Image# 12950857154				PAGE 1 / 163
FEC AN	PORT OF RE	MENTS	Office	
1. NAME OF TYP	E OR PRINT V EX	ample: If typing, type	Office U	
COMMITTEE (in full)	OV	er the lines.	IZFE4M5	
American Society of Anes	thesiologists Political A	Action Committee		
ADDRESS (number and street)	20 N. Northwest Highway			
Check if different				
than previously P reported. (ACC)	ark Ridge		IL 60068	B L
2. FEC IDENTIFICATION NUMB		ł	STATE 🔺	ZIP CODE
C C00255752	3. IS THIS REPOR	T × NEW (N) OR	AMENDED (A)	
(Choose One)	b) Monthly Report Due On: X Mar 20 (M:		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20 (M4	) Jul 20 (M7)	Oct 20 (M10)	Year Only)
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31	Election on	M M / D D /	YYYYY	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	M = M / D = D /	Y Y Y Y Y	in the State of
5. Covering Period 02	01 / Y Y Y Y 01 / 2012	through 02	/ D D / Y Y 29 20	YY
I certify that I have examined this Re	eport and to the best of my kn	owledge and belief it is tru	e, correct and comple	te.
Type or Print Name of Treasurer M	Ir. Thomas Conway			
Signature of Treasurer	as Conway	[Electronically Filed]	Date 03 / 16	2012
NOTE: Submission of false, erroneous,	or incomplete information may	subject the person signing th	nis Report to the penalti	ies of 2 U.S.C. §437g.
Office Use Only				<b>FORM 3X</b> Rev. 12/2004

#### 03/16/2012 11 : 39

Image#	1	295	08	57	155
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#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

### American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From:	2 01 / Y Y Y Y 2 01 2012	To: 02 29 / Y Y Y Y 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		1770455.33
	(b) Cash on Hand at Beginning of Reporting Period	1796857.48	
	(c) Total Receipts (from Line 19)	221405.50	289685.28
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	2018262.98	2060140.61
7.	Total Disbursements (from Line 31)	99926.21	141803.84
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1918336.77	1918336.77
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

1	TAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
American Society of Anesthesiologis	ts Political Action Committee	
Report Covering the Period: From: 02	/ D D / Y Y Y Y 01 2012 To:	02 / D D / Y Y Y Y 02 29 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	167439.00	211488.30
(ii) Unitemized	53966.50	78196.98
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	221405.50	289685.28
(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	221405.50	289685.28
Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other	221403.30	7 7 7
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	221405.50	289685.28
20 Total Endered Descripta		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	221405.50	289685.28
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20000.20

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### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-lo-Dale
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1926.21	3303.84
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	1926.21	3303.84
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	98000.00	138500.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))►		7 7 7
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00
With Federal Funds	0.00	0.00
<ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b))▶</li> </ul>	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	99926.21	141803.84
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	99926.21	141803.84

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### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	221405.50	289685.28	
<ol> <li>Total Contribution Refunds         (from Line 28(d))     </li> </ol>	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	221405.50	289685.28	
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	1926.21	3303.84	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1926.21	3303.84	

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Polit	ical Action Committe	ee
A. Full Name (Last, First, Middle Initial) Bruce J. Aistrup M.D. Mailing Address 10907 W 120th Ter City Overland Park	State KS	Zip Code 66213	Date of Receipt
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer midwest anesthesia Receipt For: Primary General Other (specify)	Occupation anesthesiologis Aggregate Yea		
Full Name (Last, First, Middle Initial) B. A. Nisar Akbar M.D. Mailing Address 10140 N Vintage Ct	Chair	Zin Onde	Date of Receipt
City Mequon FEC ID number of contributing federal political committee.	State WI	Zip Code 53092-6194	Transaction ID : C1614996         Amount of Each Receipt this Period         250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) v	Occupation PHYSICIAN Aggregate Yea	r-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Eric J. Albrecht M.D. Mailing Address 938 Hanover Ave.	·		Date of Receipt
City Norfolk FEC ID number of contributing federal political committee. Name of Employer Atlantic Anesthesia, Inc. Receipt For: ☐ Primary  General Other (specify) ▼	State VA C Occupation Anesthesiologis Aggregate Yea		Transaction ID : C1596517         Amount of Each Receipt this Period         125.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page		11a		11b	11c		12			
		<u></u>			13		14	15		16	17		
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma le name and a	ay not be sold or used by any p ddress of any political committee	erson f e to so	or the licit cor	purp ntrib	pose of soutions from	soliciting om such	COR 1 CO	ntribut mmitte	ions ee.		
$\backslash$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesi	ologists P	olitical Action Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Gray L. Allen M.D.				Date of	Re	ceipt						
	Mailing Address 22 Camino Arco Iris				м м 02	1	0 D	/ Y		)12	Y		
	City	State	Zip Code		Trans	acti	ion ID : C	C159560	18				
	Madrid	NM	87010	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7	- 7	_	500.	00		
	Name of Employer	Occupation	I	_									
	Veterans Administration	Anesthesio	ogist										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General Other (specify) ▼		500.00	]									
B	Full Name (Last, First, Middle Initial) Rakesh T. Anand M.D.				Date of	Be	ceipt						
	Mailing Address 1905 Essex St.				M M	/	D D	/ Y		Y	Y		
	City	State	Zip Code	_	02 <b>T</b> rong		21	404540		12	_		
	Kinston	NC	28501				on ID : C Each Re			eriod			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer SELF-EMPLOYED	Occupation											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
с.	Full Name (Last, First, Middle Initial) Sanjay Anand M.D.				Date of	Re	ceipt						
	Mailing Address 12 Coventry Woods Dr				м м 02	/	08	/ Y		12	Y		
	City	State	Zip Code		Trans	act	ion ID : (	C159904	9				
	Arden	NC	28704-9583		Amount	of	Each Re	eceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					7	- 7	Ξ	250	00		
	Name of Employer	Occupation	I										
	Self	Anesthesio	logist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 250.00	]									
	UBTOTAL of Receipts This Page (optional)						5	- 7	-	1250.	00		
Т	OTAL This Period (last page this line number	r only)	•••••••••••••••••••••••••••••••••••••••	•	_		7		_		_		

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PAGE 8 OF

163

		category of the Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political A	ction Committe	ee							
Full Name (Last, First, Middle Initial) Joe Anderson M.D.			Date of Receipt							
Mailing Address 120 NW 14th Ave., Suite #300			02 06 Y Y Y Y Y 02 06 2012							
City Portland	State Zip Cod OR 97209	le	Transaction ID : C1596592							
	97209		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer	Occupation									
Oregon Anesth GrP	ANESTHESIOLOGIST									
Receipt For: Primary General	Aggregate Year-to-Date	• 🔻								
Other (specify)		1000.00								
Full Name (Last, First, Middle Initial) B. Joe Anderson M.D.			Date of Receipt							
Mailing Address 120 NW 14th Ave., Suite #300			02 29 2012							
City	State Zip Cod	le	Transaction ID : C1613290							
Portland	OR 97209		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer	Occupation									
Oregon Anesth GrP	ANESTHESIOLOGIST									
Receipt For:	Aggregate Year-to-Date									
Other (specify) ▼		1000.00								
Full Name (Last, First, Middle Initial) C. John Jeffrey Andrews M.D.			Date of Receipt							
Mailing Address 7703 Floyd Curl Dr Anes Dept, MS 7838			02 03 / Y Y Y Y Y 2012							
City San Antonio	State Zip Cod TX 78229	le	Transaction ID : C1595260							
	10229		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer	Occupation		—							
University of Texas Health Science Cen	R. Brian Smith Endowed	Professor and C	_							
Receipt For: Primary General	Aggregate Year-to-Date	• •	_							
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional)		••••••	1500.00							

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

10.

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PAGE 9 OF

ITEIMIZED RECEIPTS		Detailed Summary Dage	X 11a	X 11a 11b 11c 12					
		Detailed Summary Page	13		14	15	16	17	
Any information copied from such Reports and or for commercial purposes, other than using			erson for the		pose of	soliciting	contribu	tions	
NAME OF COMMITTEE (In Full)									
American Society of Anesthes	siologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Alan I. Angel M.D.			Date	of Re	eceipt				
Mailing Address 7240 MacKenzie Ln.			02		08	) / Y	ү ү 2012	Y	
City	State	Zip Code	Trai	nsacti	ion ID :	C159904	1		
Portage	MI	49024	Amou	nt of	Each R	Receipt thi	s Period		
FEC ID number of contributing federal political committee.	С				,	7	250	0.00	
Name of Employer	Occupation	1	_						
Self	Anesthesio	logist							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Other (specify)		250.00	1						
Full Name (Last, First, Middle Initial) B. Shane C. Angus M.S., A.A.			Date	of Re	eceipt				
Mailing Address 2101 16th St NW Apt 324			02		01	) / Y	ү ү 2012	Y	
City	State	Zip Code	Trar	nsacti	ion ID :	C1596511	1		
Washington	DC	20009-6584	Amou	nt of	Each R	Receipt thi	s Period		
FEC ID number of contributing federal political committee.	С				,		83	.00	
Name of Employer	Occupation	1							
Case School of Medicin	Program Di	rector							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Other (specify) ▼		332.60							
Full Name (Last, First, Middle Initial) C. Shane C. Angus M.S., A.A.			Date	of Re	eceipt				
Mailing Address 2101 16th St NW Apt 324			M 02		15		ү ү 2012	Y	
City Washington	State DC	Zip Code 20009-6584				C160052 Receipt this			
FEC ID number of contributing federal political committee.	С				,		83	8.30	
Name of Employer	Occupation	1							
Case School of Medicin	Program D	irector							
Receipt For:		Year-to-Date ▼							
Primary General			1						
Other (specify)		332.60							
SUBTOTAL of Receipts This Page (optional).			. []				416	.30	
TOTAL This Period (last page this line numb	er only)				,				

FOR LINE NUMBER:

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PAGE 10 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
American Society of Anesthes	iologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial)           Clyde Arillotta M.D.           Mailing Address 332 Snowberry Cir.			Date of Receipt
City	State	Zip Code	02 22 2012 Transaction ID : C1615140
Venetia	PA	15367-1043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer ASPN	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. M. Jeremy Astle M.D.			Date of Receipt
Mailing Address 893 Old English Rd			02 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Draper	State UT	Zip Code 84020-8740	Transaction ID : C1595609 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Millcreek Anesthesia	Occupation Anesthesiol		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. E. B. Atherton M.D.			Date of Receipt
Mailing Address 1729 Griffin Gate Rd.			M = M         /         D = D         /         Y = Y = Y         Y           02         14         2012
City Louisville	State KY	Zip Code 40205-2739	Transaction ID : C1615142 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	
Anesthesia Consultant Enterprises	ANESTHES	SIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:

PAGE 11 OF

163

		Use separate schedule(s)	(ch	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>〈</b> 11a	$\vdash$	11b	11c	12			
Any information copied from such Reports and S					purp						
or for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit con	ntribu	utions fr	om such	o commit	tee.		
NAME OF COMMITTEE (In Full)	Nogiata D	alitical Action Committe	~~								
American Society of Anesthesic			ee								
Full Name (Last, First, Middle Initial) A. Harvey S. Auerbach M.D., Ph.D				Date of	Red	ceipt					
Mailing Address 62 Pine Tree Dr.				м м 02	/	22	/ Y	y y 2012	Y		
City	State	Zip Code		Trans	actio		C161500				
Centerville	MA	02632-3182		Amount	of E	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С					,		250	0.00		
Name of Employer	Occupation	l									
Cape Cod Anesthesia Associates, Inc.	Anesthesio	logist									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		250.00	11								
		/y / /	11								
Full Name (Last, First, Middle Initial) B. Scott C. Aumuller D.O.				Date of	Red	ceipt					
Mailing Address 806 Shetland Place N.W.				м м 02	/	22	/ Y	y y 2012	Y		
City	State	Zip Code			actio		C161500				
Concord	NC	28027		Amount	of E	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С					,	- 7	500	.00		
Name of Employer	Occupation	1									
Self	Anesthesio	ogist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00									
Full Name (Last, First, Middle Initial) C. Ruben Azocar M.D.				Date of	Red	ceipt					
Mailing Address 88 E Newton St # RM.2806				м м 02	/	D D 14	/ Y	y y 2012	Y		
City	State	Zip Code			acti		C160040				
Boston	MA	02118		Amount	of E	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С					,		500	).00		
Name of Employer	Occupation	1									
Boston University Medical Center	Anesthesio	logist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00	11.								
		AF							_		
SUBTOTAL of Receipts This Page (optional)			<u> </u>			,	- 7	1250	.00		
TOTAL This Period (last page this line number	only)					,					

FOR LINE NUMBER:

PAGE 12 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y or	ne)				
		for each category of the Detailed Summary Page		11a 13		11b 14	11c		Г	17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any po ddress of any political committee	erson e to so	for the	purp ntrib	oose of	15 soliciting rom suc	g contr	ibutic	ons
NAME OF COMMITTEE (In Full)										
American Society of Anesthesi	iologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. John V. Azzariti Jr., M.D.				Date of	Re	ceipt				
Mailing Address 8 Beechwood Drive				м м 02	/	18	/ Y	Y 201		1
City	State	Zip Code			acti		C16028		2	
Saddle River	NJ	07458		Amount	of	Each R	leceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С					7		1(	0.00	0
Name of Employer	Occupation									
Bergen Anesthesia Group	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1000.00								
Full Name (Last, First, Middle Initial) B. Douglas S. Bacon M.D., M.A.				Date of	Re	ceipt				
Mailing Address 4201 St. Antoine, Suite 3J.1.				M M	/	D	/ Y	Y	Y Y	٦
Wayne State Department of		Zip Code		02	Ι.	15		2012	2	
City Detroit	State MI	48201	Transaction ID : C1601553 Amount of Each Receipt this						iod	
FEC ID number of contributing federal political committee.	С				U				000.0	0
Name of Employer Mayo Clinic Coll of Med Anes Dept	Occupation Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00	]							
Full Name (Last, First, Middle Initial) C. Subhankar Bandyopadhyay M.D				Date of	Re	ceipt				
Mailing Address 14464 Watermelon Rd				м м 02	/	26	) / Y	y 2012		1
City	State	Zip Code		Trans	act	ion ID :	C16043	-		
Tuscaloosa	AL	35406	·	Amount	of	Each R	leceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С					7		:	250.0	0
Name of Employer	Occupation									
ANESTHESIA AND PAIN MANAGEMENT CO	N PHYSICIAN	١								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		250.00								
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			-			7	5	22	:50.00	)

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PAGE 13 OF

163

	EMIZED RECEIPTS		Detailed Summary Page		<b>X</b> 11a		11b	11c		12		_
Δr	ny information copied from such Reports and S	statements ma	av not be sold or used by any no		13 for the	nur	14 nose o	15 If soliciting		16 ntribut	17 ions	_
	for commercial purposes, other than using the											
$\square$	NAME OF COMMITTEE (In Full)		_									
	American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Richard M. Barton M.D.				Date c	of Re	eceipt					
	Mailing Address 3330 Sundance Dr.				02	/	22			012	Y	
	City	State	Zip Code		Tran	sact	ion ID	: C16151				
	Bozeman	MT	59715-9265	_	Amour	nt of	Each	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					<b>y</b>		_	225	.00	
	Name of Employer	Occupation										
	Ballatin Valley Anesth Assoc	ANESTHES	BIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		005.00									
	Other (specify)		225.00									
В.	Full Name (Last, First, Middle Initial) William P. Barton M.D.				Date c	of Re	eceint					
	Mailing Address 820 Prudential Dr., Suite 606				M		D	D / Y	Y	Y	Y	
					02		24			012	·	
	City	State	Zip Code		Trans	sact	ion ID :	: C16151	54			
	Jacksonville	FL	32207		Amour	nt of	Each	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7			250.	00	
	Name of Employer	Occupation										
	Florida Anesthesia Assoc	ANESTHES	IOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00									
	Other (specify)		250.00									
c.	Full Name (Last, First, Middle Initial) Stuart K. Bass M.D.				Date c	of Re	eceipt					
	Mailing Address P.O. Box 1447				M N 02	/	D 08			у 012	Y	
	City	State	Zip Code		Tran	sact	ion ID	: C15990	51			
	Scottsdale	AZ	85252	_	Amour	nt of	Each	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	250	.00	
	Name of Employer	Occupation										
	VALLEY ANES CONSUL	ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00									
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)			- I -		-	7	- 7	-	725.	00	

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PAGE 14 OF

			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c	$\vdash$	12 16	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any poddress of any political committee	erson f e to so	for the	pur ntrib	pose of	soliciting	j co h cc	ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Gerard M. Bassell M.D. Mailing Address UKSM 6505 E Central Ave	01-1-	7in Oode		Date of	/	20	JL	2	012	Ŷ
	City Wichita FEC ID number of contributing federal political committee.	State KS	Zip Code 67206					C16028		Period	.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Anesthesio Aggregate									
В.	Full Name (Last, First, Middle Initial) Anthony C. Beall M.D. Mailing Address 9263 Medical Plaza Dr Ste A City	State	Zip Code		Date of 02 Trans	/	09	C159897	20	)12	Y
	Charleston FEC ID number of contributing federal political committee. Name of Employer	SC C	29406-7112		Amount	t of	Each R	leceipt th	nis F	Period 1000.	00
	Self Receipt For: Primary General Other (specify) ▼	Anesthesiol		1							
C.	Full Name (Last, First, Middle Initial) William A. Beck M.D. Mailing Address 1833 Tuscany Ave.				Date of	_	eceipt	) / Y		012	Y
	City Springdale	State AR	Zip Code 72764		Trans		ion ID :	C16151	47		
	FEC ID number of contributing federal political committee.	С					,			275	.00
	Name of Employer NORTHWEST ANES ASSOC	Occupation ANESTHES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00								
s	UBTOTAL of Receipts This Page (optional)						, .	- 1		2275.	00
т	OTAL This Period (last page this line number	only)					7				

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PAGE 15 OF

ı <del>ب</del>			Use separate schedule(s)	(check	only	one)			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		- F	11b	11c	12	<u> </u>
	y information copied from such Reports and St for commercial purposes, other than using the				the p				
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e					
Α.	Full Name (Last, First, Middle Initial) Timothy N. Beeson M.D. Mailing Address 3715 Sapphire Dr.				e of	Receipt			V
	City	State	Zip Code		02	2		2012	
	Martinez	GA	30907	Am	ount	of Each	Receipt t	nis Period	ł
	FEC ID number of contributing federal political committee.	С				3	- 7	1000	0.00
	Name of Employer	Occupation							
	BDT Anesthesia Assoc	ANESTHES	GIOLOGIST	_					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
в.	Full Name (Last, First, Middle Initial) Margaret D. Bell M.D.			Dat	e of	Receipt			
	Mailing Address 245 Anne Street	State	Zip Code		02			2012	Y
	Rutherfordton	NC	28139				Receipt t		1
	FEC ID number of contributing federal political committee.	С				3			0.00
	Name of Employer RUTHERFORD ANESTH	Occupation ANESTHES							
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00						
<u> </u>	Full Name (Last, First, Middle Initial) Joshua R. Berris D.O.			Dat	e of	Receipt			
	Mailing Address 4340 Strathdale Ln.				02	/ D		2012	Y
	City West Bloomfield	State MI	Zip Code 48323				: C16042		
	FEC ID number of contributing federal political committee.	С		Am	ount	of Each	Receipt t		1 0.00
	Name of Employer	Occupation		_					
	Botsford Hospital Dept of Anesthesiolo	physician							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
s	UBTOTAL of Receipts This Page (optional)		•			,		1500	0.00
т	OTAL This Period (last page this line number of	only)				7			

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PAGE 16 OF

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	NAME OF COMMITTEE (In Full)										
$\Big)$	American Society of Anesthes	iologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) John A. Billings M.D.				Date of	f Rec	ceipt				
	Mailing Address 1915 Luker Dr.				02	/	21	) / Y		)12	Y
	City	State	Zip Code		Trans	actio	on ID :	C161501	1		
	Casper	WY	82609-4636		Amount	t of E	Each R	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	500.	.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES	SIOLOGIST								
	Receipt For:	- I	Year-to-Date ▼	_							
	Primary General	Aggregate		11							
	Other (specify)		500.00								
В.	Full Name (Last, First, Middle Initial) Ira B. Blank M.D.	L			Date of	f Rec	ceipt				
	Mailing Address 1301 Powell Street Dept. of Anes.				M M 02	/	29		Y 20	ү 12	Y
	City	State	Zip Code			actio		C161327		-	
	Norristown	PA	19401					Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					9		_	699.	00
	Name of Employer FORNANCE PHYS SER	Occupation ANESTHES									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		700.00	]							
С.	Full Name (Last, First, Middle Initial) A. Kirk Bodary M.D.				Date of	f Rec	ceipt				
	Mailing Address 2070 Risser Rd				02	/	28			12	Y
	City	State	Zip Code		Trans	actio	on ID :	C161502	20		
	Canandaigua	NY	14424-8087		Amount	t of E	Each R	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	250	.00
	Name of Employer	Occupation	 	-							
	Self	ANESTHES	SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	1.99.0940		11.							
	Other (specify) ▼		250.00	4							
s	UBTOTAL of Receipts This Page (optional)			•			,			1449.	00
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PAGE 17 OF

163

ITEMIZED RECEIPTS	Use separate schedule(s)	(che	eck only	/ on	e)	L							
		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17				
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NAME OF COMMITTEE (In Full)													
angle American Society of Anesth	esiologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) <b>A.</b> Karen Boland M.D.			[	Date of	Ree	ceipt							
Mailing Address 13110 W 60th St S				м м 02	/	05	/ Y	ү ү 2012	Y				
City	State	Zip Code			acti		C159563						
Sand Springs	OK	74063-2364	A	Amount	of I	Each Re	eceipt th	is Perioc					
FEC ID number of contributing federal political committee.	C					7	7	500	0.00				
Name of Employer	Occupation	1											
Karen Boland PLLC	anesthesiol	ogist											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		500.00											
Full Name (Last, First, Middle Initial) B. Michael A. Borkowski M.D.	I			Date of	Red	ceipt							
Mailing Address 52423 Glenmore Ct.				M M 02	/	24	/ Y	2012	Y				
City	State	Zip Code		Transa	actio	on ID : (	C161501						
Granger	IN	46530	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C					3	7	250	.00				
Name of Employer	Occupation												
St. Joseph Valley Anesthesia, P.C.	ANESTHES	SIOLOGIST											
Receipt For:	Aggregate	Year-to-Date ▼	_										
Other (specify) ▼		250.00											
Full Name (Last, First, Middle Initial) C. Mark V. Boswell M.D., Ph.D				Date of	Ree	ceipt							
Mailing Address 530 S Jackson St Rm C University of Louisville S				м м 02	/	09	/ Y	2012	Y				
City	State	Zip Code		Trans	acti	on ID :	C160177	'8					
Louisville	KY	40202-1675	/	Amount	of I	Each Re	eceipt th	is Perioc					
FEC ID number of contributing federal political committee.	С					,		1000	0.00				
Name of Employer	Occupation												
University of Louisville School of Med	Anesthesio	logist											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
		, , , , , , , , , , , , , , , , , , , ,			_			4750	00				
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PAGE 18 OF

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Any or f	r information copied from such Reports and s or commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any p ddress of any political committe	erson e to so	for the	purp ntrib	pose of a	soliciting	g conti	ributic	ons			
	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committ	ee										
A	Full Name (Last, First, Middle Initial) Morris Brown M.D.				Date of	f Re	ceipt							
_	Mailing Address Anesthesia Department 2799 W. Grand Blvd.				м м 02	/	09	/ Y	y 201					
	City Detroit	State MI	Zip Code 48202				i <b>on ID : (</b> Each Re			riod				
	EC ID number of contributing ederal political committee.	С					7	7		250.0	0			
	Name of Employer Henry Ford Health System	Occupation physician												
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	]										
	Full Name (Last, First, Middle Initial) William Brown III,M.D.				Date of	F Ro	coint							
-	Mailing Address 9263 Medical Plaza Dr Ste B					/	01	/ Y	2012					
	City Charleston	State SC	Zip Code 29406-7112	Transaction ID : C1594993 Amount of Each Receipt this							-			
	EC ID number of contributing ederal political committee.	С					7	7	1	000.0	0			
	Name of Employer Frident Anesthesia Group, LLC	Occupation Anesthesiol												
Ē	Receipt For: Primary General Other (specify) <del>V</del>	Aggregate	Year-to-Date ▼ 1000.00	]										
	Full Name (Last, First, Middle Initial) Kathryn S. Bucshon M.D.				Date of	f Re	ceipt							
N	Mailing Address 10211 Lincoln Ave.				м м 02	/	21	/ Y	201					
	City Newburgh	State IN	Zip Code 47630				ion ID : ( Each Re			riod				
	FEC ID number of contributing ederal political committee.	С					7	,		250.0	00			
٩	Name of Employer	Occupation												
	DEACONESS HOSP Receipt For:		SIOLOGIST	_										
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 250.00											
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PAGE 19 OF

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	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	g contr	ibutic	ons
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) James P. Burdick M.D.				Date o						
	Mailing Address 6349 Woodland Dr.				м м 02	1	22	р / ү	201		7
	City East Amherst	State NY	Zip Code 14051					C16151 Receipt th	58		
	FEC ID number of contributing federal political committee.	С					7		ę	500.0	0
	Name of Employer	Occupation									
	AMAS Receipt For:	ANESTHES	SIOLOGIST	_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) David A. Burkamper M.D.				Date o	f Re	ceipt				
	Mailing Address 1499 Cedar Tree Ct., N.E.				м м 02	/	28	) / Y	2012	Y Y 2	1
	City	State IA	Zip Code					C16065			
	Swisher           FEC ID number of contributing         federal political committee.	С	52338-9410	/	Amoun	t of	Each R	Receipt th		iod 250.0	0
	Name of Employer LINN CTY ANESTH	Occupation ANESTHES		_							
	Receipt For: Primary General		Year-to-Date ▼								
	Other (specify)		250.00								
с.	Full Name (Last, First, Middle Initial) Robert J. Burke M.D.				Date o	f Re	ceipt				
	Mailing Address 3535 Travis St Ste 210				м м 02	/	24		y 2012		
	City Dallas	State TX	Zip Code 75204-1465					C16151		ind	
	FEC ID number of contributing federal political committee.	С			Amoun		, each H	Receipt th		500.0	0
	Name of Employer	Occupation		_							
	Self	Anesthesiol	ogist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
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PAGE 20 OF

163

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
American Society of Anesthe	esiologists Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Brian M. Byer D.O.		Date of Receipt
Mailing Address 1890 Lester River Rd		02 27 2012
City Duluth	StateZip CodeMN55804-3030	Transaction ID : C1615162           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ESSENTIA HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Richard R. Caffrey M.D.		Date of Receipt
Mailing Address 6744 Golf Club Dr		02 27 2012
City Longmont	StateZip CodeCO80503-8351	Transaction ID : C1615017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Boulder Community Hospital Anes. Dept.	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Kenneth A. Carlson M.D.		Date of Receipt
Mailing Address 4334 Boulder Lake Circle		M M / D D / Y Y Y Y Y 02 06 2012
City 	StateZip CodeAL35242	Transaction ID : C1595842 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anesthesia resources management	Anesthesiologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	I)	1750.00
	ber only)	

