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Michael G. Grimm**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : D148508**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. MCCAUL FOR CONGRESS, INC**

Mailing Address 815-A Brazos Street

City Austin State TX Zip Code 78701

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Michael McCaul**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

Transaction ID : D148296

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MICHELLE**

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

Transaction ID : D148509

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MORGAN GRIFFITH FOR CONGRESS**

Mailing Address PO BOX 361

City CHRISTIANSBURG State VA Zip Code 24068

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Morgan Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

Transaction ID : D148501

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. PAUL GOSAR FOR CONGRESS**

Mailing Address 2222 E. Cedar Ave.

City Flagstaff State AZ Zip Code 86004

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Paul Gosar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

**Transaction ID : D148429**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Pete Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : D148498**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. WELCH FOR CONGRESS**

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Peter Welch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148289**

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. DR. RAUL RUIZ FOR CONGRESS COMMITTEE**

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement  
2014 General Contribution

011

Candidate Name

**Rep. Raul Ruiz M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : D148504**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DUFFY FOR CONGRESS**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Sean P. Duffy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2013

**Transaction ID : D148510**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BONAMICI FOR CONGRESS**

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name

**Rep. Suzanne Bonamici**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2013

**Transaction ID : D148291**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. CLAY JR. FOR CONGRESS**

Mailing Address P.O. BOX 4544

City ST. LOUIS State MO Zip Code 63108

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name  
**Rep. William Lacy Clay**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MO District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2013

Transaction ID : D148096

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. CLAY JR. FOR CONGRESS**

Mailing Address P.O. BOX 4544

City ST. LOUIS State MO Zip Code 63108

Purpose of Disbursement  
2014 General Contribution

011

Candidate Name  
**Rep. William Lacy Clay**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MO District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2013

Transaction ID : D148097

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. REED COMMITTEE**

Mailing Address PO BOX 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
2014 Primary Contribution

011

Candidate Name  
**Sen. Jack Reed**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: RI District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2013

Transaction ID : D148426

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

90500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" 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. Minnesota House DFL Caucus**

Mailing Address 255 Plato Blvd E

City Saint Paul State MN Zip Code 55107-1623

Purpose of Disbursement  
refund of 9/13 contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
refund of 9/13 contr

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	4		2	0	1	3		

**Transaction ID : D148780**

Amount of Each Disbursement this Period

-	2	5	0	0	.	0	0
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-	2	5	0	0	.	0	0
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-	2	5	0	0	.	0	0
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