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PAGE 21 OF

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	nd Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committ	ee
Full Name (Last, First, Middle Initial)         C. Labron Chambers Jr., M.D.         Mailing Address 3117 Cutchin Drive         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer         AMERICAN ANESTH         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NC     28210-4815       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼       250.00	Date of Receipt
Full Name (Last, First, Middle Initial) <b>B.</b> Katherine A. Chang M.D. Mailing Address 831 Berkeley St. City	State Zip Code	Date of Receipt 02 29 2012 Transaction ID : C1615027
Santa Monica FEC ID number of contributing federal political committee.	CA 90403	Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) James W. Chapin M.D. Mailing Address 1426 N. 133rd St.		Date of Receipt
City Omaha FEC ID number of contributing federal political committee. Name of Employer Univ. of NE Medical Center Receipt For: Primary General Other (specify) ▼	State     Zip Code       NE     68154       C     Occupation       Anesthesiologist       Aggregate Year-to-Date ▼       500.00	Transaction ID : C1606145 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional	I) J	1000.00
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FOR LINE NUMBER:

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PAGE 22 OF

163

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>〈</b> 11a		11	1b	11c		12	
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	ny information copied from such Reports and S for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesic	ologists P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) Kenneth B. Chapman M.D.				Date o	of Re	ece	eipt				
	Mailing Address 8 Fort Hill Park				02	/	′	D 17			2012	Y
	City	State	Zip Code		Tran	sact	tior	ו ID :	C16151	64		
	Staten Island	NY	10301-1702	_	Amour	nt of	Ea	ach R	Receipt 1	this F	Period	
	FEC ID number of contributing federal political committee.	С					,				250	.00
	Name of Employer SELF EMPLOYED	Occupation ANESTHES										
	Receipt For:			_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00	4								
в.	Full Name (Last, First, Middle Initial) Taposh Chatterjee M.D.				Date o	of Re	ece	eipt				
	Mailing Address 614 S. Old Ranch Rd.				02	/	′	21			012	Y
	City	State	Zip Code			sact	tion		C16039		512	
	Arcadia	CA	91007						Receipt t		Period	
	FEC ID number of contributing federal political committee.	С					7			_	500.	.00
	Name of Employer SELF EMPLOYED	Occupation ANESTHES										
	Receipt For:	Aggregate	Year-to-Date ▼ 500.00									
	Full Name (Last, First, Middle Initial)		9	+								
C.	Paul M. Chovaz M.D.			_	Date o	of Re	ece	eipt				
	Mailing Address 616 Lake Dr				<sup>M</sup> 02	/	′	D 09			012	Y
	City Muskegon	State MI	Zip Code 49445-2829						C15991 Receipt 1		Period	
	FEC ID number of contributing federal political committee.	С								.1113 1	250	.00
							)					
	Name of Employer	Occupation										
	Self Receipt For:	Anesthesio	-	_								
	Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)		250.00									
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PAGE 23 OF

163

TIEMIZED RECEIPTS		Detailed Summary Page		<b>1</b> 1a		11b	11c	· .	12	
				13		14	15	<u> </u>	16	17
Any information copied from such Reports or for commercial purposes, other than usir										
NAME OF COMMITTEE (In Full)										
American Society of Anesth	esiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) <b>A.</b> Tyler G. Church M.D.				Date o	f Re	eceipt				
Mailing Address 18678 E Ashridge Dr				м м 02	/	22		20 <sup>-</sup>	ү 12	Y
City	State	Zip Code		Trans	sact	ion ID :	C16151	71		
Queen Creek	AZ	85242-3662		Amoun	t of	Each F	Receipt tl	his Pe	riod	
FEC ID number of contributing federal political committee.	С					7			500.0	00
Name of Employer	Occupation	I								
Self	ANESTHE	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33 13 14		11.							
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) B. James S. Clarke M.D.				Date o	f Re	aceint				
Mailing Address 1223 Commerce Dr Ste	1			M M	/	D	D / Y	Y	Y	Y
				02		24		201	2	
City	State	Zip Code		Trans	acti	ion ID :	C16151			
Mountain Home	AR	72653-2617		Amoun	t of	Each F	Receipt tl	his Pe	riod	
FEC ID number of contributing federal political committee.	С					7			250.0	00
Name of Employer	Occupation	1	_							
Self	ANESTHES	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11.							
Other (specify)		250.00	4							
Full Name (Last, First, Middle Initial) C. William Clay M.D.				Date o	f Re	eceipt				
Mailing Address Dept. Anesthesia 468 Cadieux Rd.				м м 02	/	27		201		Y
City	State	Zip Code		Trans	sact	ion ID :	C16054	76		
Grosse Pointe	MI	48230		Amoun	t of	Each F	Receipt tl	his Pe	riod	
FEC ID number of contributing federal political committee.	С					,			500.	00
Name of Employer	Occupation	1								
SOAA	anesthesio	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33 3									
Other (specify)		500.00								
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PAGE 24 OF

		Detailed Summary Page		11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	solicitin		ntribut	ions
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Traci L. Coffman M.D. Mailing Address 2003 Day St. City Ann Arbor FEC ID number of contributing federal political committee.	State MI	Zip Code 48104			/ acti	08	C15990 Receipt t	20 <b>30</b>	012 Period 250.	У 00
	Name of Employer ANES ASSOC ANN ARBOR Receipt For: Primary General Other (specify)	Occupation ANESTHES Aggregate									
В.	Full Name (Last, First, Middle Initial) Melvin A. Cohen M.D. Mailing Address 56 Pheasant Way City Centerville FEC ID number of contributing federal political committee. Name of Employer	State MA C	Zip Code 02632			/ acti	22 on ID :		20 <b>32</b>	)12 Period 250.	ў 00
	Cape Cod Anes. Assoc. Receipt For: Primary General Other (specify) ▼	Anesthesiol Aggregate	ogist Year-to-Date ▼ 250.00	]							
C.	Full Name (Last, First, Middle Initial)         Henry Cola M.D.         Mailing Address 16891 Marina Bay Dr         City         Huntington Beach         FEC ID number of contributing federal political committee.         Name of Employer         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State CA C Occupation Medical Do Aggregate				/ act	03 ion ID :		20 5 <b>90</b>	012 Period 250	Y .00
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PAGE 25 OF

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	rmation copied from such Reports and St mmercial purposes, other than using the					purpo				
\	erican Society of Anesthesio	logists P	olitical Action Commit	tee						
A. Dav Mailin City Deca FEC federa Name Adam	lame (Last, First, Middle Initial) rid S. Colclasure M.D. Ig Address 7556 N 300 E tur ID number of contributing al political committee. e of Employer as Memorial Hospital pt For: Primary General Other (specify) ▼	State IN C Occupation Anesthesiol Aggregate				/ sactio	24	C161503 teceipt th	is Perio	
B. Bar	Jame (Last, First, Middle Initial) bara B. Conard M.D. Ig Address 316 Wildwood Ln.	State	Zip Code		Date of 02 Trans	/	22	C161517	2012 3	Ŷ
federa Name UNITY	Pette ID number of contributing al political committee. e of Employer Y HEALTHCARE pt For: Primary General	IN C Occupation ANESTHES Aggregate						leceipt th	is Perio	J D.00
C. Lois Mailin	Other (specify) ▼ Jame (Last, First, Middle Initial) s A. Connolly M.D. g Address N27W22185 Timberwood Ln	Cieta	250.00		Date of	/	16		y y 2012	Ŷ
FEC federa Name Medio	kesha ID number of contributing al political committee. e of Employer cal College of Wisconsin pt For: Primary General Other (specify) ▼	State WI Occupation Anesthesion Aggregate		]				C160176	is Perio	0.00
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PAGE 26 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b		11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose		oliciting	g contrib	outions
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) David J. Conrad M.D. Mailing Address 315 Spyglass Ct				Date o		eceipt	D	/ Y	- Y - Y	Y
	City	State	Zip Code	_	02 Trans	sact	2 ion ID		161517	2012 <b>74</b>	
	Lebanon	IN	46052-8317	A	Amoun	nt of	Each	Red	ceipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					7		7	25	50.00
	Name of Employer IU School of Medicine	Occupation ANESTHES	SIA RESIDENT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
В.	Full Name (Last, First, Middle Initial) Antonio H. Conte M.D., M.B.				Date o	of Re	eceipt				
	Mailing Address 8700 Beverly Blvd Ste 8211 Dept of Anes				м м 02	/	2	8	/ Y	y y 2012	Y
	City	State	Zip Code		Trans	sacti	ion ID	: C	161213	35	
	West Hollywood	CA	90048-1804	A	Amoun	nt of	Each	Red	ceipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					3		7	112	25.00
	Name of Employer GEN ANES SPECIALISTS	Occupation ANESTHES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00								
с.	Full Name (Last, First, Middle Initial) Gary P. Coppa				Date o	of Re	eceipt				
	Mailing Address 4053 Ashwood Ct.				M M 02	/	D 2	D 1	/ Y	2012	Y
	City Ventura	State CA	Zip Code 93003						<b>160390</b> ceipt th	63 his Peric	d
	FEC ID number of contributing federal political committee.	С					,		7	2	50.00
	Name of Employer	Occupation	l								
	Self	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
s	UBTOTAL of Receipts This Page (optional)		•				7		7	162	5.00
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FOR LINE NUMBER:

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PAGE 27 OF

163

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	
American Society of Anesthe	siologists Political Action Committ	ee
Full Name (Last, First, Middle Initial) Lisa M. Corstvet M.D.		Date of Receipt
Mailing Address 2400 Highlands Landing	State Zip Code	02 21 2012 Transaction ID : C1615184
Edmond	OK 73013-8693	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Samuel R. Crockett III, M.D.		Date of Receipt
Mailing Address 4 Cub Cove Rd.		M = M         /         D = D         /         Y = Y = Y = Y         Y         O2         O6         2012         O1         O2         O2         O3         O4         O4
City Bear Creek	StateZip CodePA18702	Transaction ID : C1595861 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Geisinger Health System	Occupation Cardiac Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) C. Laszlo Csernak M.D.		Date of Receipt
Mailing Address 2509 E Cherrywood Pl		M = M / D = D / Y = Y = Y 02 24 2012
City Chandler	StateZip CodeAZ85249-3522	Transaction ID : C1615179 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Anesthesia Resources	ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)	)	2000.00
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FOR LINE NUMBER:

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PAGE 28 OF

163

			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c 15	12 16	17	7
	y information copied from such Reports and S for commercial purposes, other than using the										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Susan G. Curling M.D. Mailing Address 8234 Magnolia Glen Drive				Date of						
			7.0.1		м м 02		D 17		2012	Y	
	City Humble	State TX	Zip Code 77346	A				C160239 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,	7	8	3.30	1
	Name of Employer North Houston Anesthesiologists	Occupation Anesthesio									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60								
B.	Full Name (Last, First, Middle Initial) Niloofer F. Dalal M.D.				Date of	Re	ceipt				
	Mailing Address 3043 Tuscany Park Drive				м м 02	/	21		ү ү 2012	Y	
	City Marietta	State GA	Zip Code 30068	A				C161503 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,		30	0.00	]
	Name of Employer LOBB ANESTH ASSOC	Occupation ANESTHES									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
C.	Full Name (Last, First, Middle Initial) John E. Davis III, M.D.				Date of	Re	ceipt				
	Mailing Address 517 Merriman's Ln.				м м 02	/	08		2012	Y	
	City Winchester	State VA	Zip Code 22601					: <b>C16038</b> Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,			0.00	]
	Name of Employer	Occupation									
	Winchester Anesthesiologists Inc. Receipt For:		SIOLOGIST	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)		•	. [			,		633	3.30	]
т	OTAL This Period (last page this line number	only)	•	. [			,	7			

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PAGE 29 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committ	ee
Full Name (Last, First, Middle Initial) Maria A. De Castro M.D. Mailing Address 1616 N Orange Grove Ave		Date of Receipt
City	State Zip Code	02 22 2012 Transaction ID : C1615040
Los Angeles	CA 90046-2606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self-Employed	Occupation Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify)	500.00	1
Full Name (Last, First, Middle Initial) B. Mark A. De Santi M.D.		Date of Receipt
Mailing Address 1118 Via Cielito		02 24 2012
City	State Zip Code CA 93003-1222	Transaction ID : C1615041
Ventura FEC ID number of contributing federal political committee.	CA 93003-1222	Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) C. Onur Demirci M.D.		Date of Receipt
Mailing Address 340 Blossom Ln		02 13 2012
City Chagrin Falls	State Zip Code OH 44022	Transaction ID : C1599814
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	—
Cleveland Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	]
SUBTOTAL of Receipts This Page (optional	)	1000.00
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PAGE 30 OF

163

TIEMIZED RECEIPTS		Detailed Summary Page		<b>〈</b> 11a	1	1b	11c	1	12	
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Any information copied from such Reports or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)										
American Society of Anesth	esiologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. P. Craig Dennen M.D.				Date of	f Rece	eipt				
Mailing Address 21 Orchard Ln.				02	/	D 28	) / Y	y 201	12	Y
City	State	Zip Code		Trans	actio	n ID :	C160652	25		
Simsbury	СТ	06070-2756		Amount	t of E	ach R	Receipt th	nis Pe	riod	
FEC ID number of contributing federal political committee.	С							_	300.0	00
Name of Employer	Occupation	1								
Woodland Anesthesiology Assoc., PC	ANESTHE	SIOLOGIST								
Receipt For:	Anareaste	Year-to-Date ▼	$\neg$							
Primary General	, iggi egute									
Other (specify)	_ L	300.00	4							
Full Name (Last, First, Middle Initial) B. Robert P. Devine M.D.				Date of	f Rece	eipt				
Mailing Address 20412 W. 93rd St.				02	/	D D D 15	) / Y	201	Y 2	Y
City	State	Zip Code		Trans	actio	n ID :	C160099			
Lenexa	KS	66220		Amount	t of E	ach R	Receipt th	nis Pe	riod	
FEC ID number of contributing federal political committee.	С				. ,				250.0	00
Name of Employer	Occupation	1								
Anesthesiology Chartered	Anesthesio	logist								
Receipt For:	I	Year-to-Date ▼	_							
Primary General	Aggregate		- L -							
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) C. Andrew E. Dick M.D.				Date of	f Rece	eipt				
Mailing Address 1148 Hampton Ct				02	/	D C		y 201		Y
City	State	Zip Code		Trans	actio	n ID :	C15958	64	_	
Seymour	IN	47274		Amount	t of E	ach R	Receipt th	nis Pe	riod	
FEC ID number of contributing federal political committee.	С								250.	00
Name of Employer	Occupation	1								
Schneck Medical Center Anesthesiology	Anesthesic	logist								
Receipt For:	I	Year-to-Date ▼								
Primary General										
Other (specify)		250.00								
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PAGE 31 OF

163

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			y not be sold or used by any p ddress of any political committed		for the		pose o			ntributi	ons
NAME OF	COMMITTEE (In Full)		olitical Action Committ								
	(Last, First, Middle Initial) K. Diehl M.D.				Date o	f Re	eceipt				
	dress 3938 Piedmont Terr.				м м 02	/	22			)12	Y
City		State	Zip Code		Trans	sact	ion ID	: C16151	88		
Medford		OR	97504-9636	/	Amoun	t of	Each	Receipt t	his P	eriod	
	mber of contributing tical committee.	С					7	7		250.	00
Name of E	mployer	Occupation									
Ashland An	es Assoc	ANESTHES	SIOLOGIST								
Receipt Fo		Aggregate	Year-to-Date ▼								
Prima	·			11.							
Othe	r (specify) 🔻		250.00								
Full Name B. Jerry Die	(Last, First, Middle Initial) ehr M.D.				Date o	f Re	eceipt				
	dress 4111 W Azeele St				м м 02	/	21			12	Y
City		State	Zip Code			acti		: C16151		-	
Tampa		FL	33609-3801					Receipt t		eriod	
	mber of contributing tical committee.	С					7			250.0	00
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Self		ANESTHES									
Receipt Fo	r:		Year-to-Date ▼	_							
Prima	ary General	Aggregate									
Other	r (specify) ▼	_ L	250.00	4							
	(Last, First, Middle Initial) 5. Diminyatz M.D.				Date o	f Re	eceipt				
Mailing Add	tress 12711 Biola Ave.				м м 02	/	22			) 12	Y
City		State	Zip Code		Trans	sact	ion ID	: C16151	86		
La Mirada		CA	90638-2158	/	Amoun	t of	Each	Receipt t	his P	eriod	
	mber of contributing tical committee.	С					,			250.	00
Name of E	mployer	Occupation		_							
SELF-EMP	LOYED	ANESTHES	SIOLOGIST								
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PAGE 32 OF

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/	-	iologists P	olitical Action Commit	tee						
Full Name (Last, Firs Jonathan R. Doh				C	Date of	f Re	ceipt			
Mailing Address 211	Walnut Trace Ct.				м м 02	/	05	/ Y	у у 2012	
City		State	Zip Code		Trans	acti	on ID : C	2159562		
Simpsonville		SC	29681	A	mount	t of	Each Re	ceipt th	is Peric	d
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Name of Employer		Occupation								
Palmetto Anesthesia	Associates	Anesthesiol	ogist							
Receipt For:	Gonoral	Aggregate	Year-to-Date ▼							
Other (specify)	General ▼		500.00							
Full Name (Last, Firs B. William A. Doml					Date of	f Re	ceipt			
Mailing Address P.O	Box 245				м м 02	/	21	/ Y	2012	Y
City		State	Zip Code		Trans	acti	on ID : C	:161519		
Phoenix		MD	21131	A	mount	t of	Each Re	eceipt th	is Peric	d
FEC ID number of configuration federal political comm	Ũ	С					9	7	25	50.00
Name of Employer HUNT VALLEY ANES	ЯΤΗ	Occupation ANESTHES								
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 250.00							
Full Name (Last, Firs					Date of	f Re	ceipt			
Mailing Address PO	Box 13130				м м 02	/	D D 09	/ Y	y y 2012	Y
City Jackson		State WY	Zip Code 83002-3130				ion ID : (			
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Self		Anesthesio	ogist							
Receipt For:		Aggregate	Year-to-Date ▼							
Primary	General		1000.00							
Other (specify)	•		77							
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PAGE 33 OF

			for each category of the Detailed Summary Page		11a 13		11b 14	1 <sup>-</sup>	1c 5	12 16	1	7
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	ee								
	Full Name (Last, First, Middle Initial)         Donald D. Downs M.D.         Mailing Address 7351 Oliver Woods Dr SE         City         Grand Rapids         FEC ID number of contributing federal political committee.         Name of Employer         Anesthesia Practice Consultants         Receipt For:         Primary	State MI C Occupation Anesthesiol Aggregate			Date of 02 Trans	/ acti	01 01	: C15	9652	s Peric		]
В.	Other (specify) ▼         Full Name (Last, First, Middle Initial)         Donald D. Downs M.D.		249.30		Date of	f Re	<u> </u>					
	Mailing Address 7351 Oliver Woods Dr SE City Grand Rapids FEC ID number of contributing federal political committee.	State MI	Zip Code 49546		02 Trans Amount			2 : C16	0403	s Perio		]
	Name of Employer Anesthesia Practice Consultants Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate										
C.	Full Name (Last, First, Middle Initial)         Greg R. Dragon M.D.         Mailing Address 18 Crestview Dr.         City         Ocean View         FEC ID number of contributing federal political committee.         Name of Employer         CAPE ANESTHESIA         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 08230 SIOLOGIST Year-to-Date ▼ 500.00		Date of 02 Trans	/ sacti	28	3 : C16	1519	s Peric		]
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PAGE 34 OF

		Use separate schedule(s)	(ch	(check only one)								
	D RECEIPTS		for each category of the Detailed Summary Page		<b>〈</b> 11a		11b	11c	12			
					13		14	15	16	17		
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	F COMMITTEE (In Full)											
Ameri	can Society of Anesthesi	ologists Po	olitical Action Committe	ee								
	e (Last, First, Middle Initial) Draper M.D.				Date of	Re	reint					
	Address 10616 Casador Del Oso NE			_					YY	V		
					02		02		2012			
City		State	Zip Code		Transa	acti	on ID :	C159505	i6			
Albuque	•	NM	87111-6920	_	Amount	of I	Each F	Receipt th	is Period			
	number of contributing olitical committee.	С					,	7	250	0.00		
Name of	Employer	Occupation		_								
	y of New Mexico Department of	Physician										
Receipt I		Aggregate	Year-to-Date ▼									
	mary General ner (specify) <del>_</del>		250.00	11								
			1 1 1	4								
	e (Last, First, Middle Initial)					_						
	A. Dudzik M.D.			_	Date of	Ree	· ·					
wanny A	ddress 2616 Whitchurch Lane				м м 02	/	09	) / Y	2012	Y		
City		State	Zip Code			actio		C159911				
Napervill	е	IL	60564		Amount	of I	Each F	Receipt th	is Period	I		
	number of contributing olitical committee.	С					,		1000	0.00		
	Employer	Occupation		-								
•	Valley Anesthesiologists	Anesthesiol	ogist									
Receipt I	For: mary General	Aggregate	Year-to-Date ▼									
	ner (specify) V		1000.00									
	e (Last, First, Middle Initial) R. Duval D.O.				Date of	Red	ceipt					
-	address 21 Spartan Dr				02	/	02		2012	Y		
City		State	Zip Code			acti		C161519				
Bedford		NH	03110-4229	_	Amount	of I	Each F	Receipt th	is Period	l		
	number of contributing olitical committee.	С					,		100	0.00		
Name of	Employer	Occupation		-								
	D ANES ASSOC	ANESTHES	GIOLOGIST									
Receipt I		Aggregate	Year-to-Date ▼									
	mary General ner (specify) 🗨		300.00	1								
	x-r J/ ₩		/9 / / / / / / /									
SUBTOTAI	L of Receipts This Page (optional)			•					1350	.00		
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PAGE 35 OF

ITEMIZED RECEIPTS		ach category of the uiled Summary Page	X 11a		11b 14	11c 15	12	17
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American Society of Anesthesiol	ogists Politica	al Action Committe	ee					
Full Name (Last, First, Middle Initial) David R. Duval D.O. Mailing Address 21 Spartan Dr			Date	of Re ™ /	ceipt	/ Y	Y Y	Y
City		o Code	02 		22 on ID : C	161519	2012 1	
Bedford	NH 03	110-4229	Amou	int of	Each Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7	3	100	0.00
Name of Employer NUTFIELD ANES ASSOC	Occupation ANESTHESIOLOG	IST						
Receipt For: Primary General	Aggregate Year-to	-Date ▼						
Other (specify) ▼		300.00						
Full Name (Last, First, Middle Initial) B. David R. Duval D.O.			Date	of Re	ceipt			
Mailing Address 21 Spartan Dr			M 02		29	/ Y	у у 2012	Y
City		Code	Trar	nsacti	on ID : C	161328	2	
Bedford	NH 03	110-4229	Amou	int of	Each Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С				7	7	100	.00
Name of Employer NUTFIELD ANES ASSOC	Occupation ANESTHESIOLOG	IST						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 300.00	]					
Full Name (Last, First, Middle Initial) C. Anthony Dye M.D.			Date	of Re	ceipt			
Mailing Address 401 N. 31st Street, Suite 1260			02		29	/ Y	үүү 2012	Y
City Billings		Code 101			i <b>on ID : C</b> Each Red			
FEC ID number of contributing federal political committee.	С				7	7	250	0.00
Name of Employer	Occupation							
Billings Anesth	ANESTHESIOLOG	IST						
Receipt For:	Aggregate Year-to	-Date 🔻						
Primary General Other (specify) ▼		250.00	1					
SUBTOTAL of Receipts This Page (optional)				-			450	.00
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PAGE 36 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page		11a 13		11b	11c	12	4-7	
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NAME OF COMMITTEE (In Full)										
angle American Society of Anesthe	esiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Miguel A. Eliza M.D.				Date of Receipt						
Mailing Address P.O. Box 71325			1.0	M M	/	DD	/ Y	Y Y	Y	
Suite 212           City         State         Zip Code				02 23 2012 Transaction ID : C1615047						
San Juan	PR	00936-8425						is Period	b	
FEC ID number of contributing federal political committee.	С					7	7	50	0.00	
Name of Employer	Occupation		_							
Self	ANESTHES	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00								
Full Name (Last, First, Middle Initial) B. Richard L. Ellison M.D.			D	ate of	Re	ceipt				
Mailing Address 5501 Winchester Ct				м м 02	1	09	/ Y	ү ү 2012	Y	
City	State MI	Zip Code				-	C159911			
Midland		48642	A	mount	of	Each R	eceipt th	iis Perioo	d	
FEC ID number of contributing federal political committee.	C			_	_	7	7	250	0.00	
Name of Employer self employed	Occupation									
Receipt For:	Anesthesiol	-								
Primary General Aggrega		Year-to-Date ▼								
Other (specify) ▼		250.00								
Full Name (Last, First, Middle Initial) C. Duane L. Erbaugh M.D.			D	ate of	Re	ceipt				
Mailing Address 18825 Gunn Hwy				м м 02	/	21	/ Y	у у 2012	Y	
City Odessa	State FL	Zip Code 33556-4614					C161504			
FEC ID number of contributing		33330-4014	A	mount	of	Each R	eceipt th	iis Perioo	b	
federal political committee.	С					9	y	50	0.00	
Name of Employer	Occupation									
Self Receipt For:	I	SIOLOGIST Year-to-Date ▼								
Primary General	Aggregate		1.							
Other (specify) ▼		500.00								
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PAGE 37 OF

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	ny information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Com	mittee					
Α.	Full Name (Last, First, Middle Initial)         Cynthia C. Espanola M.D.         Mailing Address 29 Deer Run Rd.				M M		D / Y	Y Y	Y
	City Kingston	State MA	Zip Code 02364			action II	21 <b>D : C16150</b> I Receipt tl		1
	FEC ID number of contributing federal political committee.	С				7	J	25	0.00
	Name of Employer         ANESTH ASSOC OF MA         Receipt For:         Primary       General         Other (specify) ▼		n SIOLOGIST Year-to-Date ▼ 250.0	0					
B.	Full Name (Last, First, Middle Initial) Steven W. Eyler M.D. Mailing Address 10152 SW Windwood Way				Date of	Receipt	D / Y	Y Y	Y
	City Portland FEC ID number of contributing	State OR	Zip Code 97225-7066			action ID	10 <b>) : C16118</b> I Receipt tl	nis Perioo	1 ).00
	federal political committee. Name of Employer Self	Occupation MANAGER				7			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	0					
c.	Full Name (Last, First, Middle Initial) Robert L. Fears M.D.				Date of	Receipt			
	Mailing Address 2404 Waterford Dr.	State	Zip Code		02		21	2012	Ŷ
	Ames	IA	50010-9661				<b>D : C16152</b> Receipt tl		1
	FEC ID number of contributing federal political committee.	С						25	0.00
	Name of Employer	Occupation	1						
	mcfarland clinic Receipt For:	physician							
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 250.0	0					
-	UBTOTAL of Receipts This Page (optional)				<u> </u>	-7		750	0.00
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PAGE 38 OF

163

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13	11b	11c	12	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any pe ddress of any political committee	erson e to so	for the	purpose o	f soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	plitical Action Committe	ee					
A.	Full Name (Last, First, Middle Initial) Alexander E. Feller M.D.				Date of	Receipt			
	Mailing Address 2114 W. Charleston				м м 02	/ D 22	D / Y	2012	Y
	City Chicago	State IL	Zip Code 60647-3302		Trans	action ID of Each I	C16152	10	1
	FEC ID number of contributing federal political committee.	С					7	500	0.00
	Name of Employer MD2X SC	Occupation ANESTHES	IOLOGIST						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
в.	Full Name (Last, First, Middle Initial) Lisa C. W. Ferguson M.D.				Date of	Receipt			
	Mailing Address 4111 Heritage Trl	01-1-	7		м м 02	/ D 22	D / Y	ү ү 2012	Y
	City Terre Haute	State IN	Zip Code 47803-1368	-		action ID : of Each F			1
	FEC ID number of contributing federal political committee.	С						1000	
	Name of Employer Self	Occupation ANESTHES	IOLOGIST						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
— с	Full Name (Last, First, Middle Initial) Victor S. Ferguson M.D.				Date of	Receipt			
•.	Mailing Address 4111 Heritage Trl				02	/ 22		y y 2012	Y
	City Terre Haute	State IN	Zip Code 47803-1368	-		action ID of Each I			4
	FEC ID number of contributing federal political committee.	С						1000	
	Name of Employer	Occupation							
	Self Receipt For:	ANESTHES		_					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
s	UBTOTAL of Receipts This Page (optional)		•	•				2500	0.00
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PAGE 39 OF

163

TIEWIZED RECEIPIS		Detailed Summary Page		11a	11	b	11c	12	:	
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NAME OF COMMITTEE (In Full)										
American Society of Anesthes	siologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Daniel S. Fiddler M.D.				Date of	f Recei	pt				
Mailing Address 6329 Maroon Mesa Dr				м м 02	/ [	13	/ Y	2012		Y
City	State	Zip Code		Trans	action	ID :	C160021			_
Colorado Springs	CO	80918-6100	A	mount	t of Ea	ch R	eceipt th	is Peri	od	
FEC ID number of contributing federal political committee.	С				7		7	2	250.0	00
Name of Employer	Occupation	1								
Pikes Peak Anesthesia Assoc.	Anesthesio	logist								
Receipt For:	Aaareaate	Year-to-Date ▼								
Primary General	33 - 3 - 4		11							
Other (specify)		250.00	4							
Full Name (Last, First, Middle Initial) B. Juan Firnhaber M.D.					f Recei	int				
Mailing Address 936 Nottingham Rd						p p		N 1	v - 1	1
Maning Address 936 Nottingham Rd				02	/ L	13	/ Y	_2012	1 = 1	1
City	State	Zip Code			action		C160019			
Greenville	NC	27858					eceipt th		od	
FEC ID number of contributing federal political committee.	С								00.0	0
Name of Employer	Occupation	1	_							
ECAA	Physician									
Receipt For:		Year-to-Date ▼								
Primary General	Aggregate		1.1							
Other (specify)		1000.00	4							
Full Name (Last, First, Middle Initial) C. Juan Firnhaber M.D.	·			Date of	f Recei	pt				
Mailing Address 936 Nottingham Rd				м м 02	/	13	/ Y	2012		ľ
City	State	Zip Code		Trans	action	ID :	C160020	)0		
Greenville	NC	27858	A	mount	t of Ea	ch R	eceipt th	is Peri	od	
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Name of Employer	Occupatior	1	_							
ECAA	Physician									
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify)		1000.00	]							
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PAGE 40 OF

			Use separate schedule(s)				(check only one)							
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\	COMMITTEE (In Full)													
	can Society of Anesthesic	ologists P	olitical Action Committe	ee										
	e (Last, First, Middle Initial) V W. Fischer M.D.				Date of	Re	ceipt							
Mailing Ac	Idress 1 Gustave L Levy Pl				M – M	/	DD	) / Y	Y Y	Y				
City	P.O. Box 1010	State	Zip Code	_	02		22	C160402	2012					
New York		NY	10029						is Period					
	umber of contributing litical committee.	С					7		250	.00				
Name of	Employer	Occupation												
	ai Medical Center	Anesthesiol	ogist											
Receipt F		Aggregate	Year-to-Date ▼											
Prim Othe	nary General er (specify) v		250.00	1										
			7 7 7											
	e (Last, First, Middle Initial) . Fishback M.D.				Data of	De	agint							
	Idress 1631 Hospital Dr., Ste. #110			_	Date of	Re		/ .	YY	V				
					02	Ĺ	28		2012					
City		State	Zip Code					C160650						
Santa Fe		NM	87505-4728		Amount	of	Each R	leceipt th	is Period					
	umber of contributing litical committee.	С					y	 J	1000	.00				
Name of I	Employer Anesthesia Specialists, P.C.	Occupation												
Receipt F	· · · · · · · · · · · · · · · · · · ·	Anesthesiol	-	_										
Prim		Aggregate	Year-to-Date ▼											
Othe	er (specify) 🔻		1000.00											
	e (Last, First, Middle Initial) Fisher M.D.				Date of	Re	ceipt							
Mailing Ac	dress 2213 State Road, 225 East				м м 02	/	27	) / Y	2012	Y				
City		State	Zip Code			acti		C161519						
Battle Gro	bund	IN	47920	_	Amount	of	Each R	leceipt th	is Period					
	umber of contributing litical committee.	С					7		250	.00				
Name of	Employer	Occupation												
Self Receipt F	or	PHYSICIAN	l											
Prim		Aggregate	Year-to-Date ▼											
Othe	er (specify)		250.00											
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PAGE 41 OF

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	NAME OF COMMITTEE (In Full)	name anu a		. 10 5		inibul	10113 11	Sin Suci		intee	
	American Society of Anesthesic	logists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Marjorie R. Fitzgerald M.D.				Date of	Rece	eipt				
	Mailing Address 2902 Juniper Hill Rd.				м м 02	/	D D 20	/ Y	2012		1
	City	State	Zip Code		Trans	actio		C161520			
	Louisville	KY	40206	_	Amount	of Ea	ach Re	eceipt th	is Perio	bd	
	FEC ID number of contributing federal political committee.	С				. ,			2	50.00	D
	Name of Employer	Occupation									
	Anesthesia Associates of Louisville	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
в.	Full Name (Last, First, Middle Initial) Eric Flach M.D.				Date of	Rece	eipt				
	Mailing Address 1000 E Primrose St Ste 520				02	1 ′	D D D 19	/ Y	2012		1
	City	State	Zip Code			actior		C160285			
	Springfield	MO	65807-5180		Amount	ofEa	ach Re	eceipt th	is Perio	bd	
	FEC ID number of contributing federal political committee.	С				,		7	2	50.00	)
	Name of Employer Ozark Anesthesia Associates, Inc.	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00	]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Pamela Flood M.D.				Date of	Rece	eipt				
	Mailing Address 300 Anderson Ave				02	1	D D 27	/ Y	2012	Y	1
	City	State	Zip Code		Trans	actio	n ID : (	C16150	58		
	Closter	NJ	07624-2801	_	Amount	of Ea	ach Re	eceipt th	is Perio	bd	
	FEC ID number of contributing federal political committee.	С				,		7	2	50.0	D
	Name of Employer	Occupation									
	Self Employed	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
s	UBTOTAL of Receipts This Page (optional)			•		7	-	- 7	75	50.00	
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PAGE 42 OF

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'			Detailed Summary Page		11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the			erson fo	r the		pose of	solicitin	g con	tributio	ons	_
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Wayne M. Fong M.D. Mailing Address 630 1st Ave Apt 27H			_	ate o M M		eceipt 20	ר / כ	20 <sup>.</sup>	ү 12	Y	
	City New York	State NY	Zip Code 10016					C16038 Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					7			250.0	00	
	Name of Employer Park Slope Anesthesia Associates, P.C. Receipt For:	Occupation Anesthesiol	ogist									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
в.	Full Name (Last, First, Middle Initial) Michael T. Fox M.D.			Di	ate o	f Re	ceipt					
	Mailing Address 15 W Penny Rd				м м 02	1	24		201	12	Y	
	City South Barrington	State IL	Zip Code 60010-9576					C16150 Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					7		_	300.0	00	
	Name of Employer BARRINGTON ANESTH	Occupation ANESTHES										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Ryan D. Frieder D.O.			Di	ate o	f Re	ceipt					-
	Mailing Address PO Box 31007				м м 02	/	09		201	Y 12	Y	
	City Santa Fe	State NM	Zip Code 87594-1007				-	: <b>C15991</b> Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					,			1000.0	00	
	Name of Employer	Occupation										
	Santa Fe Anesthesia Specialists	Anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
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PAGE 43 OF

163

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			13     14     15     16     17       erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Committe	96
A. Jeffery L. Fuqua M.D. Mailing Address 12419 Mallard Bay Dr.			Date of Receipt
City Knoxville	State TN	Zip Code 37922	02 06 2012 Transaction ID : C1595785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer AMAET Receipt For: Primary General Other (specify)	Occupation Anesthesio Aggregate		
Full Name (Last, First, Middle Initial) B. Nathan Paul Gabler M.D. Mailing Address 8901 W Lincoln Ave	Stata	Zin Code	Date of Receipt
City West Allis	State WI	Zip Code 53227-2409	Transaction ID : C1615201           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Aurora West Allis Medical Center	Occupation Anesthesiol		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Donald J. Galligan D.O.			Date of Receipt
Mailing Address 894 S. Parkglen Pl.			02 14 _2012 _
City Anaheim Hills	State CA	Zip Code 92808-2316	Transaction ID : C1615203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
FULLERTON ANES ASSOC         Receipt For:         Primary       General         Other (specify)	Aggregate	N Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		1450.00
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PAGE 44 OF

ITEMIZED RECEIPTS		Use separate schedule(s) ( for each category of the				(check only one)							
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	ny information copied from such Reports and S for commercial purposes, other than using the				for the		oose of :	soliciting	g contril	butio	ns		
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	ee									
A.	Full Name (Last, First, Middle Initial) James J. Gallo M.D.				Date of	Re	ceipt						
	Mailing Address 5261 River Club Dr				м м 02	/	D D 21	/ Y	2012		1		
	City Suffolk	State VA	Zip Code 23435-3500				<b>on ID : (</b> Each Re		04				
	FEC ID number of contributing federal political committee.	С					7	7	2	50.0	D		
	Name of Employer CHESAPEAKE ANESTH	Occupation PHYSICIAN	I										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
в.	Full Name (Last, First, Middle Initial) Bradley J. Gawey M.D.				Date of	Re	ceipt						
	Mailing Address 611 N.W. 15th St.	State	Zip Code		02	/	29	1 L	2012				
	City Oklahoma City	OK	73103				on ID : ( Each Re			od			
	FEC ID number of contributing federal political committee.	С					,		54	00.00	)		
	Name of Employer Self	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Phillip Geiger M.D.				Date of	Re	ceipt						
	Mailing Address 1908 W Berkshire Ln				м м 02	/	D D 01	/ Y	2012		1		
	City Hanford	State CA	Zip Code 93230-9158				on ID : ( Each Re			od			
	FEC ID number of contributing federal political committee.	С					7			41.0	0		
	Name of Employer	Occupation											
	Naval Hospital Lemoore Receipt For:	Anesthesiol	ogist Year-to-Date ▼	_									
	Primary General Other (specify) v	Aggregale	248.60										
	UBTOTAL of Receipts This Page (optional)			► -			τ	5	79	91.00			
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PAGE 45 OF

163

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	y information copied from such Reports and St for commercial purposes, other than using the					or the		oose o					ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action	Committe	e								
Α.	Full Name (Last, First, Middle Initial) Phillip Geiger M.D.					Date of	Re	ceipt					
	Mailing Address 1908 W Berkshire Ln					M M	/	D		/ Y		Y	Y
	City	State	Zip Code		11	02 Trans	acti	04 on ID		:159560		)12	
	Hanford	CA	93230-9158		A	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						7		7		83	.30
	Name of Employer	Occupation											
	Naval Hospital Lemoore	Anesthesiol	ogist										
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻										
	Other (specify) V		л л	248.60									
	Full Name (Last, First, Middle Initial) Steven J. Gerschultz M.D.					Date of	De	aaint					
D.	Mailing Address 3602 Courtside Cir					02	/	2		/ Y		ү 12	Y
	City	State	Zip Code				acti			161520			
	Huntington Beach	CA	92649-2912		A	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		ŋ		250	00
	Name of Employer Self	Occupation PHYSICIAN											
	Receipt For:				_								
	Primary General	Ayyreyale	Year-to-Date ▼										
	Other (specify) V		<b>y y y y</b>	250.00									
c.	Full Name (Last, First, Middle Initial) Jonathan Gerson M.D.					Date of	Re	ceipt					
	Mailing Address 104 Hetherington Ln					м м 02	1	D 04		/ Y		ү 12	Y
	City	State OH	Zip Code			Trans	acti	ion ID	: C	15955	98		
	Cincinnati	OH	45246		A	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					_	7		7	_	500	.00
	Name of Employer	Occupation											
	Anesthesia Associates of Northwest Day	physician			_								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		7 7	500.00									
s	UBTOTAL of Receipts This Page (optional)							,				833.	30
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PAGE 46 OF

163

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. Steven J. Getz M.D.			Date of Receipt
Mailing Address 109 Penn St			M M / D D / Y Y Y Y Y 02 22 2012
City Greenville	State SC	Zip Code 29605-1104	Transaction ID : C1615209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Palmetto Anesthesia Associates Receipt For: Primary General Other (specify)		n SIOLOGIST Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) Jack S. Gildar M.D. Mailing Address 13720 N. 85th Place		7.0.1	Date of Receipt
City Scottsdale	State AZ	Zip Code 85260	Transaction ID : C1602413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Valley Anesthesiology Consultants	Occupatior physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) C. Grant K. Gillen M.D.			Date of Receipt
Mailing Address 266 Walnut St			M M / D D / Y Y Y Y Y 02 08 _2012 _
City New Orleans	State LA	Zip Code 70118-4832	Transaction ID : C1599031 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
Self Receipt For: Primary General Other (specify) ▼	Anesthesio Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line numb	er only)		

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PAGE 47 OF

17			Use separate schedule(s)				(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	1		17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ibutio	ons			
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesio	logists Po	olitical Action Committe	ee										
A.	Full Name (Last, First, Middle Initial) Jan Gillespie-Wagner M.D.				Date of	Re	eceipt							
	Mailing Address 1175 58th Ave				MM	/	D	) / Y	Y					
	Ste 202	State	Zip Code	_	02 Trans	acti	14 ion ID :	C16150	201	2				
	Greeley	CO	80634-4807					leceipt th		iod				
	FEC ID number of contributing federal political committee.	С					7	7	:	500.0	00			
	Name of Employer	Occupation												
	NO COLORADO PAIN	ANESTHES	IOLOGIST											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		500.00											
в.	Full Name (Last, First, Middle Initial) Paul D. Gilmore M.D.				Date of	Re	eceipt							
	Mailing Address 24 Springhill Farm Ct				02	1	21	) / Y	2012					
	City	State	Zip Code		Trans	acti	on ID :	C160395	54					
	Cockeysville	MD	21030	_	Amount	t of	Each F	leceipt th	nis Per	iod				
	FEC ID number of contributing federal political committee.	С				_	7	7	2	250.0	0			
	Name of Employer G. B. M. C. Hospital	Occupation Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary     General       Other (specify) ▼		250.00											
с.	Full Name (Last, First, Middle Initial) John G. Girardot M.D.				Date of	Re	eceipt							
	Mailing Address 841 Bonnie Brae				м м 02	/	22		2012					
	City River Forest	State IL	Zip Code 60305-1509				-	C16150	-					
			00303-1303	-	Amount	t of	Each F	leceipt th	nis Per	iod	_			
	FEC ID number of contributing federal political committee.	С				_	7	7		250.0	00			
	Name of Employer	Occupation												
	Self	ANESTHES		_										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.00											
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PAGE 48 OF

		Detailed Summary Page		( 11a		11b		11c		12	
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Any information copied from such Reports or for commercial purposes, other than us											
NAME OF COMMITTEE (In Full)											
American Society of Anest	nesiologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. John J. Giustozzi Jr., M.D.				Date of	f Re	eceipt					
Mailing Address 130 Treetops Dr				м м 02	/	2		/ Y		)12	Y
City	State	Zip Code		Trans	acti	ion ID	: C	160432	26		
State College	PA	16801		Amount	t of	Each	Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	C					9		3		500.	00
Name of Employer	Occupation	l									
Centre County Anesthesia, PC	Physician										
	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		500.00	]								
Full Name (Last, First, Middle Initial) B. Kevin M. Glassman M.D.	I			Date of	f Re	eceipt					
Mailing Address 2 Hope Ln				м м 02	/	D 2		/ Y	20	ү 12	Y
City	State	Zip Code		Trans	acti	ion ID	: C	161506	68		
Glen Head	NY	11545-2324	'	Amount	t of	Each	Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	C					7		3		250.	00
Name of Employer SELF-EMPLOYED	Occupation ANESTHES										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		250.00	]								
Full Name (Last, First, Middle Initial) C. Richard L. Glines M.D.	I			Date of	f Re	eceipt					
Mailing Address 1250 E 3900 S Ste 30				м м 02	/	D 2		/ Y		ү 12	Y
City	State	Zip Code		Trans	act	ion ID	: C	160428	85		
Salt Lake City	UT	84124	'	Amount	t of	Each	Re	ceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					7		7		300.	00
Name of Employer	Occupation	l									
St Marks Hospital	Physician										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			1								
Other (specify)		300.00									
SUBTOTAL of Receipts This Page (optic	onal)					7		3		1050.(	00
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PAGE 49 OF

ITEMIZED REC	YEIDTE		Use separate schedule(s)	(chec	k only	/ on	e)	L			
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17
			y not be sold or used by any pe ddress of any political committee	erson fo	r the		ose of	soliciting	g contrik		าร
American Sc		logists Po	olitical Action Committe	ee							
Full Name (Last, F A. Robert C. Goe				Di	ate of	Re	ceipt				
Mailing Address 1	0714 N River Ranch Path				м м 02	/	D D D	/ Y	2012		1
City Crystal River		State FL	Zip Code 34428		Trans		on ID :	C160398 eceipt th	36		_
FEC ID number of federal political con	0	С					,		2	50.00	)
Name of Employer		Occupation									
Crystal River Anest	thesia	MD Anesthe	esiologist	_							
Receipt For: Primary Other (specif	General fy) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, F B. William K. Go				Di	ate of	Re	ceipt				
Mailing Address 2	119 Cortelyou Rd				м м 02	/	08	/ Y	2012	Y	]
City Charlotte		State NC	Zip Code 28211-3835	Transaction ID : C1599023 Amount of Each Receipt this F						od	
FEC ID number of federal political co	0	С					, .	7	50	00.00	
Name of Employer northeast anesthes		Occupation anesthesiolo	ogist								
Receipt For: Primary Other (specif	General fv) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, F	First, Middle Initial)				ate of	Be	ceint				
Mailing Address P					м м 02	/	29	/ Y	2012	Y	1
City Sylacauga		State AL	Zip Code 35150-1166					C161508	81		_
FEC ID number of federal political co	0	С			mount	OT	Each R	eceipt th		oa 25.00	)
Name of Employer	•	Occupation		_							
Sylacauga anesthe	esia pc	ANESTHES	SIOLOGIST								
Receipt For: Primary Other (specif	General fy) <b>▼</b>	Aggregate	Year-to-Date ▼ 625.00								
SUBTOTAL of Rece	ipts This Page (optional)						7		137	75.00	
TOTAL This Period	(last page this line number	only)	•				,	7			

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PAGE 50 OF

ידו	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck onl	ly or	ne)				
			for each category of the Detailed Summary Page		11a		11b	11c 15	12	Г	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	erson f e to so	for the	pur	pose of	soliciting	g contri	ibutio	ns
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Ricardo Gotay M.D. Mailing Address 1304 Oak St.										
	City Melbourne	State FL	Zip Code 32901					C15991			
	FEC ID number of contributing federal political committee.	С			Amoun	it of	Each R	eceipt th		iod 000.0	0
	Name of Employer Brevard Anesthesia Services Receipt For:	Occupation Anesthesiol Aggregate									
	Primary General Other (specify) ▼		1000.00								
в.	Full Name (Last, First, Middle Initial) Jeffrey S. Graham M.D. Mailing Address 6320 Lake Vista Dr				Date o		eceipt	/ Y	2012		1
	City Tuscaloosa	State AL	Zip Code 35406		iod	-					
	FEC ID number of contributing federal political committee.	С					<b>7</b>		5	500.00	)
	Name of Employer Anesthesia and Pain Mgnt Consult of T	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
C.	Full Name (Last, First, Middle Initial) Dara A. Green M.D.				Date o	of Re	eceipt				
	Mailing Address 13657 Glynshel Drive				м м 02		01	J L	2012		
	City Winter-Garden	State FL	Zip Code 34787				-	C15964 eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					,		2	208.0	0
	Name of Employer	Occupation									
	Arnold Palmer Hospital for Children	Pediatric Ar	nesthesiologist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.00	]							
s	UBTOTAL of Receipts This Page (optional)						7		17	08.00	)
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PAGE 51 OF

163

17			Use separate schedule(s)	(chec	k onl	y on	e)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X			11b	11c		r	<b>_</b>
	y information copied from such Reports and St for commercial purposes, other than using the			rson fo						ibutic	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) James M. Green M.D. Mailing Address 734 Lindwood Dr			_	ate o		· ·				_
					02	/	08	р / ү	2012		
	City	State PA	Zip Code 15601-7711					C15990			
	Greensburg		13001-7711	_ Ar	noun	t of	Each F	Receipt tl	nis Peri	iod	_
	FEC ID number of contributing federal political committee.	С					7		5	500.0	0
	Name of Employer	Occupation									
	WPAA Receipt For:	Anesthesiol	-	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
в.	Full Name (Last, First, Middle Initial) Howard M. Greenfield M.D.			Da	ate o	f Re	ceipt				
	Mailing Address 3762 NE 209th Ter				и м 02	/	09		2012	Y Y 2	
	City	State	Zip Code					C16017			
	Aventura	FL	33180-3780	Ar	noun	t of	Each F	Receipt tl	nis Peri	iod	_
	FEC ID number of contributing federal political committee.	С				_	, . ,	 J	2	250.0	0
	Name of Employer Sheridan Healthcare	Occupation									
	Receipt For:	physician ex		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
с.	Full Name (Last, First, Middle Initial) Joel G. Greenspan M.D.			Da	ate o	f Re	ceipt				
	Mailing Address 6 Oak Ridge Ct				м м 02	/	D 1		2012		
	City Armonk	State NY	Zip Code 10504-2629					C16150			
			10304-2029	Ar	noun	t of	Each F	Receipt tl	nis Peri	iod	_
	FEC ID number of contributing federal political committee.	С					7		:	375.0	0
	Name of Employer	Occupation									
	Self Receipt For:	ANESTHES		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		375.00								
s	UBTOTAL of Receipts This Page (optional)						7		11	25.0	0
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PAGE 52 OF

163

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Society of Anesthesiologis	ts Political Action Committe	96
Ambulatory Anesthesia of Atlanta anest		Date of Receipt
SELF-EMPLOYED ANES	te Zip Code 02880 pation STHESIOLOGIST egate Year-to-Date ▼ 250.00	Date of Receipt 02 22 2012 Transaction ID : C1615070 Amount of Each Receipt this Period 250.00
Clarian Health - IU school of medicine Resid	47802 pation	Date of Receipt 02 13 2012 Transaction ID : C1611897 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1000.00

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PAGE 53 OF

ITEMIZED RECEIPTS		ach category of the iled Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full)	alagiata Delitica	A otion Octave '''									
American Society of Anesthes	ologists Politica	I Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Ryan M. Grimes M.D.			Date of Receipt								
Mailing Address 1108 Waverly Drive			M = M / D = D / Y = Y = Y = Y								
City	State Zip	Code	02 08012 Transaction ID : C1599163								
Lawrence		049	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		250.00								
Name of Employer	Occupation		_								
Self	Anesthesiologist										
Receipt For:	Aggregate Year-to-	Date <b>V</b>									
Primary General Other (specify) ▼		250.00	]								
Full Name (Last, First, Middle Initial) B. Albert J. Gros M.D.			Date of Receipt								
Mailing Address P.O. Box 459			02 28 2012								
City		Code	Transaction ID : C1615074								
Opelousas	LA 705	571	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		500.00								
Name of Employer ANES ASSOCa OPELOUSAS	Occupation ANESTHESIOLOGI	ST									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 500.00	]								
Full Name (Last, First, Middle Initial) C. Douglas E. Groswald M.D., Ph.D			Date of Receipt								
Mailing Address 1468 Gwynmere Run			M = M         /         D = D         /         Y = Y = Y = Y         Y         O2         08         2012         O3         O4         O4								
City Carmel		Code 032-8343	Transaction ID : C1599165 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer	Occupation		—								
Clarian Health Partner	Anesthesiologist										
Receipt For:	Aggregate Year-to-	Date ▼									
Other (specify)		250.00	]								
SUBTOTAL of Receipts This Page (optional)			1000.00								
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PAGE 54 OF

17	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck onl	y on	e)				
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		ose of	solicitin	g contrib		ıs
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Carol L. Gurba M.D.				Date of	f Re	ceipt				
	Mailing Address 1000 Carondelet Dr				м м 02	1	D D D	/ Y	2012	Y	
	City Kansas City	State MO	Zip Code 64114-4673					C16150 eceipt tl	<b>83</b> his Perio	d	
	FEC ID number of contributing federal political committee.	С					7		25	0.00	
	Name of Employer	Occupation									
	St. Joseph Anes. Dept. Receipt For:	Anesthesiol	-	_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Benjamin C. Guslits M.D.				Date of	f Re	ceipt				
	Mailing Address 6272 Bromley Ct				м м 02	/	09	/ Y	2012	Y	
	City West Bloomfield	State MI	Zip Code 48322-3242	-				C15991	<mark>62</mark> his Perio	d	_
	FEC ID number of contributing federal political committee.	С					,			0.00	
	Name of Employer ANES ASSOC ANN ARBOR	Occupation ANESTHES									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
С.	Full Name (Last, First, Middle Initial) Cooper P. Hagerty M.D.				Date of	f Re	ceipt				
	Mailing Address 936 lake colony run				02	/	D D D 21	/ Y	2012	Y	1
	City Birmingham	State AL	Zip Code 35242					C16150			
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each R	eceipt ti	his Perio 50	a )0.00	)
	Name of Employer	Occupation		_							
	ARM	ANESTHES	GIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
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PAGE 55 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesiologis	sts Political Action Committe	ee
Atlanta G	ate Zip Code A 30342	Date of Receipt 02 26 2012 Transaction ID : C1604502 Amount of Each Receipt this Period 500.00
Name of Employer     Occ       Physician Specialists in Anes., P.C.     Aner	upation sthesiologist regate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Yusuf H. Hameed M.D. Mailing Address 223 Lyman Hall Rd. City St Savannah G	ate Zip Code A 31410	Date of Receipt
self phys	upation ician regate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial) C. Kevin G. Hampel M.D. Mailing Address 2113 S. Pin Oak Dr.	ate Zip Code	Date of Receipt
Springfield     M       FEC ID number of contributing federal political committee.     C       Name of Employer     Occ Ozark Anesthesia Associates       Data of Employer     ANE	ate Zip Code IO 65809 upation STHESIOLOGIST regate Year-to-Date ▼ 250.00	Transaction ID : C1599037         Amount of Each Receipt this Period         250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

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PAGE 56 OF

			Detailed Summary Page	×	11a	$\vdash$	11b   14	'  -	11c		12 16	17		
Ar	ny information copied from such Reports and Si	tatements ma	A not be sold or used by any pe	erson	for the	pur	pose	e of	soliciting	لسلا cor ز	ntributi	ons		
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	to so	olicit co	ntrib	outio	ns fr	rom sucl	1 CO	mmitte	e.		
	American Society of Anesthesio	logists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Tork J. Harman M.D.				Date c	of Re	eceip	ot						
	Mailing Address 1550 Boyson Road			M M / D D / Y Y Y Y Y 02 28 2012										
	City Hiawatha	State IA	Zip Code 52233	Transaction ID : C1606516 Amount of Each Receipt this Perio										
	FEC ID number of contributing federal political committee.	С			Anour		,		eceipt ii		500.	00		
	Name of Employer LCA, PC	Occupation ANESTHES	SIOLOGIST											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
В.	Full Name (Last, First, Middle Initial) Michael C. Harmelin D.O.				Date c	of Re	eceip	ot						
	Mailing Address 1346 Shady Ln				<sup>M</sup> № 02	/	D	D 14	/ Y	ү 20	у 12	Y		
	City Tamaqua	State PA	Zip Code 18252-5133		Transaction ID : C1615091 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					1		,		250.0	00		
	Name of Employer NAP	Occupation ANESTHES												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
с.	Full Name (Last, First, Middle Initial) John V. Hasewinkel M.D.				Date c	of Re	eceip	ot						
	Mailing Address 11615 E. 100 N.				02	/	D	22	/ Y		)12	Y		
	City Sheridan	State IN	Zip Code 46069						C16152' eceipt th		eriod	_		
	FEC ID number of contributing federal political committee.	С					7		7		300.	00		
	Name of Employer	Occupation												
	WISHARD ANES GRP Receipt For:	PHYSICIAN		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
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PAGE 57 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	$\square$	11b	11c	12	[	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		ose of	soliciting	g contrib		
$\setminus$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Lars E. Helgeson M.D.				Date of	f Red	ceipt				
	Mailing Address 702 Summer Hill Rd.				02	/	D D D	/ Y	2012	Y	
	City	State	Zip Code		Trans	actio	on ID : (	C159902			
	Madison	СТ	06443		Amount	t of I	Each Re	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					,	7	50	0.00	
	Name of Employer	Occupation									
	YALE	PHYSICIAN	1								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00	11							
			9 9	11							
в.	Full Name (Last, First, Middle Initial) Scott K. Henderson M.D.				Date of	f Red	ceipt				
	Mailing Address 325 Blandford Dr				02	/	22	/ Y	2012	Y	
	City	State	Zip Code		Trans	actio	on ID : (	C161521			_
	Worthington	OH	43085-3519	_	Amount	t of I	Each Re	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					,	7	25	0.00	
	Name of Employer MIDWEST PHYS ANES	Occupation									
	Receipt For:	ANESTHES	SIOLOGIST								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		, 250.00								
с.	Full Name (Last, First, Middle Initial) Raul G. Hernandez M.D.				Date of	f Red	ceipt				
	Mailing Address 2544 Palm Cir				м м 02	1	D D 27	/ Y	2012	Y	
	City	State	Zip Code		Trans	acti	on ID :	C161522	20		
	Rio Grande City	ΤX	78582-6287		Amount	t of I	Each Re	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					,	7	25	0.00	
	Name of Employer	Occupation									
	Self	Anesthesio	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00	11.							
				11							
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PAGE 58 OF

163

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\	NAME OF COMMITTEE (In Full)													
/	American Society of Anesthesio	logists P	olitical Action Committe	ee										
<b>A.</b>	Full Name (Last, First, Middle Initial) David E. Hertzog D.O.				Date of	Re	ceipt							
I	Mailing Address 247 Leisie Rd				02 08 Y Y Y Y Y 02 08 2012									
(	City	State	Zip Code	Transaction ID : C1598994										
-	Renfrew	PA	16053-8617	A	mount	of	Each F	Receip	pt this	Period	k			
	FEC ID number of contributing federal political committee.	С					7		,	50	0.00			
1	Name of Employer	Occupation												
:	Self	Anesthesiol	ogist											
Ī	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary     General       Other (specify) ▼		500.00											
	Full Name (Last, First, Middle Initial) Heath D. Higgins M.D.				Date of	Re	ceipt							
I	Mailing Address 12125 Cardinal Ln				м м 02	1	15		Y	y y 2012	Y			
0	City	State	Zip Code		Trans	acti	on ID :	C161	15222					
-	Edmond	OK	73013-8609	A	mount	of	Each F	Receip	pt this	Period	k			
	FEC ID number of contributing federal political committee.	С					7		,	250	0.00			
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES												
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
C.	Full Name (Last, First, Middle Initial) Travis S. Hiles M.D.				Date of	Re	ceipt							
I	Mailing Address 1601 E Catalpa St				м м 02	/	05			ү ү 2012	Y			
(	City	State	Zip Code		Trans	acti	ion ID :	C15	95644					
-	Springfield	MO	65804	A	mount	of	Each F	Receip	pt this	Period	k			
	FEC ID number of contributing federal political committee.	С					y		,	25	0.00			
Ì	Name of Employer	Occupation		$\neg$										
	Ozark Anesthesia Assoc.	anesthesiol	ogist											
Ī	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		050.00	11										
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PAGE 59 OF

163

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Any or fo	information copied from such Reports and or commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any po ddress of any political committee	erson for th	ne pur contril	rpose of	f solicitin	g contrib	utions
	AME OF COMMITTEE (In Full)	siologists P	olitical Action Committe	ee					
Α.	ull Name (Last, First, Middle Initial) Bradley J. Hindman M.D.			Date	of Re	eceipt			
N	lailing Address 26 Rita Lyn Ct.			02	_	20		2012	Y
	ity owa City	State IA	Zip Code 52245-3504			tion ID :	C16038		d
	EC ID number of contributing ederal political committee.	С		Е	_	7		50	0.00
L	lame of Employer Iniversity of Iowa Hospitals & Clinics Receipt For:	Occupation ANESTHES	SIOLOGIST	_					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1					
<b>B</b>	ull Name (Last, First, Middle Initial) Mary J. Hoben M.D. failing Address 306 Pepperbush Rd			Date	of Re 2 ∕	eceipt		2012	Y
	ity .ouisville	State KY	Zip Code 40207-5707				C16152	<b>17</b> his Period	4
	EC ID number of contributing ederal political committee.	С				1			0.00
	lame of Employer elf	Occupation Anesthesiol							
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
	ull Name (Last, First, Middle Initial) Michael W. Hoger D.O.			Date	of Re	eceipt			
N	failing Address 6003 Macon Ct SE			02		13		2012	Y
	ity Huntsville	State AL	Zip Code 35802				: C16001	<b>36</b> his Period	4
	EC ID number of contributing ederal political committee.	С							0.00
N	lame of Employer	Occupation	l						
	Comprehensive Anesthesia Services	anesthesiol							
н	leceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
su	BTOTAL of Receipts This Page (optional)				-	5		1250	0.00
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PAGE 60 OF

163

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Any information copied from such Reports and	Statements ma	ay not be sold or used by any p	erson	13 for the I	purpo	14 ose of s	15 soliciting	contribu	tions				
or for commercial purposes, other than using th	e name and a	ddress of any political committee	e to so	olicit con	ntribu	tions fr	om such	n commit	tee.				
American Society of Anesthesi	ologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) <b>A.</b> Elena J. Holak M.D.,Pharm				Date of	Rec	eipt							
Mailing Address 17235 Morningview Ct				M = M / D = D / Y = Y = Y = Y 02 08 2012									
City Brookfield	State WI	Zip Code 53045-4358					C159898 eceipt th	<b>4</b> is Period					
FEC ID number of contributing federal political committee.	С								0.00				
Name of Employer Self	Occupation Anesthesio												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
Full Name (Last, First, Middle Initial) B. Glen E. Holley M.D.	1			Date of	Rec	eipt							
Mailing Address 2104 Peninsula Dr.				м м 02	1	22	/ Y	y y 2012	Y				
City Flower Mound	State TX	Zip Code 75022	Transaction ID : C1615085 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С				,			500	.00				
Name of Employer Pinnacle Anesthesia Consultants	Occupation ANESTHES												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		500.00											
Full Name (Last, First, Middle Initial) C. Ingrid B. Hollinger M.D.	1			Date of	Rec	eipt							
Mailing Address 1 Gustave L. Levy Place, Bo	x 1010			м м 02	/	D D D 21	/ Y	у у 2012	Y				
City New York	State NY	Zip Code 10029					C161508	<b>86</b> is Period	 				
FEC ID number of contributing federal political committee.	С								0.00				
Name of Employer	Occupation												
Mount Sinai Medical Ctr Anes Dept Receipt For:	anesthesio	logist Year-to-Date ▼	_										
Primary General Other (specify) ▼	Aggregate	250.00	]										
SUBTOTAL of Receipts This Page (optional)			•					1250	.00				
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PAGE 61 OF

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ILWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a		11b	11c	12				
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Sung Jae Hong M.D.			Date of Receipt								
Mailing Address 4 Higbie Ct.			02		21	У / Ү	2012	Y			
City Grosse Pointe Farms	State MI	Zip Code 48236	Transaction ID : C1603967 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С				7		250	.00			
Name of Employer St. John Anesthesiologists P.C Receipt For:	Occupation Anesthesio	logist									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
Full Name (Last, First, Middle Initial) <b>B.</b> Larry A. Hopkins M.D.	·		Date	of Re	eceipt						
Mailing Address 16353 Valhalla Drive		7.0.1	02 / D D / Y Y Y Y 21 2012								
City Noblesville	State IN	Zip Code 46060				C161508 Receipt th	-				
FEC ID number of contributing federal political committee.	С						500.	.00			
Name of Employer Northside Anesthesia Services	Occupation ANESTHES										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]								
Full Name (Last, First, Middle Initial) C. Mark E. Hudson M.D.			Date	of Re	eceipt						
Mailing Address 36 Little Mingo Rd.			02		08		2012	Y			
City Finleyville	State PA	Zip Code 15332-3715				C159910 Receipt th					
FEC ID number of contributing federal political committee.	С		C		7	-	500	.00			
Name of Employer	Occupation	1									
University of Pittsburgh Physicians Receipt For:	Physician	Versite Data 🖛									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]								
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PAGE 62 OF

Detailed Summary Page         Any information copied from such Reports and Statements may not be sold or used by any pers or for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full)         American Society of Anesthesiologists Political Action Committee         Full Name (Last, First, Middle Initial)         A.         Thomas J. Huesers M.D.         Mailing Address 3 Emilys Way         City       State         Vinslow       ME         FEC ID number of contributing federal political committee.         Name of Employer       Occupation         Eastern Maine Medical Center       Anesthesiologist         Receipt For:       Primary       General         Other (specify)       Y       250.00	o solicit contributions from such committee.								
or for commercial purposes, other than using the name and address of any political committee to         NAME OF COMMITTEE (In Full)         American Society of Anesthesiologists Political Action Committee         Full Name (Last, First, Middle Initial)         Thomas J. Huesers M.D.         Mailing Address 3 Emilys Way         City       State         Vinslow       ME         FEC ID number of contributing federal political committee.         Name of Employer       Occupation         Eastern Maine Medical Center       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼	Date of Receipt 02 21 2012 Transaction ID : C1615099 Amount of Each Receipt this Period 250.00								
American Society of Anesthesiologists Political Action Committee         Full Name (Last, First, Middle Initial)         Thomas J. Huesers M.D.         Mailing Address 3 Emilys Way         City       State         Vinslow       ME         FEC ID number of contributing federal political committee.         Name of Employer       Occupation         Eastern Maine Medical Center       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼	Date of Receipt 02 21 2012 Transaction ID : C1615099 Amount of Each Receipt this Period 250.00								
Full Name (Last, First, Middle Initial)         Thomas J. Huesers M.D.         Mailing Address 3 Emilys Way         City       State       Zip Code         Winslow       ME       04901         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Eastern Maine Medical Center       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	Date of Receipt 02 21 2012 Transaction ID : C1615099 Amount of Each Receipt this Period 250.00								
A. Thomas J. Huesers M.D.         Mailing Address 3 Emilys Way         City       State       Zip Code         Winslow       ME       04901         FEC ID number of contributing federal political committee.       C       C         Name of Employer       Occupation         Eastern Maine Medical Center       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	M       M       M       P								
City     State     Zip Code       Winslow     ME     04901       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation       Eastern Maine Medical Center     Anesthesiologist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	02 21 2012 Transaction ID : C1615099 Amount of Each Receipt this Period 250.00								
Winslow     ME     04901       FEC ID number of contributing federal political committee.     C       Name of Employer     Occupation       Eastern Maine Medical Center     Anesthesiologist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Eastern Maine Medical Center       Anesthesiologist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General	250.00								
federal political committee.     Occupation       Name of Employer     Occupation       Eastern Maine Medical Center     Anesthesiologist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General									
Eastern Maine Medical Center     Anesthesiologist       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	Date of Receipt								
Receipt For:     Aggregate Year-to-Date ▼       Primary     General	Date of Receipt								
Primary General Aggregate Teal-to-Date V	Date of Receipt								
	Date of Receipt								
	Date of Receipt								
Full Name (Last, First, Middle Initial) James B. Hulin D.O.									
Mailing Address 10713 S Winston Ave	02 / D = D / Y = Y = Y = Y 02 13 2012								
City State Zip Code	Transaction ID : C1599492								
Tulsa OK 74137	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	500.00								
Name of Employer     Occupation       Hillcrest Medical Center     Anesthesiologist									
Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       500.00									
Full Name (Last, First, Middle Initial) C. Gregory H. Hulsey M.D.	Date of Receipt								
Mailing Address 17216 Osprey Cir	02 22 2012								
City State Zip Code Edmond OK 73012-8415	Transaction ID : C1615100								
	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	250.00								
Name of Employer Occupation	1								
NW Anesthesia ANESTHESIOLOGIST									
Receipt For: Aggregate Year-to-Date ▼									
Primary     General       Other (specify) ▼     250.00									
SUBTOTAL of Receipts This Page (optional)	1000.00								

FOR LINE NUMBER:

PAGE 63 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)									
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NAME OF COMMITTEE (In Full)	-											
American Society of Anesth	esiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Jeffrey L. Jackson M.D.			Date of Receipt									
Mailing Address 602 W. Second St.			02 24	2012								
City Bloomington	State IN	Zip Code 47403	Transaction ID : C16043 Amount of Each Receipt t									
FEC ID number of contributing federal political committee.	С			500.00								
Name of Employer	Occupatior	1										
Bloomington Anesthesiologists	anesthesio	ogist										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		500.00										
Full Name (Last, First, Middle Initial) B. Frederick J. Jacques M.D.			Date of Receipt									
Mailing Address 1631 Hospital Dr., Ste., #	<i>‡</i> 110		02 23	2012								
City	State	Zip Code	Transaction ID : C16042									
Santa Fe	NM	87505	Amount of Each Receipt t	his Period								
FEC ID number of contributing federal political committee.	С			1000.00								
Name of Employer santa fe anesithesia specialists	Occupation anesthesiol											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		, 1000.00										
Full Name (Last, First, Middle Initial) C. Cynthia L. Jenson M.D.			Date of Receipt									
Mailing Address 434 Main St.			02 01	2012								
City Waterville	State ME	Zip Code 04901	Transaction ID : C15964 Amount of Each Receipt t									
FEC ID number of contributing federal political committee.	C			83.00								
Name of Employer	Occupation	1										
Anesthesia Associates of Lewiston	Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		332.60										
SUBTOTAL of Receipts This Page (option	al)			1583.00								
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FOR LINE NUMBER:

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PAGE 64 OF

163

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$\backslash$	NAME OF COMMITTEE (In Full)		_												
	American Society of Anesthesi	ologists P	olitical Action Committe	ee											
Α.	-				Date of	Re	ceipt								
	Mailing Address 434 Main St.				м м 02	/	03	<b>)</b> /	ү ү 2	2012	Y				
	City Waterville	State ME	Zip Code 04901				ion ID :								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer Anesthesia Associates of Lewiston	Occupation Physician	1												
	Receipt For:		Year-to-Date ▼	-											
	Primary General Other (specify) ▼		332.60												
в.	Full Name (Last, First, Middle Initial) Michael W. Johnsen M.D., Ph.D	I			Date of	Re	ceipt								
	Mailing Address 6624 Pasilla Rd. N.E.			02 / D / Y Y Y 22 2012											
	City	State	Zip Code				on ID :								
	Rio Rancho	NM	87144-4901		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			250.00										
	Name of Employer Self-employed	Occupation Physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Kent G. Johnson M.D.				Date of	Re	ceipt								
	Mailing Address 110 E. 750 N.				м м 02	/	28			012	Y				
	City Mantua	State UT	Zip Code 84324-4343	_	Trans Amount		ion ID : Each F			Period					
	FEC ID number of contributing federal political committee.	С					,	,		250	.00				
	Name of Employer	Occupation	1												
	SELF-EMPLOYED	PHYSICIAN	N												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
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PAGE 65 OF

163

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only	y one)	_	_						
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NAME OF COMMITTEE (In Full)							-					
American Society of Anesthesio	ologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. Paul L. Johnson M.D.			Date of Receipt									
Mailing Address 1025 Marsh St			02 22 2012									
City Mankato	State MN	Zip Code 56001-4752	Transaction ID : C1615101           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			7		250	.00					
Name of Employer	Occupation	1	_									
Mankato Anes. Assoc;	ANESTHE	SIOLOGIST										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		250.00										
Full Name (Last, First, Middle Initial) B. Monica M. Jones M.D.			Date of	Receipt								
Mailing Address 4465 Webb Rd.			02	/ D D 09	/ Y	y y 2012	Y					
City	State	Zip Code	Trans	action ID : 0	C160686							
Chattanooga	TN	37416-1620	Amount	of Each Re	eceipt th	is Period						
FEC ID number of contributing federal political committee.	С			7	,	1000	.00					
Name of Employer Erlanger Medical Center	Occupation anesthesiol											
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		1000.00										
Full Name (Last, First, Middle Initial) C. Peter C. Jong M.D.			Date of	Receipt								
Mailing Address 24008 Falcons View Drive			м м 02	/ D D 27	/ Y	ү ү 2012	Y					
City	State	Zip Code	Trans	action ID :	C161509	)4						
Diamond Bar	CA	91765	Amount	of Each Re	eceipt th	is Period						
FEC ID number of contributing federal political committee.	С				3	250	0.00					
Name of Employer	Occupation	1										
SCPMG	physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
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PAGE 66 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one)								
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Any information copied from such Reports or for commercial purposes, other than us			erson for										
NAME OF COMMITTEE (In Full)													
American Society of Anest	nesiologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) <b>A.</b> Ronald H. Jordan M.D.			Date of Receipt										
Mailing Address 1 Mobile Infirmary Cir.			M	02	/	28	/ Y	у у 2012	Y				
Anesthesia Services, F City	State	Zip Code	- L	Transaction ID : C1606513									
Mobile	AL	36607-3522	Am	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				7		7	50	0.00				
Name of Employer	Occupation												
Self	Anesthesio	ogist											
Receipt For:	Aggregate	Year-to-Date ▼	_										
Other (specify) ▼		500.00											
Full Name (Last, First, Middle Initial) B. Raymond S. Joseph M.D.			Da	te of	Receip	ot							
Mailing Address 1420 Terry Ave Unit 90	)8		02 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City	State	Zip Code	Т	ransa	ction	ID : C	159562	1					
Seattle	WA	98101	Am	ount	of Ead	ch Reo	ceipt th	is Period	ł				
FEC ID number of contributing federal political committee.	C				7		7	500	0.00				
Name of Employer Virginia Mason Medical Center	Occupation Anesthesiol												
Receipt For:		Year-to-Date ▼											
Primary General Other (specify) ▼		500.00	1										
Full Name (Last, First, Middle Initial) C. David A. Josephson M.D.			Da	te of	Receip	ot							
Mailing Address 805 Golf View Ct.			M	02	/	21	/ Y	2012	Y				
City	State	Zip Code	Т	ransa	ction	ID : C	161509						
Dacula	GA	30019	Am	ount	of Ead	ch Ree	ceipt th	is Period	k				
FEC ID number of contributing federal political committee.	C			_	7		7	50	0.00				
Name of Employer	Occupation												
GWINNETT ANES SER Receipt For:		SIOLOGIST											
Primary General	Aggregate	Year-to-Date ▼											
Other (specify)		500.00											
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PAGE 67 OF

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NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Lenny Quan Jue M.D.			Date of Receipt									
Mailing Address 1441 Woodstead Ct Ste 2	60				17		ү ү 2012	Y				
City The Woodlands	State TX	Zip Code 77380-1449			tion ID :	C160381	9					
FEC ID number of contributing federal political committee.	С		Amo			Receipt th	250 Period	.00				
Name of Employer Self	Occupation Anesthesio											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
Full Name (Last, First, Middle Initial) <b>B.</b> Tamara M. Jurson M.D. Mailing Address 2666 Vallejo St.			Date		eceipt	) / Y	YY	Y				
City	State	Zip Code	0	2	24		2012					
San Francisco	CA	94123				Receipt th						
FEC ID number of contributing federal political committee.	С				,		250.	00				
Name of Employer self	Occupation physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00	]									
Full Name (Last, First, Middle Initial) C. Gary Kalan M.D.			Date	of R	eceipt							
Mailing Address P.O. Box 772			0		24		2012	Y				
City Greenwich	State CT	Zip Code 06836				<b>C160430</b> Receipt th						
FEC ID number of contributing federal political committee.	С				1	,	250	.00				
Name of Employer	Occupation		_									
Greenwich Anesthesiology Assoc., PC Receipt For:	Anesthesio		_									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1									
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PAGE 68 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check on X 11a				
			Detailed Summary Page	<b>A</b> 11a 13	11b 14	11c 15	12 16	17
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	e				
Α.	Full Name (Last, First, Middle Initial) Philip L. Kalarickal M.D., M.P.			Date o	of Receipt			
	Mailing Address 1415 Tulane Ave., SL-4 Dept. of Anesthesiology			02	/ D 08		2012	Y
	City New Orleans	State LA	Zip Code 70112		saction ID :		79	
	FEC ID number of contributing federal political committee.	C		Amour	nt of Each F	Receipt tr	250	.00
	Name of Employer	Occupation		_				
	Tulane University Hosp. and Clinic	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
_	Full Name (Last, First, Middle Initial)			Data				
в.	Nagesha S. Kasinath M.B.,B.S. Mailing Address 11913 Drystack Ct				of Receipt		y y 2012	Y
	City	State VA	Zip Code		saction ID :			
	Glen Allen FEC ID number of contributing federal political committee.	C	23059-5831	Amour	nt of Each F	Receipt th	nis Period 500.	.00
	Name of Employer Self	Occupation Anesthesiol						
	Receipt For:		Year-to-Date ▼	_				
	Primary General Other (specify) ▼		500.00					
с.	Full Name (Last, First, Middle Initial) Jason D. Keller D.O.			Date of	of Receipt			
	Mailing Address 1924 Alcoa Hwy., # U109			02	/ D 01		2012	Y
	City Knoxville	State TN	Zip Code 37920-1511		saction ID			
	FEC ID number of contributing federal political committee.	C		Amour	nt of Each F	Receipt th		.00
	Name of Employer	Occupation		-				
	university anesthesiologists	anesthesiol	•	_				
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 248.00					
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PAGE 69 OF

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	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Po	olitical Action Committe	ee									
Α.					Date of Receipt								
	Mailing Address 1924 Alcoa Hwy., # U109				м м 02	1	D D D 01	/ Y	y 201		Y		
	City Knoxville	State TN	Zip Code 37920-1511				on ID :	C159647 eceipt th	73		_		
	FEC ID number of contributing federal political committee.	С					7	7		41.0	00		
	Name of Employer university anesthesiologists	Occupation anesthesiol	ogist										
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 248.00										
В.	Full Name (Last, First, Middle Initial) Thomas E. Kelly M.D. Mailing Address 35216 Overfalls Dr N	l			Date of	Re	ceipt	/ V	Y	V	V		
	City	State	Zip Code		02	acti	28	C160653	201				
	Lewes	DE	19958-7000		Amount	t of	Each R	eceipt th	is Pe	riod			
	FEC ID number of contributing federal political committee.	С					7	7		250.0	00		
	Name of Employer Beebe Medical Center	Occupation ANESTHES	IOLOGIST										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
— c.	Full Name (Last, First, Middle Initial) Will D. Kendrick M.D.				Date of	Re	ceipt						
-	Mailing Address 110 29th Ave. N., #301				02		19	/ Y	201		Ŷ		
	City Nashville	State TN	Zip Code 37203					C160281 eceipt th		riod			
	FEC ID number of contributing federal political committee.	С					,			300.0	00		
	Name of Employer	Occupation											
	AMG	physician											
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
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PAGE 70 OF

163

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
II EIVIIZED KEVEIP13		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16	17
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NAME OF COMMITTEE (In Full)				
American Society of Anesthes	siologists P	olitical Action Committ	ee	
Full Name (Last, First, Middle Initial) A. R. Ben King Jr., M.D.			Date of Receipt	
Mailing Address 520 Azalea Ln				Y
City	State	Zip Code	02 28 2012 Transaction ID : C1615256	_
Florence	SC	29501-5718	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500	.00
Name of Employer	Occupation			
Self	ANESTHE	SIOLOGIST		
Receipt For:	Aggregate	Year-to-Date ▼	_	
Other (specify) ▼		500.00	1	
Full Name (Last, First, Middle Initial) B. Sandra B. Kinsella M.D.			Date of Receipt	
Mailing Address 6047 Brokenhurst Rd.				Y
			02 15 2012	
City	State IN	Zip Code	Transaction ID : C1615234	
Indianapolis		46220	Amount of Each Receipt this Period	_
FEC ID number of contributing federal political committee.	C		1000.	.00
Name of Employer IUMC	Occupation			
Receipt For:			_	
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Other (specify)	L	1000.00		
Full Name (Last, First, Middle Initial) C. Gerald A. Kirk M.D.			Date of Receipt	
Mailing Address 12543 Glendurgan Dr.			M M / D D / Y Y Y 02 08 _2012	Y
City	State	Zip Code	Transaction ID : C1599017	
Carmel	IN	46032	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500	.00
Name of Employer	Occupation	1		
Northside Anesthesia Receipt For:		SIOLOGIST		
Primary General	Aggregate	Year-to-Date ▼		
Other (specify)		500.00	1	
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PAGE 71 OF

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$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committ	ee										
Α.	Full Name (Last, First, Middle Initial) Olen E. Kitchings III, M.D.				Date of	Re	eceipt							
	Mailing Address 4303 High Bluff Cir				м м 02	1	29	) / Y		ү 012	Y			
	City Temple	State TX	Zip Code 76502-3129					C160632 leceipt th		'eriod				
	FEC ID number of contributing federal political committee.	С					л. I		_	500.	.00			
	Name of Employer Scott White Clinic	Occupation ANESTHES												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
В.	Full Name (Last, First, Middle Initial) Elliott H. Klain D.O.				Date of	Re	eceipt							
	Mailing Address 2931 N. Tenaya Way, Suite #1	02			м м 02	/	22	/ Y		)12	Y			
	City Las Vegas	State NV	Zip Code 89128-0457		Transaction ID : C1615235 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer Summit Anes. Consultants	Occupation ANESTHES												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
с.	Full Name (Last, First, Middle Initial) Dennis S. Klebba B.S., M.D.				Date of	Re	eceipt							
	Mailing Address 8235 County Rd. 581				м м 02	/	22	) / Y		)12	Y			
	City Ishpeming	State MI	Zip Code 49849-9024					C16152: Receipt th		eriod				
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	Name of Employer	Occupation												
	Bell Memorial Hosp	ANESTHES	SIOLOGIST											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
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PAGE 72 OF

163

IT.		•	Use separate schedule(s)	(C	heck on	ly o	ne)					
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$\setminus$	NAME OF COMMITTEE (In Full)											
	American Society of Anesthes	siologists P	olitical Action Committ	ee								
А.	Full Name (Last, First, Middle Initial) Kevin D. Kleinhomer M.D.				Date c	of Re	eceipt					
	Mailing Address 1919 W 12 Mile Rd				02	/	22	/ Y		) 12	Y	
	City Royal Oak	State MI	Zip Code 48073-3906	Transaction ID : C1615237 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					,	, j		250.0	00	
	Name of Employer Northland Anesthesia Associates, PC	Occupation ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary     General       Other (specify) ▼		250.00	]								
в.	Full Name (Last, First, Middle Initial) Paul J. Knox M.D.				Date c	of Re	eceipt					
	Mailing Address 7400 1st Ave. South				Date of Receipt						Y	
	City	State FL	Zip Code									
	St. Petersburg	FL	33707		Amour	nt of	Each R	eceipt th	nis P	eriod		_
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	Name of Employer Greater Florida Anesthesiology	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Cezar A. Koev M.D.	- I			Date c	of Re	eceipt					
	Mailing Address 2905 Olive Ave NW				02	Л /	08	/ Y		)12	Y	
	City	State DC	Zip Code					C15991			_	
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	Name of Employer	Occupation										
	Providence Hospital Dept. of Anesthesi Receipt For:		SIOLOGIST									
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PAGE 73 OF

163

Arry information copied from such Reports and Statements may not be sold or used by any perion for the purpose of solidition committee.       13       14       15       16         NAME OF Commercial purposes, other than using the name and address of any political committee to solidit contributions from such committee.       NAME OF COMMITTE (in Fun)       American Society of Anesthesiologists Political Action Committee         A Daniel P. Koshy M.D.       Maing Address W252M4844 Aberdeen Dr       Date of Receipt       2012       2012         Maing Address W252M4864 Aberdeen Dr       C       Transaction ID : C1603082       Anount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Aggregate Yaar-to-Date ▼       S00.00         Name of Employer       Aggregate Yaar-to-Date ▼       500.00       Transaction ID : C1603082         Receipt For:       Aggregate Yaar-to-Date ▼       500.00       Transaction ID : C1603081         B. Peter L. Kovacs M.D.       Maing Address 1018 Holy Lane       S00.00       Transaction ID : C161312         Maing Address 1018 Holy Lane       C       S00.00       Transaction ID : C161312         Maing Address 28:0 Flamingo Dr       C       S00.00       Transaction ID : C161312         Maing Address 28:0 Flamingo Dr       C       S12       Z012       Transaction ID : C1615112         Ancert Constituting federal poli	TIEMIZED RECEIPTS		Detailed Summary Page	<b>&lt;</b> 11a		1	l1b	11c		12			
or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee.         NAME OF COMMITTEE (in Full)         An Darliel P. Koshy M.D.         Mailing Address W252M984 Aberdeen Dr         City       State         Pewaukee       Wi         S00200         Pewaukee       Wi         S00201       Transaction ID: 5:C050802         Amount of Each Receipt Ibis       S00200         Name of Employer       Occupation         Self       Anesthesiologist         Receipt For:       Aggregate Yearto-Date ▼         Other (specify) ▼       State       Zip Code         Transaction ID: Sciffs112       Anount of Each Receipt Ibis Period       02         0       Up of Period       State       Zip Code         Path Name (Last, First, Middle Initial)       Date of Receipt       02       29         B. Peter L, Kovacs M.D.       Mailing Address 1018 Holly Lane       02       29       2012         City       State       Zip Code       Transaction ID: Sciffs112       Anount of Each Receipt Ibis Period         Ametric Cast First, Middle Initial)       C       State       Zip Code       Transaction ID: Sciffs112         Receipt       Aggregate Year-to-Da	<u> </u>											-	17
American Society of Anesthesiologists Political Action Committee         American Society of Anesthesiologists Political Action Committee         Full Name (Last, First, Middle Initial)         Mailing Address W2SAM984 Aberdeen Dr         City       State         Pewaukee       Wi         Sold CD       Transaction 10: C1603802         Ameunt of Each Receipt Initial)       Ameunt of Each Receipt Initial         Receipt For:       Occupation         Bref CD number of contributing tederal political committee       Aggregate Year-to-Date ▼         City       State       Zip Code         Petrol L Kovacts M.D.       Bate of Receipt         Mailing Address 1018 Holly Lane       C       2012         City       State       Zip Code         PEC 10 number of contributing tederal political committee.       C       202       2012         Receipt For:       Occupation       Amesthesiologist       Amount of Each Receipt His Period         PEC 10 number of contributing tederal political committee.       C       202       2012         Name of Employer       Aggregate Year-to-Date ▼       2014       Amount of Each Receipt His Period         City       State       Zip Code       375.00       2012         City       State       Zip Code	Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committe	e to s	for th olicit c	e pu ontri	irpo ibut	ose of tions f	solicitir rom su	ng co ch co	ontribut	ions ee.
Full Name (Last, First, Middle Initial)       Date of Receipt         A. Daniel P. Koshy M.D.       Mailing Address W252N4384 Aberdeen Dr         City       State       Zip Code         Pewaukee       Wit S3072-1351       Transaction ID: C1603802         FEC ID number of contributing federal political committee.       Occupation       Amount of Each Receipt His Period         Self       Apgregate Year-to-Date ▼       500.00         Primary       General       Occupation         Name of Employer       Aggregate Year-to-Date ▼       22         Mailing Address 1018 Holy Lane       C       Transaction ID: C1615112         Maskesiologist       Aggregate Year-to-Date ▼       75.00         Pinnary       General       C       22         City       State       Zip Code       75.00         Mailing Address 1018 Holy Lane       C       Amount of Each Receipt His Period         City       State       Zip Code       75.00         Name of Employer       Aggregate Year-to-Date ▼       00       22         Pinnary       General       Occupation       375.00       00         Name of Employer       Aggregate Year-to-Date ▼       02       22       2012         City       State       Zip Code	$\backslash$												
A. Daniel P. Koshy M.D.       Date of Receipt         Mailing Address W252N4984 Aberdeen Dr       Date of Receipt         City       State       Zip Code         Perwakee       Wi       Source1351         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Self       Anostnesiologist         Receipt For:       Occupation         Port (specify) ▼       General         Other (specify) ▼       State         State       Zip Code         City       State         Other (specify) ▼       State         State       Zip Code         Jacksonvile       FL         State       Zip Code         Jacksonvile       FL         State       Zip Code         Jacksonvile       FL         State       Zip Code         Iterational of contributing       C         City       State         Optic Krasuski M.D.       Aggregate Year-to-Date ▼         Priot Krasuski M.D.       Aggregate Year-to-Date ▼         Poilt Name (Last, First, Middle Initial)       C         City       State       Zip Code         Maing Address 28		American Society of Anesthesic	ologists P	olitical Action Commit	ee								
City       State       Zip Code         Pewaukee       WI       S3072-1351         FEC. ID number of contributing federal potitical committee.       C       Transaction ID : C1803802         Name of Employer       Occupation       Anosthesiologist         Reacipt For:       Aggregate Year-to-Date ▼       500.00         FeII Name (Last, First, Middle Initial)       B. Peter L. Kovacs M.D.       Date of Receipt         Maling Address 1018 Holig Lane       C       Transaction ID : C1815812         City       State       Zip Code         Jacksonville       FL       32207         FEC ID number of contributing federal potitical committee.       C         Maing Address 2630 Flamingo Dr       Occupation ANESTH CONSULTANTS       Aggregate Year-to-Date ▼         Maini Beach       FL       3140-4317       Date of Receipt         Maini Beach       FL       3140-4317       C         FeE DiD number of contributing federal political committee.       C       2012       Transaction ID : C18158128         Aggregate Year-to-Date ▼       Maing Address 2630 Flamingo Dr       C       2102       212         City       Maling Address 2630 Flamingo Dr       C       2102       212       2012         City       Maling Address 2630 Flamingo Dr <td>Α.</td> <td></td> <td></td> <td></td> <td></td> <td>Date</td> <td>of R</td> <td>lece</td> <td>eipt</td> <td></td> <td></td> <td></td> <td></td>	Α.					Date	of R	lece	eipt				
City       State       Zip Code       Transaction D: C1603802         Pewaukee       WI       53072-1351       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer       Occupation       500.00         Self       Anesthesiologist       Aggregate Year-to-Date ▼         Primary       General       State       Zip Code         B       Peter L. Kovacos M.D.       Date of Receipt       Date of Receipt         Mailing Address 1018 Holly Lane       C       29       2012         City       State       Zip Code       FL       32207         FeC ID number of contributing federal political committee.       Occupation       Amesthesiologist       Amount of Each Receipt this Period         Receipt For:       Occupation       Astrint=SiOL.OGIST       Amount of Each Receipt this Period       22       2012         Transaction D: C1615012       AmesthesiOL.OGIST       Aggregate Year-to-Date ▼       02       22       2012         Full Name (Last, First, Middle Initial)       C       Occupation       AmesthesiOL.OGIST       Ageregate Year-to-Date ▼       02       2012       Transaction D: C161508         Receipt Krasuski M.D.       Mailing Address 2630 Flamingo Dr		Mailing Address W252N4984 Aberdeen Dr						/					Y
Pewaukee       WI       53072-1351         FEC ID number of contributing federal political committee.       C       S00.00         Self       Anesthesiologist       S00.00         Self       Anesthesiologist       S00.00         B. Peter L. Kovacs M.D.       Aggregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       State       Zip Code         Jacksonville       FL       32207         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Aprecipt For:       Occupation         Ansettrescipt For:       Occupation       Anesthesiologist         Primary       General       Occupation         Ansettrescipt For:       Occupation       Ansettrescipt Verato-Date ▼         Primary       General       Occupation         Ansettrescipt For:       Aggregate Year-to-Date ▼       Occupation         Ansettrescipt For:       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Transaction ID : Cf6/5108         Maining Address 2630 Flamingo Dr       C       Occupation       Amount of Each Receipt this Period         City       State       Zip Code       Transactin D : Cf6/5108       Amount of Each Receipt th		City	State	Zip Code				tio		C1603		.012	
rederal political committee.       U       00000         Name of Employer       Occupation       Anesthesiologist         Self       Anesthesiologist       Aggregate Year-to-Date ▼         Primary       General       500.00         Full Name (Last, First, Middle Initial)       B.       Peter L. Kovaces M.D.         Mailing Address 1018 Holly Lane       C       7 2.9 / 2012         City       State       Zip Code         Jacksonville       FL       32207         FEC ID number of contributing federal political committee.       Occupation         ANESTH CONSULTANTS       Aggregate Year-to-Date ▼         Mailing Address 2630 Flamingo Dr       Occupation         Ctiv       General       Occupation         Mailing Address 2630 Flamingo Dr       C       22 / 2012         City       State       Zip Code         Primary       General       General       375.00         Mailing Address 2630 Flamingo Dr       C       Prior Krasuski M.D.       Date of Receipt         Mailing Address 2630 Flamingo Dr       C       22 / 2012       Tansaction ID : C1615108         Mailing Address 2630 Flamingo Dr       C       22 / 2012       Tansaction ID : C1615108         Mailing Address 2630 Flamingo Dr       C <td></td> <td>Pewaukee</td> <td>WI</td> <td>53072-1351</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Period</td> <td></td>		Pewaukee	WI	53072-1351								Period	
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Self       Anesthesiologist         Reccipt For:       Aggregate Year-to-Date ▼         Other (specify) ▼       500.00         B. Peter L. Kovacs M.D.       Date of Receipt         Mailing Address 1018 Holly Lane       02       29       2012         City       State       Zip Code       Transaction ID : C1615112       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       AMESTHESIOLOGIST       Aggregate Year-to-Date ▼         Name of Employer       Aggregate Year-to-Date ▼       375.00       Date of Receipt         C. Piotr Krasuski M.D.       Aggregate Year-to-Date ▼       375.00         Full Name (Last, First, Middle Initial)       C       Other (specify) ▼       Date of Receipt         City       State       Zip Code       Transaction ID : C1615108         Mailing Address 2630 Flamingo Dr       City       State       Zip Code         Mailing Address 2630 Flamingo Dr       Occupation       Amount of Each Receipt this Period         Mailing Address 2630 Flamingo Dr       Occupation       Amount of Each Receipt this Period         Mailing Address 2630 Flamingo Dr       Occupation       Amount of Each Receipt this Period         Marine Beach       FL       3140-4317       Amount of Each Receipt this Pe		Name of Employer	Occupation										
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B. Peter L. Kovacs M.D.       Date of Receipt         Mailing Address 1018 Holly Lane       C         City       State       Zip Code         Jacksonville       FL       32207         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       ANESTHESIOLOGIST       Amount of Each Receipt this Period         Primary       General       Other (specify) ▼       375.00         Full Name (Last, First, Middle Initial)       C       Piotr Krasuski M.D.         Mailing Address 2630 Flamingo Dr       C       20       2012         City       State       Zip Code       Transaction ID : C1615102         Mailing Address 2630 Flamingo Dr       C       20       2012         City       State       Zip Code       Transaction ID : C1615108         Mame of Employer       Occupation       Amount of Each Receipt this Period       22         City       State       Zip Code       Transaction ID : C1615108       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       Amount of Each Receipt this Period       250.00         Name of Employer       Aggregate Year-to-Date ▼       250.00       250.00 </td <td></td> <td>Other (specify)</td> <td>L</td> <td>500.00</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Other (specify)	L	500.00	4								
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federal political committee.       375.00         Name of Employer ANESTH CONSULTANTS       Anesthesiologist         Receipt For:  Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Date of Receipt         C.       Piotr Krasuski M.D.         Mailing Address 2630 Flamingo Dr       02         City       State       Zip Code         Miami Beach       FL       33140-4317         FEC ID number of contributing       C       Anesthesiologist         rederal political committee.       Occupation         Name of Employer       Occupation         ANESTHESIOLOGIST       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼		Jacksonville	FL	32207								Period	
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Primary       General         Other (specify) ▼       375.00         Full Name (Last, First, Middle Initial)       Date of Receipt         C. Piotr Krasuski M.D.       Date of Receipt         Mailing Address 2630 Flamingo Dr       02       22         City       State       Zip Code         Miami Beach       FL       33140-4317         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         BAPTIST HOSP MIAMI       ANESTHESIOLOGIST         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       250.00		Receipt For:	Aggregate	Year-to-Date ▼									
C.       Full Name (Last, First, Middle Initial)         C.       Piotr Krasuski M.D.         Mailing Address 2630 Flamingo Dr         City       State       Zip Code         Miami Beach       FL       33140-4317         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer       Occupation       Aggregate Year-to-Date ▼         Primary       General       Qther (specify) ▼		Primary General	riggroguto		11								
C. Piotr Krasuski M.D.       Mailing Address 2630 Flamingo Dr       Date of Receipt         City       State       Zip Code         Miami Beach       FL       33140-4317         FEC ID number of contributing federal political committee.       C       Transaction ID : C1615108         Name of Employer       Occupation       ANESTHESIOLOGIST         Receipt For:       Aggregate Year-to-Date ▼       250.00         Primary       General       250.00		Other (specify)		375.00	4								
City       State       Zip Code       Transaction ID : C1615108         Miami Beach       FL       33140-4317       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       250.00         Name of Employer       Occupation       ANESTHESIOLOGIST         BAPTIST HOSP MIAMI       ANESTHESIOLOGIST       Aggregate Year-to-Date ▼         Primary       General       250.00	<u>с</u> .					Date	of R	lece	eipt				
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federal political committee.       0       250.00         Name of Employer       Occupation         BAPTIST HOSP MIAMI       ANESTHESIOLOGIST         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       250.00		Miami Beach	FL	33140-4317		Amou	int of	fΕ	ach R	leceipt	this F	Period	
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Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       250.00		Name of Employer	Occupation										
Primary General Other (specify) ▼ 250.00			ANESTHES	SIOLOGIST									
Primary General Other (specify) ▼ 250.00		Receipt For:	Aggregate	Year-to-Date ▼									
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SUBTOTAL of Receipts This Page (optional)		Other (specify)											
	s	UBTOTAL of Receipts This Page (optional)				[]		7				1125.	00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 74 OF

			Detailed Summary Page		11a 13		11b 14	11c	$\mid$	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		pose of	soliciting		ntributi	ions
<u><u></u></u>	NAME OF COMMITTEE (In Full) American Society of Anesthesiolo										
 A.	Full Name (Last, First, Middle Initial) Usha Krishnamurthy M.D.				Date o	f Re	eceipt				
	Mailing Address 57 Viola Dr				м м 02	1	22			) 12	Y
	City Glen Cove	State NY	Zip Code 11542-3325					C16151 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					л. I.	7		250.	00
		Occupation ANESTHES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
в.	Full Name (Last, First, Middle Initial) Karl A. Kroeker M.D.				Date o	f Re	eceipt				
	Mailing Address 14510 Millhaven Pl				м м 02	/	07		ү 20	y 12	Y
	City Colorado Springs	State CO	Zip Code 80908-3267					C159738 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7	7		300.0	00
	Name of Employer Anesthesia Associates of Colorado Spri	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
c.	Full Name (Last, First, Middle Initial) Donna A. Kucharski M.D.				Date o	f Re	eceipt				
	Mailing Address 180 Read Street				м м 02	/	25			)12	Y
	City Seekonk	State MA	Zip Code 02771					C16043 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7	7		1000.	00
	Name of Employer	Occupation									
	NBA, LLC Receipt For:	Anesthesio Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00	]							
s	UBTOTAL of Receipts This Page (optional)						7			1550.(	00
т	OTAL This Period (last page this line number or	nly)					7	7			

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PAGE 75 OF

163

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			Detailed Summary Page		13		14	15		16	1	17
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Commit	ee								
Α.	Full Name (Last, First, Middle Initial) Martin J. Kungl M.D. Mailing Address 1250 Emerald Creek Dr				Date of	f Re	ceipt		v	Y	V	
	City	State	Zip Code	_	02	acti	09	C15991	20	012		
	Broadview Hts	OH	44147-2575		Amount	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	250.	00	
	Name of Employer Self	Occupation Anesthesiol										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		250.00	1								
В.	Full Name (Last, First, Middle Initial) Ira M. Kupferberg M.D.				Date of	f Re	ceipt					
	Mailing Address P.O. Box 680916				м м 02	1	D 22	D / Y		) 12	Y	
	City Prattville	State AL	Zip Code 36068-0916					C161524 Receipt th		Period		
	FEC ID number of contributing federal political committee.	С					7		_	250.	00	
	Name of Employer PREMIER ANES MONTGOMERY	Occupation ANESTHES										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
C.	Full Name (Last, First, Middle Initial) Hung-Chi Kwok M.D.				Date of	f Re	ceipt					
	Mailing Address 2732 Muir Woods Dr., SE				м м 02	/	D 12			) 12	Y	
	City Hampton Cove	State AL	Zip Code 35763					: C15993 Receipt th		eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	175	00	
	Name of Employer	Occupation	l									
	Alabama Anes. of Huntsville, LLC	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00									
	UBTOTAL of Receipts This Page (optional)						7	1 J	-	675.0	00	]
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FOR LINE NUMBER:

PAGE 76 OF

163

	-	Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c	12 16	17
Any information copied from such Reports or for commercial purposes, other than us	and Statements mains the name and a	I ay not be sold or used by any p Iddress of any political committe	erson for the purpose of	soliciting cor	ntributio	ons
NAME OF COMMITTEE (In Full) American Society of Anest	nesiologists P	olitical Action Committ	Эе			
Full Name (Last, First, Middle Initial) A. Elizabeth W. Lau M.D.			Date of Receipt			
Mailing Address 6911 Van Dorn St Ste			02 / D D 02 10		)12	ŕ
City Lincoln	State NE	Zip Code 68506	Transaction ID : Amount of Each R		eriod	
FEC ID number of contributing federal political committee.	C				500.0	)0
Name of Employer Associated Anesthesiologists	Occupation anestheiolo					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) B. Patrick J. Lawler M.D.			Date of Receipt			
Mailing Address 1301 W Ralph Rogers		7.0.1	02 23		12	
City Sioux Falls	State SD	Zip Code 57108-2702	Transaction ID : Amount of Each R		eriod	
FEC ID number of contributing federal political committee.	C				500.0	0
Name of Employer McKennan Hospital	Occupation ANESTHES	BIOLOGIST				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) C. Gary Lawson-Boucher M.D.			Date of Receipt			
Mailing Address 5391 Hickory Wood Dr			02 01		12	ŕ
City Naples	State FL	Zip Code 34119-1404	Transaction ID : Amount of Each R		eriod	
FEC ID number of contributing federal political committee.	C				125.0	)0
Name of Employer	Occupation					
Griffin Anaesthesia Services, PA Receipt For:	Anaesthesi					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optio	 nal)				1125.0	0

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PAGE 77 OF

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		Detailed Summary Page		13		14		15		16	17	
	y information copied from such Reports and S for commercial purposes, other than using the							oliciting		ntribut	ions	
$\backslash$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) William S. Leighton D.O.				Date of	f Re	eceipt					
	Mailing Address 232 Northmonte Drive				м м 02	1		D 09	/ Y		)12	Y
	City	State	Zip Code		Trans	acti	ion II	D : C	159911	17		
	Pikeville	KY	41501		Amount	t of	Each	ו Re	ceipt th	nis P	eriod	
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	Name of Employer	Occupation										
	Pikeville Medical Center	Staff Anest										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		1000.00									
в.	Full Name (Last, First, Middle Initial) Michael A. Less M.D.				Date of	f Re	eceipt	t				
	Mailing Address 15W316 60th St.				M M 02	/		D 08	/ Y		) 12	Y
	City	State	Zip Code		Trans	acti	ion II	) : C	159739	92		
	Burr Ridge	IL	60527	·	Amount	t of	Each	n Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7		y		375.	00
	Name of Employer ELMHURST ANESTHESIOLOGISTS	Occupation PHYSICIAN										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00									
с.	Full Name (Last, First, Middle Initial) James H. Levine M.D.				Date of	f Re	ceint	+				
-	Mailing Address 4164 Cart Path Ct.				02		D	21	/ Y		)12	Y
	City	State	Zip Code		Trans	act	ion I	D : C	:16151 <sup>-</sup>	15		
	Terre Haute	IN	47802	/	Amount	t of	Each	n Re	ceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7		y		250	00
	Name of Employer	Occupation		_								
	SELF-EMPLOYED	ANESTHE	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)						7		7		1625.	00
т	OTAL This Period (last page this line number	only)	••••••	•			7		,			

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PAGE 78 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
ILEWIZED NECEIPIS		for each category of the Detailed Summary Page		< 11a	11		11c	12		
Any information copied from such Reports and or for commercial purposes, other than using t						se of so				
NAME OF COMMITTEE (In Full)										
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. David M. Lewis M.D.				Date of	Recei	ipt				
Mailing Address 59 Walnut Ave				м м 02	/	13	/ Y	ү ү 2012	Y	
City	State	Zip Code			action	10 : C1	61188			
Atherton	CA	94027-3820		Amount	of Ea	ch Rec	eipt thi	s Period		
FEC ID number of contributing federal political committee.	С				9		9	250	.00	
Name of Employer	Occupation									
Self	Anesthesio	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		250.00								
Full Name (Last, First, Middle Initial) B. Drew E. Lieberman M.D.				Date of	Rece	ipt				
Mailing Address 179 Bal Cross Dr.				02		21	/ Y	y y 2012	Y	
City	State	Zip Code			action	ID : C1	615119			
Bal Harbour	FL	33154-1316		Amount	of Ea	ich Rec	eipt thi	s Period		
FEC ID number of contributing federal political committee.	С				7		7	500	.00	
Name of Employer	Occupation	I								
ANES ASSOC BREVARD Receipt For:	ANESTHES	SIOLOGIST								
Primary General	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		500.00								
Full Name (Last, First, Middle Initial) C. Deena R. Liles M.D.				Date of	Recei	ipt				
Mailing Address 27302 Felswand Pkwy				02	_	09	/ Y	y y 2012	Y	
City	State	Zip Code		Trans	action	n ID : C1	59866	5		
New Braunfels	ТХ	78132	_	Amount	of Ea	ich Rec	eipt thi	s Period		
FEC ID number of contributing federal political committee.	С				. ,		3	500	.00	
Name of Employer	Occupation									
University of Texas Health Sciences Ce	MD-Anesth	esiologist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
SUBTOTAL of Receipts This Page (optional)							5	1250.	00	

FOR LINE NUMBER:

PAGE 79 OF

163

ITEMIZED RECEIPTS Use separate schedule(s for each category of the				(che	ck onl	y on	ie)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of	soliciting	g contrib		ıs
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) James S. Limanek M.D.				Date of	Re	ceipt				
	Mailing Address 39 Fieldstone Way				м м 02	/	21	/ Y	2012	Y	1
	City Shelburne	State VT	Zip Code 05482-6470	A	Trans		on ID :	C16152	47	d	
	FEC ID number of contributing federal political committee.	С					7		25	50.00	
	Name of Employer Fletcher Allen Health Care Receipt For:	Occupation ANESTHES	SIOLOGIST								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Dennis S. Lin M.D.				Date of	Re	ceipt				
	Mailing Address 100 Exeter St.				™ M 02	/	08	/ Y	2012	Y	
	City West Newton	State MA	Zip Code 02465-2809					C159900		d	
	FEC ID number of contributing federal political committee.	С					7			0.00	
	Name of Employer Winchester Hospital	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
С.	Full Name (Last, First, Middle Initial) George Liu M.D.				Date of	Re	ceipt				
	Mailing Address 338 Spear St Unit 5B				м м 02	/	D D D	/ Y	2012	Y	1
	City San Francisco	State CA	Zip Code 94105-6168				-	C16152		d	
	FEC ID number of contributing federal political committee.	С			inoun		,	,		50.00	)
	Name of Employer	Occupation									
	Medical Anesthesia Consultants Receipt For:	Anesthesio	-	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)		•••••	. [			7	- 7	100	0.00	
т	OTAL This Period (last page this line number c	only)	••••••				,	. ,			

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PAGE 80 OF

163

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	$\vdash$	11b	11c	12		
Any information copied from such Reports and or for commercial purposes, other than using th					purpo					
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								
American Society of Anesthesi	ologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Richard C. Lodise M.D.				Date of	Rec	eipt				
Mailing Address 1780 W Wesley Rd NW				м м 02	/	20	/ Y	ү ү 2012	Y	
City Atlanta	State GA	Zip Code 30327-1910					C160381	5 is Period		
FEC ID number of contributing federal political committee.	С						,		).00	
Name of Employer Riverdale Anes. Assoc.	Occupation ANESTHES									
Receipt For:		Year-to-Date ▼	_							
Primary General	Ayyregale		1							
Other (specify) ▼		500.00	4							
Full Name (Last, First, Middle Initial) B. Nancy L. Loeffler M.D.	1			Date of	Rec	eint				
Mailing Address 3726 Lakeview Dr.				02	/	07 D	/ Y	у у 2012	Y	
City	State	Zip Code			actio		C159737			
Tallahassee	FL	32310		Amount	of E	ach R	eceipt th	is Period		
FEC ID number of contributing federal political committee.	С				,		7	1000	.00	
Name of Employer	Occupation									
Anesthesiology Assoc. of Tallahassee	anesthesiol	-								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1000.00	4							
Full Name (Last, First, Middle Initial) C. Ward G. Longbottom M.D.	1			Date of	Bec	eint				
Mailing Address 17910 Spencer Rd.				02	/	08	/ Y	2012	Y	
City	State	Zip Code			actio		C159901			
Odessa	FL	33556		Amount	of E	ach R	eceipt th	is Period		
FEC ID number of contributing federal political committee.	С				,		7	500	0.00	
Name of Employer	Occupation									
University of South Florida Endoscopy	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00								
SUBTOTAL of Receipts This Page (optional)			► _					2000	.00	
TOTAL This Period (last page this line number	r only)		•							

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PAGE 81 OF

163

	EIMIZED RECEIPTS		Detailed Summary Page		(11a		11b	11c		12		
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	ny information copied from such Reports and S for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
$\Big $	American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Philip J. Lubrano M.D.				Date of	f Re	eceipt					
	Mailing Address 5125 North Branch Dr.				м м 02	1	D 14			)12	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C161512	9			
	Fort Worth	TX	76132	_	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,			500.	.00	
	Name of Employer	Occupation										
	Northstar Anesthesia PA	ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
в.	Full Name (Last, First, Middle Initial) Paul K. Lugthart M.D.				Date of	f Re	eceipt					
	Mailing Address 6746 Rfd				M M	/	D	D / Y	Y	Y	Y	
					02		22		20	12		
	City	State	Zip Code		Trans	acti	on ID :	C161513	0			
	Long Grove	IL	60047-2008	-	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,			250.	00	
	Name of Employer Northwest Community Hospital Anes. Dep	Occupation ANESTHES										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		050.00									
	Other (specify) <b>v</b>		, 250.00									
c.					Date of	f Re	eceipt					
	Mailing Address 3404 Hightimber				м м 02	/	D 12			12	Y	
	City	State TX	Zip Code					C159929				
	Grapevine		76051	- :	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С								250	.00	
	Name of Employer	Occupation		_								
	Pinnacle Anesthesia Consultants, PA	Anesthesio	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)		•	•			,	9		1000.	00	
т	OTAL This Period (last page this line number	only)		•			,	7				

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PAGE 82 OF

			Detailed Summery Dage		11a		11b		11c		12	
		Detailed Summary Page		13		14		15		16	17	
	information copied from such Reports and St r commercial purposes, other than using the								oliciting			
	AME OF COMMITTEE (In Full)											
A	merican Society of Anesthesio	logists P	olitical Action Committe	ee								
	ull Name (Last, First, Middle Initial) Iohn Lydon M.D.				Date of	Re	eceipt					
M	ailing Address 1304 Oak St				м м 02	/	D 1	D 3	/ Y		у 012	Y
	ity	State	Zip Code		Trans	acti	ion ID	) : C	160020	)2		
N	1elbourne	FL	32901	/	Amount	t of	Each	Re	ceipt th	is P	Period	
	EC ID number of contributing deral political committee.	С					,		7	_	500	.00
Na	ame of Employer	Occupation										
В	revard Anesthesia Services	Anesthesiol	ogist									
R	eceipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify)		500.00									
	ull Name (Last, First, Middle Initial) Villiam R. Lyman M.D.				Date of	Re	ceipt					
M	ailing Address 1051 E. 100 N.				м м 02	/	2	24	/ Y		y )12	Y
Ci	ty	State	Zip Code		Trans	acti	ion ID	) : C	161512	20		
Li	indon	UT	84042	/	Amount	of	Each	Re	ceipt th	is P	Period	
	EC ID number of contributing deral political committee.	С					,		7	_	250.	00
Na Se	ame of Employer elf	Occupation ANESTHES										
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
	ull Name (Last, First, Middle Initial) Roman Magidenko M.D.				Date of	Re	ceipt					
	ailing Address 2856 Amberly Ln.				M M 02	/	D	D 06	/ Y		)12	Y
	ity iroy	State MI	Zip Code 48084						ceipt th		Period	-
	EC ID number of contributing deral political committee.	С					7		7	_	1000	.00
Na	ame of Employer	Occupation		_								
S	outh Oakland Anesthesia Associates	Physician										
R	eceipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3										
	Other (specify)		1000.00									
SUE	<b>BTOTAL</b> of Receipts This Page (optional)		••••••	•			7				1750.	00
тот	TAL This Period (last page this line number of	only)	•	•			7			_		

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PAGE 83 OF

163

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         1
Any information copied from such Reports an or for commercial purposes, other than using	d Statements mathematic the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. Babak Maharlouei M.D.			Date of Receipt
Mailing Address 201 Parrish Pond Ct W			02 05 2012
City Southampton	State NY	Zip Code 11968-3248	Transaction ID : C1595640 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer East End Anesthesiologists LLC	Occupation Anesthesio		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) B. Juliet Maillet M.D.	·		Date of Receipt
Mailing Address 7700 Timber Hill North Dr.	<b>0</b> 1.1		02 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State IN	Zip Code 46217	Transaction ID : C1615132
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer Southeast Anesthesiologists	Occupation Anesthesio		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) C. Henry F. Malarkey IV, M.D.			Date of Receipt
Mailing Address 188 W. Virginia Blvd.			M M / D D / Y Y Y Y Y 02 22 2012
City Jamestown	State NY	Zip Code 14701-8432	Transaction ID : C1615126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		-
Southern Tier Anesthesiologists	Anesthesio	logist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional)	)		1000.00

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

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FOR LINE NUMBER:

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PAGE 84 OF

163

	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
				13     14     15     16     17       erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Society of Anesthes			
/	Full Name (Last, First, Middle Initial)			
Α.	Asif M. Malik M.D.			Date of Receipt
	Mailing Address 2760 Charnwood Dr		7.0.1	02 01 / Y Y Y Y Y 02 01 2012
	City Troy	State MI	Zip Code 48098	Transaction ID : C1596478
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Henry Ford West Bloomfield Hospital An Receipt For:	Anesthesio	-	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.30	1
	Full Name (Last, First, Middle Initial) Asif M. Malik M.D.	1		Date of Receipt
	Mailing Address 2760 Charnwood Dr			02 24 2012
	City	State	Zip Code	Transaction ID : C1604312
	Troy	MI	48098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.30
	Name of Employer Henry Ford West Bloomfield Hospital An	Occupation Anesthesiol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.30	]
	Full Name (Last, First, Middle Initial) Bose B. Mandava M.B.,B.S.			Date of Receipt
	Mailing Address 7117 Fay Ave			02 22 _2012 _
	City La Jolla	State CA	Zip Code 92037-5512	Transaction ID : C1615131 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		
	Self	ANESTHES	SIOLOGIST	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary     General       Other (specify) ▼		250.00	]
	UBTOTAL of Receipts This Page (optional)			416.30

FOR LINE NUMBER:

PAGE 85 OF

163

IТ	EMIZED RECEIPTS		Use separate schedule(s)	(cheo	ck only	y one)	L		
			for each category of the Detailed Summary Page	X	11a 13	11b	11c	12	17
Ar or	ny information copied from such Reports and for commercial purposes, other than using	d Statements mather name and a	I ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the	purpose of	f soliciting	g contribu	tions
$\setminus$	NAME OF COMMITTEE (In Full)								
$\backslash$	American Society of Anesthes	siologists P	olitical Action Committe	ee					
Α.	Full Name (Last, First, Middle Initial) Devanand Mangar M.D.			D	ate of	Receipt			
	Mailing Address 360 Blanca Ave.				м м 02	/ D 09		ү ү 2012	Y
	City	State	Zip Code			action ID :			
	Tampa	FL	33606-3630			of Each F			
	FEC ID number of contributing federal political committee.	С				7	5	5000	0.00
	Name of Employer	Occupation	1	-					
	Self	Medical Do	ctor						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>						
	Other (specify)		5000.00						
в.	Full Name (Last, First, Middle Initial) Julius Mapalad M.D.			D	ate of	Receipt			
	Mailing Address 8418 N College Ave				м м 02	/ 19	D / Y	2012	Y
	City	State	Zip Code			action ID :			
	Indianapolis	IN	46240	A	mount	of Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				- 7		250	.00
	Name of Employer	Occupation	1						
	Southeast Anesthesiology	Physician							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1					
<u> </u>	Full Name (Last, First, Middle Initial) Thomas A. Marks-Strauss M.D.			D	ate of	Receipt			
	Mailing Address 8731 Admirals Woods Cir.				м м 02	/ D 29		y y 2012	Y
	City	State	Zip Code		Trans	action ID	: C16151	37	
	Indianapolis	IN	46236	A	mount	of Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С				7		220	0.00
	Name of Employer	Occupation	l						
	Self	Anesthesio	logist						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		220.00						
s	<b>SUBTOTAL</b> of Receipts This Page (optional).					- 7		5470	.00
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PAGE 86 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	ly one)			
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Any information copied from such Reports an or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)							
American Society of Anesthe	siologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) <b>A.</b> Alfred J. Martello M.D.			Date o	f Receipt			
Mailing Address 4665 Douglas Cir NW Ste	101		M			Y Y	Y
City	State	Zip Code	02 Trans	09 saction ID :		2012 7 <b>5</b>	
Canton	OH	44718-3673	Amoun	t of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					500.	.00
Name of Employer	Occupation	1					
Stark County Anesthesia, Inc.	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		500.00					
Full Name (Last, First, Middle Initial) B. Hugh B. Martin M.D.			Date o	f Receipt			
Mailing Address 302 Hermosa Dr SE			02	/ D 14		у у 2012	Y
City	State Zip Code Jquerque NM 87108						
FEC ID number of contributing		87108	Amoun	t of Each F	Receipt th	is Period	_
federal political committee.	С			7	7	100.	00
Name of Employer University of New Mexico Department of	Occupation Professor	1					
Receipt For:		Year-to-Date ▼	_				
Other (specify) ▼		510.00	1				
Full Name (Last, First, Middle Initial) C. Hugh B. Martin M.D.			Date o	f Receipt			
Mailing Address 302 Hermosa Dr SE			02	/ D 1		y y 2012	Y
City Albuquerque	State NM	Zip Code 87108		saction ID :			
		07100	Amoun	t of Each F	Receipt th	is Period	_
FEC ID number of contributing federal political committee.	С			7		410.	.00
Name of Employer	Occupation	1					
University of New Mexico Department of Receipt For:	Professor	Veer te Dete 🗮	_				
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		510.00					
SUBTOTAL of Receipts This Page (optional	)			,		1010.0	00
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PAGE 87 OF

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Any information copied from such Reports and or for commercial purposes, other than using t				for the		oose of	soliciting	contrib	utions
NAME OF COMMITTEE (In Full)									
ight angle American Society of Anesthes	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) Timothy Martin M.D.				Date of	Re	ceipt			
Mailing Address Arkansas Childrens Hospita	al			M M	1		/ Y	Y Y	Y
#1 Childrens Way, S-203 City	State	Zip Code		02 Trans	acti	01 on ID : (	C159652	2012 29	_
Little Rock	AR	72202-3591		Amount	of	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					,		16	6.00
Name of Employer	Occupation								
University of Arkansas for Medical Sci	Physician								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		332.00	4						
Full Name (Last, First, Middle Initial) B. John P. Martucci M.D.				Date of	Ro	ceint			
Mailing Address 6100 S Garfield Ave				02	/	08	/ Y	2012	Y
City	State	Zip Code			acti		C159901		
Burr Ridge	IL						eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С				_	,	. ,	50	0.00
Name of Employer SELF-EMPLOYED	Occupation								
Receipt For:	ANESTHES								
Primary General	Aggregate	Year-to-Date ▼	1.						
Other (specify)		, 500.00							
Full Name (Last, First, Middle Initial) C. Veronica L. Massey M.D.				Date of	Re	ceipt			
Mailing Address 11811 Shire Wycliffe Ct.				м м 02	/	D D 22	/ Y	2012	Y
City	State	Zip Code			acti		C161525	_	_
Tampa	FL	33626-3330		Amount	of	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С				_	7		100	0.00
Name of Employer	Occupation								
FGTBA Receipt For:	Anesthesio		_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1000.00							
SUBTOTAL of Receipts This Page (optional).						7	7	1666	6.00
TOTAL This Period (last page this line number	er only)					,			

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

FOR LINE NUMBER:

PAGE 88 OF

163

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthe	siologists P	olitical Action Committe	96
Full Name (Last, First, Middle Initial) <b>A.</b> Maria E. Matuszczak M.D.			Date of Receipt
Mailing Address 6431 Fannin St Msb 5.020	)		M M / D D / Y Y Y Y 02 22 2012
City	State	Zip Code	Transaction ID : C1615264
Houston	TX	77030-1501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	l	
University of Texas Medical School	pediatric ar	nesthesiologist	_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) B. Steven J. Maxwell D.O.			Date of Receipt
Mailing Address 90 Rapp Rd			
			02 22 2012
City	State	Zip Code	Transaction ID : C1615266
Valatie	NY	12184-5010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer	Occupation		
Steven J. Maxwell, D.O., PLLC Receipt For:	PHYSICIAN		
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	
Full Name (Last, First, Middle Initial) C. Stephen C. Maze M.D.	·		Date of Receipt
Mailing Address 1550 Boyson Rd.			M M / D D / Y Y Y Y Y 02 28 2012
City	State	Zip Code	Transaction ID : C1606520
Hiawatha	IA	52233-2310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer	Occupation	1	
Linn County Anesthesiologists	ANESTHE	SIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional	)		850.00
TOTAL This Period (last page this line num	ber only)	••••••	

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PAGE 89 OF

ITCI	MIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y on	e)				
			for each category of the Detailed Summary Page		< 11a		11b	11c	12		747
	information copied from such Reports and S r commercial purposes, other than using the										17 s
	AME OF COMMITTEE (In Full)										
/ A	American Society of Anesthesic	ologists Po	olitical Action Committe	ee							
	ull Name (Last, First, Middle Initial) Charles G. McAdams M.D.				Date of	Ree	ceipt				
Μ	ailing Address 200 E Lamar Blvd Ste 400				M M	/		/ Y	Y Y Y	Y	
Ci	ity	State	Zip Code		02 Trans	acti	21 on ID : (	C161525	2012 59		
A	rlington	TX	76006	_	Amount	of I	Each Re	eceipt th	is Perio	d	
	EC ID number of contributing deral political committee.	С					,	7	25	50.00	
N	ame of Employer	Occupation									
-	elf eceipt For:	ANESTHES									
[	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
	ull Name (Last, First, Middle Initial) Dennis E. McCarthy M.D.				Date of	Ree	ceipt				
	ailing Address 3607 Ocean Dr., South				м м 02	/	29	/ Y	2012	Y	
	ity	State	Zip Code		Trans	actio	on ID : C	2161526			
	acksonville Beach	FL	32250	_	Amount	of	Each Re	eceipt th	is Perio	d	_
fe	EC ID number of contributing deral political committee.	С					7	7	25	0.00	
	ame of Employer NESTH CONSULTANTS	Occupation									
	eceipt For:	ANESTHES	Year-to-Date ▼								
[	Primary General	Ayyreyate		11							
	Other (specify)		, 250.00								
	ull Name (Last, First, Middle Initial) Jim W. McChristian M.D.				Date of	Ree	ceipt				
Μ	ailing Address 8720 Low Chaparrel Rd				м м 02	1	D D D 21	/ Y	2012	Y	
	ity	State	Zip Code		Trans	acti	on ID : (	C161526	51		
	Rogers	AR	72756-8304	_	Amount	of	Each Re	eceipt th	is Perio	d	
	EC ID number of contributing deral political committee.	С			Ľ.		,	7	25	50.00	
	ame of Employer	Occupation									
	ELF EMPLOYED eceipt For:	ANESTHES		_							
[	Primary General	Aggregate	Year-to-Date ▼								
-	Other (specify)		250.00								
SUE	 <b>BTOTAL</b> of Receipts This Page (optional)			•			,	- 7	75	0.00	
тот	TAL This Period (last page this line number	only)		•	L.,		7			-	

FOR LINE NUMBER:

PAGE 90 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(che	eck only	y or	ne)				
		Detailed Summary Page				11b	11c	12		17
Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	esiologists P	olitical Action Commit	ee							
Full Name (Last, First, Middle Initial) <b>A.</b> Richard C. McCormick D.O.				Date of	Re	ceipt				
Mailing Address 1011 Gnarland Oak Ct.				м м 02	1		/ Y	Y Y		1
City	State	Zip Code			acti	22 ion ID :	C161526	2012 5 <b>2</b>		1
Athens	GA	30606		Amount	of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	C							25	50.00	)
Name of Employer	Occupation									
MCAA	PHYSICIAN	1								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		250.00								
Full Name (Last, First, Middle Initial) B. Joel E. McCreary D.O.				Date of	Re	ceipt				
Mailing Address 4724 N. 69th St.				м м 02	/	01	/ Y	2012	Y	]
City	State	Zip Code					C159648			
Scottsdale	AZ	85251	Amount of Each Receipt this						d	_
FEC ID number of contributing federal political committee.	C				_	7	 J	12	5.00	
Name of Employer Pacific Anesthesia	Occupation Staff Anesth									
Receipt For:		Year-to-Date ▼	_							
Primary General Other (specify) ▼		250.00	1							
Full Name (Last, First, Middle Initial) C. Nicole B. McDermott M.D.				Date of	Re	ceipt				
Mailing Address 226 County Road 126				м м 02	/	D D D 24	/ Y	2012	Y	]
City	State CO	Zip Code					C16152			-
Glenwood Springs	00	81601-9284		Amount	of	Each R	eceipt th	iis Perio	d	_
FEC ID number of contributing federal political committee.	С				_	7		50	00.00	)
Name of Employer	Occupation									
SELF-EMPLOYED Receipt For:	PHYSICIAN									
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00								
SUBTOTAL of Receipts This Page (optiona					_	3	7	87	5.00	7
TOTAL This Period (last page this line num	iber only)			_		7		1		a de la compañía de l

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PAGE 91 OF

'		Detailed Summary Page	2	<b>(</b> 11a	-	11b	$\vdash$	11c		12 16	17	
	ny information copied from such Reports and Si for commercial purposes, other than using the				for the		pose		soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) American Society of Anesthesio							5 110	Sin Such			
A.					Date c	f Re	eceipt					
	Mailing Address 3364 Hidden Creek Lane, N.E.				02	/		D )1	/ Y		012	Y
	City Rochester	State MN	Zip Code 55906						<b>C159652</b> eceipt thi	5		
	FEC ID number of contributing federal political committee.	С					7				83.	00
	Name of Employer Mayo Clinic Anesthesiology	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.60									
В.	Full Name (Last, First, Middle Initial) Brian P. McGlinch M.D.				Date c	of Re	eceipt					
	Mailing Address 3364 Hidden Creek Lane, N.E.				M M	/		D 15	/ Y	Y 20	)12	Y
	City Rochester	State MN	Zip Code 55906	-					c160051		Period	
	FEC ID number of contributing federal political committee.	С					1				83.	30
	Name of Employer Mayo Clinic Anesthesiology	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.60									
с.	Full Name (Last, First, Middle Initial) James McGrath D.O.				Date c	of Re	eceipt					
	Mailing Address 5101 S. Willow Springs Rd.				M 02	/		D 12	/ Y		)12	Y
	City La Grange	State IL	Zip Code 60525	-					C159930 eceipt thi		Pariod	
	FEC ID number of contributing federal political committee.	С					,	110			250.	.00
	Name of Employer	Occupation	1									
	LaGrange Memorial Hospital Receipt For:	Physician										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
s	UBTOTAL of Receipts This Page (optional)		•	 •			3				416.	30
т	OTAL This Period (last page this line number of	only)	••••••	•			,					

FOR LINE NUMBER:

PAGE 92 OF

			Use separate schedule(s)	(c	heck only	y or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		г	
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ny not be sold or used by any p ddress of any political committee	ersor ersor	13 1 for the solicit cor	purp ntrib	14 Dose of utions fr	15 soliciting om sucl	g contri h comr	ibutic	17 0ns 9.
$\overline{\}$	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Frederick McKibben M.D.				Date of	Re	ceipt				
	Mailing Address 1711 Homewood Dr.				м м 02	/	D D D 21	/ Y	2012		
	City	State	Zip Code		Trans	acti	on ID :	C16152			
	Altadena	CA	91001	_	Amount	t of	Each R	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С				_	7		2	250.0	0
	Name of Employer	Occupation									
	self	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00	11							
				11							
	Full Name (Last, First, Middle Initial)										
В.	Joseph D. McLaughlin M.D.				Date of	Re	ceipt				
	Mailing Address 12729 Walton Ridge Ln				02	/	21	/ Y	2012		
	City	State	Zip Code			acti		C161527			
	Midlothian	VA	23114-3365					eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					7	7	2	250.0	0
	Name of Employer	Occupation									
	Commonwealth Anesthesia Associates	physician									
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Other (specify)		250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Howard G. Mendel M.D.				Date of	Re	ceipt				
	Mailing Address 205 Ralston Dr				м м 02	/	23	/ Y	2012		
	City	State	Zip Code			acti		C16043	-		
	Mount Laurel	NJ	08054-3347		Amount	t of	Each R	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					7	7	2	250.0	00
	Name of Employer	Occupation		-							
	Burlington Anesthesia Associates	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00	11							
			7 7 7 7	11							
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4 1		,		-	a second s	1.00	7		والمحادث		

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PAGE 93 OF

			Use separate schedule(s)	(che	eck only	/ one)				
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a	11b	11c	12		_
	y information copied from such Reports and St									17 s
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit cor	ntributions	s from suc	h comm	ittee.	
	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Andre-Paul Michaud M.D.				Date of	Receipt				
	Mailing Address 442 Jenkins Ranch Rd				м м 02	/ D	D / Y	2012	Y	
	City	State	Zip Code				) : C16154			
	Durango	CO	81301-6546		Amount	of Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				- 7	5	25	50.00	
	Name of Employer	Occupation								
	OHSU-UHS-2	ANESTHES	IA RESIDENT							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		250.00							
	Full Name (Last, First, Middle Initial) Carlos M. Mijares M.D.				Data of	Receipt				
Ь.	Mailing Address 7700 SW 176th St					/ D	D / Y	2012	Y	
	City	State	Zip Code				: C15955			
	Village Of Palmetto Bay	FL	33157		Amount	of Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				- 7		50	0.00	
	Name of Employer	Occupation								
	Univ. of Miami School of Medicine Anes	Board Certif	ied Anesthesiologist DABA	_						
	Receipt For:	Aggregate	Year-to-Date ▼	_						
	Other (specify) ▼		500.00							
C.	Full Name (Last, First, Middle Initial) Marianne Mikat-Stevens M.D.				Date of	Receipt				
	Mailing Address 11320 Tecumseh Ln.				м м 02		D / Y 21	2012	Y	
	City	State	Zip Code				) : C16152			
	Indian Head Park	IL	60525-4359		Amount	of Each	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				7	3	25	50.00	
	Name of Employer	Occupation								
	Self	Anesthesiol	ogist							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		, 250.00							
s	UBTOTAL of Receipts This Page (optional)		····· •	•				100	0.00	
т	OTAL This Period (last page this line number of	only)	•	•			3			

FOR LINE NUMBER:

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PAGE 94 OF

163

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c 12
Any information copied from such Reports a	and Statements ma	ay not be sold or used by any n	erson for the purpose	of soliciting contributions
or for commercial purposes, other than usin				
NAME OF COMMITTEE (In Full)				
American Society of Anesth	esiologists P	olitical Action Committ	ee	
Full Name (Last, First, Middle Initial) A. Justin Millard M.D.			Date of Receipt	t
Mailing Address 8014 Meadowcreek Dr				07 _ 2012 _
City	State	Zip Code	Transaction I	
Cincinnati	OH	45244-4902	Amount of Each	n Receipt this Period
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer	Occupation	1		
AGP	Medical Do	ctor		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General	33 - 3 - 4		1	
Other (specify)		500.00	1	
Full Name (Last, First, Middle Initial) B. Eugene C. Miller M.D.			Date of Receipt	•
Mailing Address 3165 Timber Ln				
Maining Address 3165 Timber Lh			02	08 2012
City	State	Zip Code	Transaction II	
Verona	WI	53593-9057		n Receipt this Period
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer	Occupation			
Self	Anesthesiol	oaist		
Receipt For:		Year-to-Date ▼		
Primary General	, iggi egute			
Other (specify) ▼		500.00		
Full Name (Last, First, Middle Initial) C. Brian G. Mills M.D.			Date of Receipt	t
Mailing Address 4105 W. 123rd St.				12 2012
City	State	Zip Code	Transaction I	in the second
Leawood	KS	66209	Amount of Each	n Receipt this Period
FEC ID number of contributing	$\mathbf{C}$			250.00
federal political committee.	C			230.00
Name of Employer	Occupation			
Shawnee Mission Hospital	Anesthesio	logist		
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		250.00	]	
SUBTOTAL of Receipts This Page (option	al)			1250.00
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TOTAL This Period (last page this line number only)......

10

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PAGE 95 OF

			Detailed Summary Page		11a 13		11b 14	11c		2 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the							soliciting			ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	ogists P	olitical Action Committ	ee							
A.	Full Name (Last, First, Middle Initial) Lawrence S. Minowitz M.D.				Date of	f Re	ceipt				
	Mailing Address 26 Sherwood Ave.				м м 02	/	15		Y 201	Y 12	Y
	City Greenwich	State CT	Zip Code 06831-3249					C161527 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					7			500.	00
	Name of Employer self	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	Full Name (Last, First, Middle Initial) Jason S. Mitchell M.D.				Date of	f Re	ceipt				
	Mailing Address 1748 Primrose Lane	01212	7: 0.4		M M 02	/	09		201	Y 2	Y
	City Glenview	State IL	Zip Code 60026	-				C159914		riad	
	FEC ID number of contributing federal political committee.	С			Amouri			Receipt th	-	500.0	00
	Name of Employer northshore university healthsystem	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	Full Name (Last, First, Middle Initial) Alan R. Mizutani M.D.				Date of	f Re	ceipt				
	Mailing Address P.O. Box 3396				м м 02	1	29		y 201		Y
	City Anaheim	State CA	Zip Code 92803					C161527 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					y			250.	00
	Name of Employer	Occupation	1	-							
	SELF-EMPLOYED	PHYSICIAN	N								
	Receipt For:	Aggregate	Year-to-Date ▼								
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PAGE 96 OF

163

			Use separate schedule(s)	(check	only	one)			
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	mation copied from such Reports and St mmercial purposes, other than using the			rson for	the pu	irpose of	f soliciting	g contribu	utions
	OF COMMITTEE (In Full) Brican Society of Anesthesio	logists Po	olitical Action Committe	e					
	ame (Last, First, Middle Initial) ald A. Moore M.D.			Dat	e of F	Receipt			
Mailin	g Address 1614 Oakhurst Dr				)2	/ 01		2012	Y
City Oolte	wah	State TN	Zip Code 37363-9448				<b>C15965</b> Receipt th	<b>08</b> nis Perioc	1
	D number of contributing I political committee.	С				7			5.00
Anes.	of Employer Consultants Exchange ot For:	Occupation Physician							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
	ame (Last, First, Middle Initial) mas A. Moore II, M.D.			Dat	e of F	Receipt			
	g Address 1748 Vestwood Hills Dr	21.1			)2	/ D 1		2012	Y
City Vesta	via	State AL	Zip Code 35216-1366				C15965	<mark>13</mark> nis Perioc	
	D number of contributing I political committee.	С				7			5.00
	of Employer sity of Alabama School of Medici	Occupation Physician							
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
	ame (Last, First, Middle Initial) Ailesh Mori M.D.			Dat	e of F	Receipt			
Mailin	g Address 6776 St Moritz Pkwy				)2	/ 29		2012	Y
City Colle	yville	State TX	Zip Code 76034-7293				<b>: C16062</b> Receipt th	<b>53</b> his Perioc	
-	D number of contributing I political committee.	С				1			0.00
	of Employer	Occupation							
	cle Anesthesia Consultants ot For:	Medical Do	ctor Year-to-Date ▼	_					
	Primary General Other (specify) v	Aggregate	500.00						
SUBTO	TAL of Receipts This Page (optional)					7		750	0.00
TOTAL	This Period (last page this line number o	only)	•	Ē		7			

FOR LINE NUMBER:

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PAGE 97 OF

163

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
or for commercial purposes, other than u	s and Statements may not be sold or used by any p sing the name and address of any political committe	
NAME OF COMMITTEE (In Full)		
American Society of Anes	thesiologists Political Action Commit	lee
Full Name (Last, First, Middle Initial) A. John P. Mrachek M.D.		Date of Receipt
Mailing Address 4520 W. Woodlland R	d.	02 09 2012
City	State Zip Code	Transaction ID : C1599119
Edina	MN 55424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
NORTHWEST ANESTH	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	]
Full Name (Last, First, Middle Initial) B. Dodd Mullican M.D.		Date of Receipt
Mailing Address 13 Montevallo Lane		02 06 2012
City	State Zip Code	Transaction ID : C1595860
Birmingham	AL 35213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Anesthesia Resources Management	Occupation Anesthesiologist	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) C. John C. Mullican M.D.	l	Date of Receipt
Mailing Address 330 Don Cubero Plac	e	02 21 2012
City Santa Fe	State Zip Code NM 87505	Transaction ID : C1603984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Santa Fe Anesth. Specialists	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (opti	onal)	▶ 3000.00
TOTAL This Period (last page this line	number only)	

FOR LINE NUMBER:

PAGE 98 OF

163

			Use separate schedule(s)	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13	11b	11c	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the	purpose	of solicitin	g contribu	itions	_		
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	plitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Marc E. Murphy M.D.				Date of	Receipt				_		
	Mailing Address 7654 S Cliffside Ln				м м 02	/ 0	0 / 1 )8	2012	Y			
	City Idaho Falls	State ID	Zip Code 83406-8355	_	Trans	action II	<b>D : C15990</b> Receipt t	39	1			
	FEC ID number of contributing federal political committee.	С				7		250	0.00			
	Name of Employer	Occupation										
	Information Requested	Information	Requested									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Marshall J. Murphy M.D.				Date of	Receipt				_		
	Mailing Address 188 Chapman Rd				02	/ D	20	2012	Y			
	City Greenville	State SC	Zip Code 29605-3142				) : C16152					
	FEC ID number of contributing federal political committee.	C			Amount	of Each	Receipt t		).00			
	Name of Employer Self	Occupation Anesthesiolo	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 500.00									
с.	Full Name (Last, First, Middle Initial) Scott D. Murtha M.D.				Date of	Receipt						
	Mailing Address 216 Bever Ln., S.E.	Otata	Zin Oada		02		28	2012	Ŷ			
	City Cedar Rapids	State IA	Zip Code 52403-3280				D : C16065 Receipt t		1			
	FEC ID number of contributing federal political committee.	С				7			0.00			
	Name of Employer	Occupation										
	LINN COUNTY ANESTH	ANESTHES	IOLOGIST	_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
s	UBTOTAL of Receipts This Page (optional)		•	•		- 7		1000	.00			
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PAGE 99 OF

163

TEMIZED RECEIPTS		Detailed Summary Page	X	11a 13		11b		11c 15		12 16	17				
	y information copied from such Reports and s for commercial purposes, other than using th				or the		pose		oliciting		ntribut	ions			
$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	ologists P	olitical Action Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Steven W. Neeley M.D. Mailing Address 113 Woodlawn Dr			[	Date of	Re		ot D	/ ¥	V	Y	V			
	City	State	Zip Code	02 13 2012 Transaction ID : C1600139											
	Beaver	PA	15009	A					ceipt th		Period				
	FEC ID number of contributing federal political committee.	C					7			_	250	.00			
	Name of Employer West Penn Anesthesia Associates	Occupation physician	1												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00	]											
В.	Full Name (Last, First, Middle Initial) Daniel H. Nelson M.D.				Date of	Re	eceip	ot							
	Mailing Address 45395 Chocta Cir				м м 02	/		22	/ Y		)12	Y			
	City Indian Wells	State CA	Zip Code 92210	#					: <b>160399</b> ceipt th		Period				
	FEC ID number of contributing federal political committee.	С					,		7	_	250	00			
	Name of Employer Rancho Mirage Anesthesia Consultants	Occupation Anesthesiol													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]											
<u>с.</u>	Full Name (Last, First, Middle Initial) George Neuman M.D.				Date of	Re	eceip	ot							
	Mailing Address PO Box 147				м м 02	/		29	/ Y		)12	Y			
	City Locust Valley	State NY	Zip Code 11560-0147						<b>216153</b> ceipt th		Period				
	FEC ID number of contributing federal political committee.	С					7		7	_	250	.00			
	Name of Employer	Occupation	1												
	St. Vincent's Hospital & Med. Ctr. Receipt For:		SIOLOGIST												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]											
s	UBTOTAL of Receipts This Page (optional)						7		7		750.	00			
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PAGE 100 OF

163

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio													
A.	Full Name (Last, First, Middle Initial) Luu Nguyen M.D.				Date of	Re	ceipt							
	Mailing Address 9024 Fort Craig Dr			02 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	City	State VA	Zip Code				on ID :							
	Burke	VA	22015-2115	A	mount	of	Each F	Receipt	: this	Period	ł			
	FEC ID number of contributing federal political committee.	С					7	,		250	0.00			
	Name of Employer	Occupation		-										
	Medical Faculty Associates	ANESTHES	SIOLOGIST											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		250.00											
В.	Full Name (Last, First, Middle Initial) Bradley P. Nielsen M.D.				Date of	Re	ceipt							
	Mailing Address 1244 Walden Ln				м м 02	/	21	D /	Y	y y 2012	Y			
	City	State	Zip Code		Trans	acti	on ID :	C1603	3903					
	Draper	UT	84020	A	mount	of	Each F	Receipt	this:	Period	ł			
	FEC ID number of contributing federal political committee.	С					9			250	0.00			
	Name of Employer Millcreek Anesthesia	Occupation Anesthesiol												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
с.	Full Name (Last, First, Middle Initial) David M. Nieto M.D.				Date of	Re	ceipt							
	Mailing Address 9013 Cedar Bluffs Dr				м м 02	/	D 22			y y 2012	Y			
	City North Richland Hills	State TX	Zip Code 76180-4376	A			<b>on ID</b> Each F			Period	ł			
	FEC ID number of contributing federal political committee.	С					7			50	0.00			
	Name of Employer	Occupation		_										
	Pinnacle	ANESTHES	SIOLOGIST											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3												
	Other (specify)		500.00											
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PAGE 101 OF

163

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$\backslash$	NAME OF COMMITTEE (In Full)										
$\Big)$	American Society of Anesthesic	ologists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Peter J. O'Rourke M.D.				Date of	f Re	ceipt				
	Mailing Address 500 Guilder Ln				м м 02	/	21	) / Y		ү 012	Y
	City	State NC	Zip Code 27858-6580					C16152			
	Greenville	NC .	27858-8580	- 1	Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С				_	7			250.	00
	Name of Employer	Occupation									
	East Carolina Anesthesia Associates, P	ANESTHES	SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
в.	Full Name (Last, First, Middle Initial) Ronald P. Oberfoell D.O.				Date of	f Re	ceipt				
	Mailing Address 1407 Castlehill Dr				<sup>M</sup> M	/	13			) 12	Y
	City	State	Zip Code		Trans	acti	on ID :	C16002	06		_
	Rockford	IL	61107	·	Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					y			500.	00
	Name of Employer Rockford Memorial Hospital	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
С.	Full Name (Last, First, Middle Initial) Oluwatosin Oladipupo M.D.				Date of	f Re	ceipt				
	Mailing Address 1836 S Shores Dr				м м 02	1	D 1	) / Y		) 012	Y
	City	State	Zip Code		Trans	act	ion ID :	C15964	99		
	Decatur	IL	62521		Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					7			83.	.00
	Name of Employer	Occupation	l								
	Associated Anes. of Decatur	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		202.22								
	Other (specify)		366.00								
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PAGE 102 OF

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	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists Po	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Oluwatosin Oladipupo M.D.				Date of	f Re	ceipt				
	Mailing Address 1836 S Shores Dr				м м 02	/	23	/ Y	2012		1
	City	State	Zip Code		Trans	acti	ion ID :	C160403			
	Decatur	IL	62521	_	Amount	t of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					,		1	00.0	0
	Name of Employer	Occupation									
	Associated Anes. of Decatur	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		366.00								
в.	Full Name (Last, First, Middle Initial) Paul M. OLeary M.D.				Date of	f Re	ceipt				
	Mailing Address 1174 Lakeside Drive				02	/	27	/ Y	2012		1
	City	State	Zip Code		Trans	acti	on ID : (	C160513			
	Birmingham	MI	48009		Amount	t of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					7		2	50.0	0
	Name of Employer South Oakland Anesthesia Associates	Occupation Anesthesiol	agiat								
	Receipt For:		•								
	Primary General	Ayyreyale	Year-to-Date ▼	11							
	Other (specify)	L	250.00	I.							
с.	Full Name (Last, First, Middle Initial) John J. Olson M.D.				Date of	f Re	ceipt				
	Mailing Address 1808 Yahara Pl				02	1	D D D 08	/ Y	2012		1
	City	State	Zip Code		Trans	act	ion ID :	C15990	20		
	Madison	WI	53704-5557		Amount	t of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С							5	500.0	0
	Name of Employer	Occupation									
	Madison Anesthesiology Consultants	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
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PAGE 103 OF

ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesic	blogists Political Action Commit	tee
Full Name (Last, First, Middle Initial) Andrea V. Orphanos M.D. Mailing Address 501 South Atlantic Avenue		Date of Receipt
City	State Zip Code	02 08 2012 Transaction ID : C1599032
Cocoa Beach	FL 32931-3321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	]
Full Name (Last, First, Middle Initial) B. Irene P. Osborn M.D.		Date of Receipt
Mailing Address 61 Carroll St		02 21 2012
City	State Zip Code	Transaction ID : C1615299
Bronx	NY 10464-1463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mt. Sinai Medical Center Dept of Anest	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) C. Philip G. Owen M.D.		Date of Receipt
Mailing Address 5130 Hunters Chase Rd		02 24 2012
City Las Cruces	StateZip CodeNM88011-2554	Transaction ID : C1615301 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mesilla Valley Anesthesiology, P.C.	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	]
SUBTOTAL of Receipts This Page (optional)		1000.00
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FOR LINE NUMBER:

PAGE 104 OF

163

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13     14     15     16     1       berson for the purpose of soliciting contributions     e to solicit contributions from such committee.	17							
NAME OF COMMITTEE (In Full)	namo uno u	any pointour committee									
American Society of Anesth	esiologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Scott Pacific M.D.			Date of Receipt								
Mailing Address 37 Ellsworth Dr			02 21 2012								
City Warren	State NJ	Zip Code 07059-7137	Transaction ID : C1615313								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer SMG	Occupation PHYSICIAN										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1								
Full Name (Last, First, Middle Initial) B. Michael T. Paige M.D.			Date of Receipt								
Mailing Address 126 Clover Way			02 06 2012								
City Los Gatos	State CA	Zip Code 95032	Transaction ID : C1595798								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	]							
Name of Employer Group Anesthesia Services	Occupation Anesthesiol										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1								
Full Name (Last, First, Middle Initial) C. Harry T. Pall M.D.			Date of Receipt								
Mailing Address 603 E Lake St			02 28 2012								
City Petoskey	State MI	Zip Code 49770-2522	Transaction ID : C1615312 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00	]							
Name of Employer	Occupation										
NO ANES PROVIDERS	ANESTHES	SIOLOGIST									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1								
SUBTOTAL of Receipts This Page (option	al)		750.00	]							
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PAGE 105 OF

	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	I nd Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	ee
Full Name (Last, First, Middle Initial)         Brian S. Pallohusky M.D.         Mailing Address 4255 E Ridgeview St         City         Springfield         FEC ID number of contributing federal political committee.         Name of Employer         St Johns Clinic         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MO       65809-3427         C       Occupation         Occupation       Anesthesiologist         Aggregate Year-to-Date ▼       248.00	Date of Receipt 02 01 2012 Transaction ID : C1596491 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial)         B. Brian S. Pallohusky M.D.         Mailing Address 4255 E Ridgeview St         City         Springfield         FEC ID number of contributing federal political committee.         Name of Employer         St Johns Clinic         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MO     65809-3427       C       Occupation       Anesthesiologist       Aggregate Year-to-Date ▼       248.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Heather A. Panaro M.D.         Mailing Address 29 Adams Point Rd         City         Barrington         FEC ID number of contributing federal political committee.         Name of Employer         Providence Anesthesiologists Inc.         Receipt For:         Primary         General         Other (specify) ▼	State       Zip Code         RI       02806         C       Occupation         anesthesiologist       Aggregate Year-to-Date ▼         250.00       250.00	Date of Receipt 02 29 2012 Transaction ID : C1606328 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	ber only)	374.00

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PAGE 106 OF

ITEMIZED RECEIPTS		Detailed Summary Page		11a		11	1b	11c		12	_				
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$\rangle$	American Society of Anesthes	iologists P	olitical Action Committ	ee											
A.	Full Name (Last, First, Middle Initial) Stephen V. Panaro M.D.			[	Date o	f Re	ece	eipt							
	Mailing Address 29 Adams Point Rd				M = M / D = D / Y = Y = Y 02 29 2012										
	City	State RI	Zip Code 02806						160632						
	Barrington FEC ID number of contributing		02806	/	Amoun	t of	Ea	ach Re	ceipt th	iis Pe		00			
	federal political committee.	С				-	7		7	-	250.	00			
	Name of Employer	Occupation													
	Providence Anesthesiologists, Inc.	anesthesiol	ogist	_											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_											
	Other (specify) ▼		250.00												
R	Full Name (Last, First, Middle Initial) Andrew J. Pate M.D.				Date o	f Re		eint							
	Mailing Address 2059 Skyhawk Ct.				м = м 02			29	/ Y	20 <sup>2</sup>	Y 12	Y			
	City	State	Zip Code			acti	ion		161542		12				
	Mount Pleasant	SC	29466	A				-	ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С					7		7	_	500.	00			
	Name of Employer CHARLESTON ANESTH	Occupation PHYSICIAN													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		500.00	]											
с.	Full Name (Last, First, Middle Initial) Joel D. Pavelonis M.D.				Date o	f Re	ece	eipt							
	Mailing Address 6140 E. Calle Del Sud				м м 02	/	ſ	13	/ Y	20 <sup>°</sup>	ү 12	Y			
	City Scottsdale	State AZ	Zip Code 85251						16118						
			00201	/	Amoun	τοτ	Ea	acn He	ceipt th	IIS Pe	erioa	_			
	FEC ID number of contributing federal political committee.	С					7			_	250	.00			
	Name of Employer	Occupation	I	$\neg$											
	SELF-EMPLOYED	ANESTHE	SIOLOGIST												
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### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_

FOR LINE NUMBER:

PAGE 107 OF

163

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			13     14     15     16     17       berson for the purpose of soliciting contributions     a to collect contributions     from cuch committee
\	the name and a	address of any political committe	e to solicit contributions from such committee.
American Society of Anesthe	siologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) <b>A.</b> William D. Pease M.D.			Date of Receipt
Mailing Address PO Box 220970			02 22 2012
City Anchorage	State AK	Zip Code 99522-0970	Transaction ID : C1615433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer CHUGACH ANESTH	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) B. Stephen J. Penca M.D.			Date of Receipt
Mailing Address 5 Rushing Meadow Ct.			02 22 2012
City Arlington	State TX	Zip Code 76016	Transaction ID : C1615435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Pinnacle Anesthesia	Occupation Physician	1	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Bobby J. Perales M.D.		g. <u>1 1 g. 1 1 4. 1</u>	
Mailing Address 3409 Citrine Place			Date of Receipt 02 14 2012
City Round Rock	State TX	Zip Code 78681	Transaction ID : C1615305 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Scott and White MEM	ANESTHE	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
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PAGE 108 OF

163

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) American Society of Anesthesiolog	gists Political Action Committe	e
Name of Employer     C       ORA plic     A       Passint For:     A	State Zip Code KY 40245 C Decupation Inesthesiologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Name of Employer C Self P	State     Zip Code       WI     53188-2654       C       Decupation       HYSICIAN       Aggregate Year-to-Date ▼       500.00	Date of Receipt
Name of Employer     C       Intermountain Medical Center Anesthesi     A	State Zip Code UT 84121 C Decupation unesthesiologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1250.00

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FOR LINE NUMBER:

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PAGE 109 OF

163

			Detailed Summary Page	X	11a 13		11b 14		11c 15		12 16	17	
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	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	logists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Jeffrey S. Philip M.D.			C	Date of	Re	ceipt						
	Mailing Address 4549 Raynor Ct.	State	Zip Code	_ [	м м 02 Ттоно	/	24	4		20	012	Y	
	Mason	OH	45040-4629	A			-		161531 ceipt th		eriod		-
	FEC ID number of contributing federal political committee.	С					7		7	_	250.	00	
	Name of Employer PERIOP MED CONSULTS	Occupation ANESTHES	SIOLOGIST										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
В.	Full Name (Last, First, Middle Initial) Kristi L. Pielstick M.D.				Date of	Re	ceipt						-
	Mailing Address 2222 Raintree Rd				м м 02	/	2		/ Y		)12	Y	
	City Akron	State OH	Zip Code 44333-1266						<b>161530</b> ceipt th		eriod		_
	FEC ID number of contributing federal political committee.	С					7		7	_	250.	00	
	Name of Employer Stark County Anesthesia	Occupation ANESTHES											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
C.	Full Name (Last, First, Middle Initial) Harvey Plosker M.D.				Date of	Re	ceipt						
	Mailing Address 501 Glades Rd				м м 02	/	D 2		/ Y		)12	Y	
	City Boca Raton	State FL	Zip Code 33432	A					161531 ceipt th		eriod		_
	FEC ID number of contributing federal political committee.	C					,		7	_	250	.00	
	Name of Employer	Occupation	1										
	Broad Anesthesia Associates Receipt For:	Physician	Maanda Data 🗖	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
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PAGE 110 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c 15	12 16	17
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NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	Political Action Comm	ittee						
Full Name (Last, First, Middle Initial) A. David A. Plut M.D. Mailing Address 4331 Fremont Ave S				Date o		ceipt	/ Y	YYY	Y
City	State MN	Zip Code 55409-1720		02 Trans	sactio	08 on ID : 0			
Minneapolis FEC ID number of contributing federal political committee.	C	55409-1720		Amoun	t of E	Each Re	eceipt th	iis Perioo 25	d 0.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Anesthesio Aggregate								
Full Name (Last, First, Middle Initial) B. Roma C. Polce M.D. Mailing Address 3092 Red Arrow Dr.				Date of	f Rec	ceipt 01	/ Y	2012	Ý
City Las Vegas FEC ID number of contributing federal political committee.	State NV	Zip Code 89135-1303		Trans		on ID : C		22 his Period	d 3.00
Name of Employer VAMC Southern Nevada Receipt For: Primary General Other (specify) ▼	Occupation Anesthesio Aggregate					~			
Full Name (Last, First, Middle Initial) Roma C. Polce M.D. Mailing Address 3092 Red Arrow Dr.				Date or		D D	/ Y	<b>2012</b>	Y
City Las Vegas FEC ID number of contributing	State NV	Zip Code 89135-1303				16 on ID : ( Each Re		nis Perio	d 3.30
federal political committee.          Name of Employer         VAMC Southern Nevada         Receipt For:         Primary       General         Other (specify) ▼	Occupation Anesthesio					7	- 15		
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PAGE 111 OF

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American Society of Anesthe	siologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) <b>A.</b> Jacqueline Poleet M.D.			Date of	Receipt			
Mailing Address 107 Sezanne Ct.			02	/ D D	/ Y	ү ү 2012	Y
City Little Rock	State AR	Zip Code 72223		action ID : t of Each R		6	
FEC ID number of contributing federal political committee.	С					250	.00
Name of Employer	Occupation						
Little Rock Anesthesia Services	Anesthesio	ogist					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]				
Full Name (Last, First, Middle Initial) B. Edward W. Pollak M.D.			Data a	Dessint			
Mailing Address 24820 Riverwood Dr.				f Receipt	/ Y	2012	Y
City Franklin	State MI	Zip Code 48025	Trans	action ID :		6	
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Name of Employer South Oakland Anesthesia Associates	Occupation Anesthesiol						
Receipt For:	Aggregate	Year-to-Date ▼					
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Full Name (Last, First, Middle Initial) C. Garrett R Poole M.D.			Date of	Receipt			
Mailing Address 117 S Alameda Ln Apt 6			M M 02	/	/ Y	y y 2012	Y
City San Clemente	State CA	Zip Code 92672	Trans	action ID :		5	
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federal political committee.				7	9	230	
Name of Employer	Occupation						
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PAGE 112 OF

т	EMIZED RECEIPTS		Use separate schedule(s)	person for the purpose of soliciting contributions tee to solicit contributions from such committee.							
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Garrett R Poole M.D. Mailing Address 117 S Alameda Ln Apt 6					Re	· .			V	
	City San Clemente	State CA	Zip Code 92672		02 Trans		24 on ID :	C16154	201 <b>36</b>	2	
	FEC ID number of contributing federal political committee.	C	52012		Amount	of	Each F	Receipt t			0
	Name of Employer Self Receipt For:	Occupation Anesthesiol									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Donald J. Portell D.O. Mailing Address 1555 Indian River Blvd Ste B12	0			M M	Re	D . [				7
	City Vero Beach	State FL	Zip Code 32960-7108		Trans		on ID :	C16017	69		
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	Name of Employer Anesthesia of Indian River	Occupation Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
С.	Full Name (Last, First, Middle Initial) Wade R. Porterfield M.D.				Date of	Re	ceipt				
	Mailing Address 3887 W. Branch Rd.		7.0.1		02	/	15	J L	201		
	City Allegany	State NY	Zip Code 14706-9722							riod	
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PAGE 113 OF

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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee					
A.	Full Name (Last, First, Middle Initial)         Christopher A. Prater M.D.         Mailing Address 8175 Cindy Cir         City         Martinsville         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify)	State IN C Occupation ANESTHES Aggregate			02 Transa			is Perioc	
	Full Name (Last, First, Middle Initial) Hugh M. Pratt M.D. Mailing Address 5102 Galleon Dr. NE	State	Zip Code	] [	м м 02	Receipt	В	2012	Y
	Tacoma FEC ID number of contributing federal political committee. Name of Employer Rainier Anesthesia Asso Receipt For:	Occupation ANESTHES	98422-1917				: C159903 Receipt th	is Perioc	1 ).00
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
	Full Name (Last, First, Middle Initial)         Thomas G. Provost D.O.         Mailing Address 15 Hastings Ave         City         Keene         FEC ID number of contributing         federal political committee.         Name of Employer         Chesore Anesthesia Assoc         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 03431-5204 SIOLOGIST Year-to-Date ▼ 250.00		02 Transa			is Perioc	
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$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Rene Przkora M.D., Ph.D Mailing Address 301 University Blvd				Date o		· · ·	D / Y	Y	Y	Y
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	Galveston	ТХ	77555	_				Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					7			250.0	00
	Name of Employer Department of Anesthesiology UTMB Galv	Occupation Faculty									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]							
в.	Full Name (Last, First, Middle Initial) Bryan M. Purdy M.D.				Date o	of Re	eceipt				
	Mailing Address 111 10th St # 322				02	/	27		2012		Y
	City Des Moines	State IA	Zip Code 50309-4220					C161544 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					7			250.0	00
	Name of Employer Univ Medical Center	Occupation Resident	I								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
с.	Full Name (Last, First, Middle Initial) Thomas Puzio M.D.				Date o	of Re	eceipt				
	Mailing Address 7 Sherwood Rd				M 02	/	08		y 2012		Y
	City Dumont	State NJ	Zip Code 07628-1814					: <b>C15990</b> : Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					7			250.0	00
	Name of Employer	Occupation									
	Self Receipt For:	Anesthesio	logist Year-to-Date ▼	_							
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PAGE 115 OF

163

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Α.	Full Name (Last, First, Middle Initial) Peter E. Qualey M.D.					Date of	Re	ceipt					
	Mailing Address 5739 Wilshire Dr.					M M	/	D 1	D / Y	Y	Y	Y	
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	City Madison	State WI	Zip Code 53711-6405						C15990				
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	Madison Anesthesiology Consultants	Physician			_								
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В.	Full Name (Last, First, Middle Initial) Timothy J. Quill M.D.					Date of	Ro	ceint					
υ.	Mailing Address 27 Stevens Rd						110	D	D / Y	Y	Y	Y	
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	City	State	Zip Code						C159559				
	Hanover	NH	03755			Amount	of	Each F	Receipt th	nis P	eriod	_	
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	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 250.	.00									
с.	Full Name (Last, First, Middle Initial) Andrew D. Rackstein M.D.					Date of	Re	ceipt					
	Mailing Address 305 Bluff View Dr					м м 02	/	23			)12	Y	
	City	State	Zip Code			Trans	acti	ion ID :	C16042	26			
	Belleair Bluffs	FL	33770-1306		_ A	Amount	of	Each F	Receipt th	nis P	Period		
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# SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

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PAGE 116 OF

163

17	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Society of Anesthesi Full Name (Last, First, Middle Initial) A. Martin Read M.D. Mailing Address PO Box 7507 City Colorado Springs FEC ID number of contributing federal political committee. Name of Employer Pikes Peak Anesthesia Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Jason A. Rigol M.D. Mailing Address 3117 Palm Vista City Metairie FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City Metairie FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Larry D. Robbins D.O. Mailing Address 2 Andrea Dr City Pittsfield FEC ID number of contributing federal political committee. Name of Employer Self FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Larry D. Robbins D.O. Mailing Address 2 Andrea Dr City Pittsfield FEC ID number of contributing federal political committee. Name of Employer Berkshire Faculty Services Receipt For: Primary General Primar		Use separate schedule(s)	(check	only	v one)				
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	American Society of Anesthesi	ologists P	olitical Action Committe	ee						
Α.	Martin Read M.D.			Da	te of	Receipt				
	Mailing Address PO Box 7507			N	м 02	/ D = 08	D / Y 3	2012	Y	
	-	State	Zip Code	Т	rans	action ID	: C15990			
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	Metairie	LA	70003	An	nount	of Each	Receipt t	his Perio	d	
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		Occupation								
		anesthesiol	-							
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	Mailing Address 2 Andrea Dr			N/	м 02	/ D		2012	Y	
	-	State	Zip Code	T	rans	action ID	: C16153	22		
	Pittsfield	MA	01201-8436	An	nount	of Each	Receipt t	his Perio	d	
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PAGE 117 OF

163

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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action C	ommittee					
Α.	Full Name (Last, First, Middle Initial) L. Clayton Roberts M.D.				Date of	Receipt			
	Mailing Address 6226 Mimosa Lane				м м 02	/ D 16	) / Y	ү ү 2012	Y
	City Dallas	State TX	Zip Code 75230			action ID : of Each F			d
	FEC ID number of contributing federal political committee.	С						50	0.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00					
в.	Full Name (Last, First, Middle Initial) Franklin P. Robinson M.D.				Date of	Receipt			
	Mailing Address 102 Camden Court				м м 02	/ D D		2012	Y
	City Madison	State MS	Zip Code 39110			action ID : of Each F			d
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00					
C.	Full Name (Last, First, Middle Initial) Philip A. Rojas M.D.				Date of	Receipt			
	Mailing Address 1755 Kirby Pky, Suite #330				м м 02	/ D 07		2012	Y
	City Memphis	State TN	Zip Code 38120			action ID : of Each F			d
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# SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

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PAGE 118 OF

163

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	(Last, First, Middle Initial) C. Romero M.D.			Dat	e of F	leceipt			
Mailing Add	dress 1960 Ogden St Ste 525				)2	/ D 0	) / Y	2012	Y
City Denver		State CO	Zip Code 80218-3675	Tr	ansac	tion ID :	C161532 Receipt th		
	mber of contributing tical committee.	С				5			0.00
	nes Consult	Occupation ANESTHES							
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Full Name <b>B.</b> David R	(Last, First, Middle Initial) osen M.D.			Dat	e of F	leceipt			
	dress 90 Glade Rd.				)2	/ D D D D D D D D D D D D D D D D D D D		2012	Y
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	(Last, First, Middle Initial) Rossiter M.D.			Dat	e of F	leceipt			
Mailing Add	dress 3117 39th St				)2	/ 20		y y 2012	Y
City Metairie		State LA	Zip Code 70001-2932				C16153: Receipt th	33 his Period	
	mber of contributing tical committee.	С				7			0.00
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American Socie	ety of Anesthesiolog	ists Pol	litical Action	Committee	<del>)</del>					
Full Name (Last, First, David M. Rothenk Mailing Address 861 k City Highland Park FEC ID number of col federal political commi Name of Employer UNIV ANESTH Receipt For: Primary Other (specify)	erg M.D. (imball Rd  Intributing ttee.  C C PH General	cupation	Zip Code 60035-3618 ear-to-Date ▼	250.00	02 Tra	nsac			is Perioc	
B. Full Name (Last, First, B. Stephen A. Rubin Mailing Address 4997 City Frisco FEC ID number of con	n D.O. Oakhurst Lane	State TX	Zip Code 75034		02 Trai			<b>C159860</b> Receipt th		Y
federal political commi Name of Employer Pinnacle Anesthesia Receipt For: Primary Other (specify)	General Oc	cupation esthesiolog	jist ear-to-Date ▼	250.00				<u> </u>	250	.00
Full Name (Last, First, Jonathan R. Sar Mailing Address 221 f City Birmingham FEC ID number of con federal political commi Name of Employer Anesthesia Resources Receipt For:	dler M.D. Devon Dr Intributing ttee. Management General	cupation esthesiolog	Zip Code 35209-4317 gist ear-to-Date ▼	500.00	02 Tra	nsac			is Perioc	
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PAGE 120 OF

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$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Julio C. Salimbeni M.D.			[	Date of	Re	· ·						
	Mailing Address 13 Forest Hills Ln	State	Zip Code	_ [	M M 02	) /	1:	3	/ Y	20	012	Y	
	Fort Collins	СО	80524-2268	A			-	-	ceipt th		eriod		-
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	Name of Employer Northern Colorado Anesthesia Partner	Occupation ANESTHES											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
B.	Full Name (Last, First, Middle Initial) Lyle S. Saltzman M.D.				Date of	Re	ceipt						-
	Mailing Address 1304 Oak St.				м м 02	/	D 19		/ Y		)12	Y	
	City Melbourne	State FL	Zip Code 32901	A					<b>160282</b> ceipt th		eriod		_
	FEC ID number of contributing federal political committee.	С				_	,		7	_	250.	00	
	Name of Employer brevard Anesthesia Services	Occupation anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
C.	Full Name (Last, First, Middle Initial) Koshy Samuel M.D.				Date of	Re	ceipt						-
	Mailing Address 17 Caumsett Farms Ln.				м м 02	/	D 2		/ Y		)12	Y	
	City Woodbury	State NY	Zip Code 11797	A					161533		eriod		_
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PAGE 121 OF

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Full Name (Last, First, Middle Initial) <b>A.</b> David J. Samuels M.D.			Date	of Re	eceipt							
Mailing Address 5121 San Jose			02		14	о / Y	ү ү 2012	Y				
City	State	Zip Code	Tra	nsact		C161533						
Tampa	FL	33629	Amou	int of	Each F	Receipt th	is Period					
FEC ID number of contributing federal political committee.	С				7		250	.00				
Name of Employer	Occupation											
David J Samuels MDPA	Anesthesio	ogist										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
Full Name (Last, First, Middle Initial) B. Sumiko Sarle M.D.			Date	of Re	eceipt							
Mailing Address 523 Garden Rd.			02	M /	24		2012	Y				
City	State	Trai	nsact	ion ID :	C161534							
Oakwood	OH	Amou	int of	Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				7		250	.00				
Name of Employer ANES ASSOC NW DAYTON	Occupation											
Receipt For:	ANESTHES											
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
Full Name (Last, First, Middle Initial) C. John M. Satterfield M.D.			Date	of Re	eceipt							
Mailing Address 125 White Sail Dr.			M 02		29		2012	Y				
City	State	Zip Code	Tra	nsac	tion ID :	C161534	10					
Southington	СТ	06489-3854	Amou	int of	Each F	Receipt th	is Period					
FEC ID number of contributing federal political committee.	С				7		500	.00				
Name of Employer	Occupation											
The Hospital of Central CT, Dept. of A	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		500.00										
SUBTOTAL of Receipts This Page (optional).					7	1 7	1000.	00				

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PAGE 122 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committe	ee
Full Name (Last, First, Middle Initial)         A.         Joseph A. Scaniffe M.D.         Mailing Address 11 Glenmore Dr         City         Farmington         FEC ID number of contributing federal political committee.         Name of Employer         MILFORD ANES ASSOC         Receipt For:         Primary       General Other (specify) ▼	State CT       Zip Code 06032-1430         C       Occupation ANESTHESIOLOGIST         Aggregate Year-to-Date ▼       500.00	Date of Receipt          02       21       2012         Transaction ID : C1615338         Amount of Each Receipt this Period         500.00
Full Name (Last, First, Middle Initial)         B. Stephen D. Scarbrough M.D.         Mailing Address 1445 Cliff Ct Apt C         City         Columbus         FEC ID number of contributing federal political committee.         Name of Employer         MIDWEST PHYS ANES         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       OH     43204-3822       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼       250.00	Date of Receipt 02 21 2012 Transaction ID : C1615339 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial)         Donald Schmit M.D.         Mailing Address 920 Church St N         City         Concord         FEC ID number of contributing federal political committee.         Name of Employer         NorthEast Anesthesia and Pain Speciali         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NC     28025       C     Occupation       Anesthesiologist       Aggregate Year-to-Date ▼       500.00	Date of Receipt 02 07 2012 Transaction ID : C1596348 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1250.00

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PAGE 123 OF

'			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the							soliciting			ons
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) David M. Schneider M.D. Mailing Address 7015 Yellowstone Place				Date of		· ·		V	V	Y
		Ctata	Zin Codo		02		22		20′	12	
	City Billings	State MT	Zip Code 59106-2001					C161534 Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					, .		_	500.	00
	Name of Employer ANES PART OF MT	Occupation ANESTHES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
в.	Full Name (Last, First, Middle Initial) Douglas T. Sedlacek M.D. Mailing Address 2250 Country Club Pkwy SE				Date of		D D	) / Y	Y	Y	Y
	City Cedar Rapids	State IA	Zip Code 52403-1639					C160652 Receipt th			
	FEC ID number of contributing federal political committee.	С					,	, 1000 pt 11	-	500.0	00
	Name of Employer LINN COUNTY ANESTH	Occupation ANESTHES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
с.	Full Name (Last, First, Middle Initial) Larry M. Segers M.D.				Date of	f Re	eceipt				
	Mailing Address 215 Asphodel Dr.				м м 02	/	28	) / Y	201		Y
	City Dothan	State AL	Zip Code 36303-2984					C16153		riod	
	FEC ID number of contributing federal political committee.	С					7	,		500.	00
	Name of Employer	Occupation									
	DAA Receipt For:	PHYSICIAN	N Year-to-Date ▼	_							
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PAGE 124 OF

163

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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee								
A.	Full Name (Last, First, Middle Initial) Brence A. Sell M.D.				Date o	f Re	eceipt					
	Mailing Address 4770 Buckhead Court	04-1-	Zie Oste	M = M         /         D = D         /         Y = Y = Y         Y           02         09         2012								
	City Tallahassee	State FL	Zip Code 32309-8932	_				C159897 Receipt th		Period		
	FEC ID number of contributing federal political committee.	С					7	- 7		1000.	00	
	Name of Employer AA of T	Occupation Physician										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]								
в.	Full Name (Last, First, Middle Initial) Arych Shander M.D., FCCM				Date o							
	Mailing Address 10 Myrtle Avenue	Otata	Zie Oode		02		29			)12	Y	
	City Demarest	State NJ	Zip Code 07627	Transaction ID : C1606208           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7			250.	00	
	Name of Employer Englewood Hospital and Medical Center	Occupation Medical Do										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
C.	Full Name (Last, First, Middle Initial) David I. Shapiro M.D.				Date o	f Re	eceipt					
	Mailing Address 16 Royalwoods Ct.				02	/	D [ 22			ү )12	Y	
	City Williamsville	State NY	Zip Code 14221					C16153		Period		
	FEC ID number of contributing federal political committee.	С					7			500	00	
	Name of Employer	Occupation										
	Erie County Medical Center Anes. Dept. Receipt For: Primary General	PHYSICIAN Aggregate	N Year-to-Date ▼	_								
	Other (specify)		500.00									
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PAGE 125 OF

163

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	n such Reports and Statements ma			
	, other than using the name and a (In Full) y of Anesthesiologists Po			om such committee.
Full Name (Last, First, M Suzanne F. Sheare Mailing Address 10450 F	n M.D. Hadley Ave N		Date of Receipt	2012
City White Bear Lake	State MN	Zip Code 55110-1206	Transaction ID : C	
FEC ID number of contri federal political committe				250.00
Name of Employer Self Receipt For: Primary □ C Other (specify) ▼	General Occupation	ogist Year-to-Date ▼ 250.00	]	
Full Name (Last, First, M <b>B.</b> Lawrence M. Shink Mailing Address 343 Rol	baum M.D.		Date of Receipt	/
City Fairfield FEC ID number of contri federal political committe		Zip Code 06824-7836	02 28 Transaction ID : 0 Amount of Each Re	
Name of Employer Milford Anesthesia Assoc	Occupation	ogist		- 7
Receipt For: Primary C Other (specify) ▼	General	Year-to-Date ▼ 250.00		
Full Name (Last, First, M C. Ronald A. Shore			Date of Receipt	
Mailing Address 551 Ov	erlook Drive		02 28	/ Y Y Y Y _2012
City Wyckoff	State NJ	Zip Code 07481	Transaction ID : ( Amount of Each Re	
FEC ID number of contri federal political committe	ě.			250.00
Name of Employer MAG	Occupation ANESTHES		_	
Receipt For:		Year-to-Date ▼ 250.00	]	
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PAGE 126 OF

ITEMIZED RECEIPTS		for each category of th Detailed Summary Pag		X 11a 13	$\square$	11b 14	11c 15	12 16	17
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NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Corr	nmittee						
A. Full Name (Last, First, Middle Initial) Subeeh A. Siddiqui M.D. Mailing Address 1672 NW Valley St City Camas FEC ID number of contributing	State WA	Zip Code 98607			/ acti	09 on ID : 0		2012 20 20 iis Period	Ŷ
federal political committee.          Name of Employer         Self         Receipt For:         □       Primary         □       Other (specify) ▼	C Occupation Anesthesio Aggregate		.00	L.		9-1-	- 1	500	.00
Full Name (Last, First, Middle Initial) B. Parvinder Singh M.D. Mailing Address 2011 Oaks PI. City	State	Zip Code		Date of	1	D D D 29	/ Y	2012	Ŷ
Arcadia FEC ID number of contributing federal political committee.	CA	91006				on ID : ( Each Re		is Period 500	.00
Name of Employer Self Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate		00						
Full Name (Last, First, Middle Initial) Eric D. Skolnick M.D. Mailing Address 11913 Whistler Court				Date of	/	D D 08	/ Y	y y 2012	Ŷ
City Potomac FEC ID number of contributing federal political committee. Name of Employer Washington Hospital Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	State MD C Occupation Anesthesio Aggregate		.00			on ID : Each Re		91 lis Period 250	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb						7 7	- 7	1250	00

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PAGE 127 OF

163

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NAME OF COMMITTEE (In Full)			10 5						mille	<del>.</del>	_
American Society of Anesthesic	ologists P	olitical Action Committe	e								
Full Name (Last, First, Middle Initial) Andrew J. Smith M.D.				Date of	Rec	ceipt					
Mailing Address 6431 Bergeson Way				м м 02	/	22	/ Y	ү 20 <sup>-</sup>	12	ſ	
City	State	Zip Code		Trans	actio	on ID :	C161544				
Indianapolis	IN	46278-2211	_	Amount	of E	Each R	eceipt th	is Pe	riod		
FEC ID number of contributing federal political committee.	С					,			250.0	00	
Name of Employer	Occupation										
Anes Consult Indianapolis Receipt For:	ANESTHES		_								
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		250.00									
Full Name (Last, First, Middle Initial) B. Ryan W. Smith M.D.				Date of	Rec	ceipt					
Mailing Address 98 Holly Ln				м м 02	/	D D D 11	/ Y	201	12		
City	State	Zip Code			actio		C159926				
Myrtle Beach	SC	29572	_	Amount	of E	Each R	eceipt th	is Pe	eriod		
FEC ID number of contributing federal political committee.	С					,			250.0	0	
Name of Employer Coastal Anesthesia Medical Group	Occupation Anesthesiol										
Receipt For:		Year-to-Date ▼									
Other (specify)		250.00									
Full Name (Last, First, Middle Initial) C. Paul R. Smythe M.D.				Date of	Rec	ceipt					
Mailing Address Department of Anesthesiology 1500 E. Medical Center Road				м м 02	/	03	/ Y	201	12		
City	State	Zip Code	_	Trans	acti	on ID :	C159559	91			
Ann Arbor FEC ID number of contributing	MI	48109		Amount	ofE	Each R	eceipt th	is Pe	riod		
federal political committee.	С			L.		7	9	-	500.0	00	
Name of Employer	Occupation										
University of Michigan Medical School Receipt For:	Anesthesio	-	_								
Primary General	Aggregate	Year-to-Date ▼									
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PAGE 128 OF

163

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11b 14		11c 15	1	2 6	17
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee								
<b>A</b> .	Full Name (Last, First, Middle Initial) Mark D. Snyder M.D. Mailing Address 1116 E Republic Circle City Salina FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	State KS C Occupation Anesthesiol	logist			M /	tion ID		/ Y 16065( ceipt th	nis Per	2	Y D0
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
B.	Full Name (Last, First, Middle Initial) Robert L. Snyder D.O. Mailing Address 2367 Deer Valley Rd. City	State	Zip Code		Date 02	M /	1	9 9	/ Y 160282	2012 28	2	Y
	Midland FEC ID number of contributing federal political committee. Name of Employer MMAG,PC Receipt For:	MI Occupation anesthesiolo Aggregate							ceipt th	nis Per	riod 500.0	00
	Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)		500.00									
C.	David Sofair M.D. Mailing Address 2475 St. Raymond Ave. City	State	Zip Code		Date	M /	2	21	/ Y	201	Y 2	Y
	Bronx         FEC ID number of contributing federal political committee.         Name of Employer         Self         Receipt For:         Primary       General         Other (specify) ▼	NY C Occupation Doctor	10461						:16154: ceipt th	nis Per	riod 250.(	00
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PAGE 129 OF

163

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NAME OF COM		siologists P	olitical Action Committ	ee				
Full Name (Last, A. Steven T. So	First, Middle Initial) Iby D.O.			Date	of Receipt			
Mailing Address	3407 Lake Creek Trl			02			2012	Y
City Mansfield		State TX	Zip Code 76063	Trar	nsaction ID Int of Each	: C160573	38	_
FEC ID number federal political c	0	C					250.	.00
Name of Employ Arlington Division Receipt For:	er I-Pinnacle Anesthesia	Occupation Anesthesiol						
Other (spe	General cify) ▼	Aggregate	250.00	1				
	First, Middle Initial) Starling Jr., M.D.			Date	of Receipt			
	2036 Magnolia Ridge			02			y y 2012	Y
City Birmingham		State AL	Zip Code 35243		nsaction ID Int of Each			
FEC ID number federal political c	0	С					1000.	00
Name of Employ Anesthesia Reso	er urces Management	Occupation Anesthesiol						
Receipt For: Primary Other (spe	General cify) <b>▼</b>	Aggregate	Year-to-Date ▼ 1000.00	]				
Full Name (Last, c. Andrew Sta	First, Middle Initial) sic M.D.			Date	of Receipt			
Mailing Address	702 Barnhill Dr Rm 2001			02			y y 2012	Y
City Indianapolis		State IN	Zip Code 46202		n <b>saction ID</b> Int of Each			_
FEC ID number federal political c	5	С					500	.00
Name of Employ		Occupation						
Indiana Univ. Sch Receipt For:	nool of Medicine	Anesthesio	-					
Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 500.00	]				
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PAGE 130 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17
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American Society of Anesthe	esiologists Po	blitical Action Committ	ee							
Full Name (Last, First, Middle Initial) John Stephenson M.D. Mailing Address 5671 Peachtree Dunwood	dv Road			Date of	f Re	· ·	D	/ Y	Y Y	Y
Suite 530	State	Zip Code		02	acti	C	01	:15965 <sup>-</sup>	2012	_
Atlanta FEC ID number of contributing federal political committee.	GA	30342	A	mount	t of	Each	Re	ceipt th	nis Perio 8	d 3.00
Name of Employer Physician Specialists in Anes., P.C. Receipt For: Primary General Other (specify) ▼	Aggregate	ogist Year-to-Date ▼ 332.60	]							
Full Name (Last, First, Middle Initial) B. John Stephenson M.D.				Date of	f Re	ceipt				
Mailing Address 5671 Peachtree Dunwood Suite 530		7. 0.1		м м 02	/	D	D 14	/ Y	2012	Y
City Atlanta	State GA	Zip Code 30342						<b>160025</b> ceipt th	52 nis Perio	d
FEC ID number of contributing federal political committee.	C					7				3.30
Name of Employer Physician Specialists in Anes., P.C.	Occupation Anesthesiolo	ogist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.60								
Full Name (Last, First, Middle Initial) C. Ronald E. Stevens M.D.				Date of	f Re	ceipt				
Mailing Address P.O. Box 2899				м м 02	/		D 28	/ Y	2012	Y
City Cheyenne	State WY	Zip Code 82003	A					<b>:16153</b> ceipt th	63 nis Perio	d
FEC ID number of contributing federal political committee.	С					7				0.00
Name of Employer	Occupation		_							
HIGH PLAINS	PHYSICIAN									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
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FOR LINE NUMBER:

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PAGE 131 OF

163

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			y not be sold or used by any p dress of any political committee								
	MITTEE (In Full) Society of Anes	thesiologists Po	olitical Action Committe	ee							
A. Thomas M.	t, First, Middle Initial) Stewart M.D. © 2929 Wingfield Dr				Date of		eceipt		V	Y = Y =	V
City		State	Zip Code		02		21		5261	2012	T
Columbus		GA	31906-1645				-			Period	
FEC ID number federal political	Ũ	С					7			250	.00
Name of Emplo AM SOL PHYS		Occupation ANESTHES	IOLOGIST								
Receipt For:		Aggregate	Year-to-Date ▼								
Other (sp	General ecify) ▼		250.00								
Full Name (Las <b>B.</b> Shane E. S	t, First, Middle Initial) tidham M.D.				Date of	f Re	ceipt				
Mailing Address	3005 Anduin Ave.				M M 02	/	2		Y	y y 2012	Y
City Oklahoma City		State OK	Zip Code 73170					: <b>C161</b> Receipt		Period	
FEC ID number federal political	Ũ	С					7			250.	00
Name of Emplo Self	yer	Occupation ANESTHES	IOLOGIST								
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
Full Name (Las <b>C. Donald C</b> .	t, First, Middle Initial) Stogsdill M.D.				Date of	f Re	ceipt				
Mailing Address	2569 Turning Leaf Ln				м м 02	/	D 04		Y	y y 2012	Y
City Carmel		State IN	Zip Code 46032					: C159 Receipt		Period	
FEC ID number federal political	Ũ	С					,			500	.00
Name of Emplo	yer	Occupation									
	Anesthesia of IN	Physician									
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PAGE 132 OF

163

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$\backslash$	NAME OF COMMITTEE (In Full)											
$\Big)$	American Society of Anesthesio	logists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Dennis R. Stone M.D.			I	Date of	f Re	ceipt					
	Mailing Address 3408 State Rd. 13 No.				м м 02	/	D 21	D / Y		)12	Y	
	City	State FL	Zip Code					C161536				
	Jacksonville	гL	32259-9278	_ ′	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7	-	_	500	00	
	Name of Employer	Occupation	1									
	self	Pediatric Ar	nesthesiologist									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Other (specify)		500.00									
в.	Full Name (Last, First, Middle Initial) Jeffrey W. Stone M.D.				Date of	f Re	ceipt					
	Mailing Address 7108 Aberdeen Ave				м м 02	/	05	D / Y	20	12	Y	
	City	State	Zip Code		Trans	acti	on ID :	C159564	2			
	Dallas	ТХ	75230	_ /	Amount	t of	Each F	Receipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		_	250.	00	
	Name of Employer North Texas Anesthsia	Occupation Physician	I									
	Receipt For:		Year-to-Date ▼									
	Primary General	, iggi oguto										
	Other (specify)		250.00									
C.	Full Name (Last, First, Middle Initial) Kenneth R. Stone M.D.				Date of	f Re	ceipt					
	Mailing Address 317 Laurelwood Rd				м м 02	/	D 29			) 12	Υ	
	City	State CT	Zip Code 06477	-				: C160632				
	Orange		00477		Amount	t of	Each F	Receipt th	is P	eriod		
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	Name of Employer	Occupation	1									
	Bridgeport Anesthesia Assoc.	Physician										
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PAGE 133 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(che	eck only	y or	ne)					
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	y not be sold or used by any pe ddress of any political committee	erson f to so	or the	purp ntrib	oose of	solicitin	g contrib	oution	ns	
$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) John C. Sudkamp M.D. Mailing Address RR 1, Box 132-A				Date of Receipt							
	City Sigel	State IL	Zip Code 62462-9731		od							
	FEC ID number of contributing federal political committee.	С					9		50	00.00	D	
	Name of Employer Carle Clinic	Occupation Anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
B.	Full Name (Last, First, Middle Initial) Robert G. Sugar M.D.				Date of	f Re	ceipt					
	Mailing Address 14500 Castlerock Rd.		7. 0.1		M = M 02	/	29	/ Y	2012	Y		
	City Salinas	State CA	Zip Code 93908-9438	Transaction ID : C           Amount of Each Re					-	bd		
	FEC ID number of contributing federal political committee.	С					7		25	50.00	)	
	Name of Employer Self-Employed	Occupation PHYSICIAN										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
С.	Full Name (Last, First, Middle Initial) Matthew D. Sunderlin M.D.				Date of	f Re	ceipt					
	Mailing Address 6875 Breeze Point Dr				м м 02	/	22	/ Y	2012	Y	1	
	City Norton Shores	State MI	Zip Code 49444-7792					C16153 eceipt tl		bd		
	FEC ID number of contributing federal political committee.	С					7			00.00	D	
	Name of Employer	Occupation										
	Lakeshore Anes.Services	Anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)						,		125	50.00		
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PAGE 134 OF

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NAME OF COMMITTEE (In Full)											
American Society of Anesthesi	iologists Po	litical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Timothy J. Swift M.D.				Date of	f Re	ceipt					
Mailing Address 2937 Thomas Ave				м м	/	06		/ Y	ү ү 2012	Y	
City	State	Zip Code		Trans	acti	on ID	: C1	59584	5		
Dallas	ТХ	75204	A	mount	t of	Each I	Rece	eipt thi	s Perio	d	
FEC ID number of contributing federal political committee.	С					7		7	25	0.00	
Name of Employer Pinnacle Anesthesia Consultants	Occupation	aiat									
Receipt For:	Anesthesiolog	-	_								
Primary General	Aggregate Y	ear-to-Date ▼									
Other (specify)	,	250.00									
Full Name (Last, First, Middle Initial) B. James F. Szocik M.D.				Date of	f Re	ceipt					
Mailing Address Department of Anesthesiolog 1500 E. Medical CtrCenter D				м м 02	/	20		/ Y	y y 2012	Y	
City	State	Zip Code		Trans	acti	on ID :	: C10	602857	7		
Ann Arbor	MI	48109	A	Transaction ID : C1602857 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.0						0.00		
Name of Employer University of Michigan	Occupation Anesthesiolog	nist									
Receipt For:		ear-to-Date ▼									
Primary General	riggroguto ri										
Other (specify) ▼		250.00									
Full Name (Last, First, Middle Initial) C. Samuel E. Talsma M.D.				Date of	f Re	ceipt					
Mailing Address 2110 Dorset Rd.				м м 02	/	D 08		/ Y	y y 2012	Y	
City	State	Zip Code		Trans	sacti	ion ID	: C1	59902	7		
Ann Arbor	MI	48104	A	moun	t of	Each I	Rece	eipt thi	s Perio	d	
FEC ID number of contributing federal political committee.	С					3		7	50	0.00	
Name of Employer	Occupation										
anesthesia assoc of ann arbor	physician										
Receipt For:	Aggregate Y	ear-to-Date <b>V</b>									
Primary General		500.00									
Other (specify)		500.00									
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PAGE 135 OF

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	y information copied from such Reports and for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)												
$\Big)$	American Society of Anesthesi	iologists P	olitical Action Committ	ee									
Α.	Full Name (Last, First, Middle Initial) Kenneth D. Taraszka M.D.				Date of	Re	eceipt	_	_	_		_	
	Mailing Address 14255 Rebecca Court				м м 02	/	D 2		/ Y		Y 12	Y	
	City	State	Zip Code		Trans	acti	ion ID	: C	161538				
	Largo	FL	33774-5104	/	Amount	t of	Each	Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7		250.	00	
	Name of Employer	Occupation											
	Self Receipt For:	Anesthesio	-										
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)	L	250.00	4									
в.	Full Name (Last, First, Middle Initial) Donald R. Tatum Jr., M.D.				Date of	Re	eceipt						
	Mailing Address 770 Brookwood Walke				м м 02	/	2		/ Y	20	12	Y	
	City	State	Zip Code		Transaction ID : C1605138								
	Bloomfield Hills	MI	48304		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	ě l					7		7		500.	00	
	Name of Employer South Oakland Anesthesia Associates	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
с.	Full Name (Last, First, Middle Initial) Gary D. Thal M.D.				Date of	Re	eceipt						
	Mailing Address 303 3rd St Unit 709				м м 02	/	0		/ Y	y 20	ү 12	Y	
	City	State	Zip Code		Trans	acti	ion ID	: 0	159561	2			
	Cambridge	MA	02142	/	Amount	t of	Each	Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7		500	00	
	Name of Employer	Occupation											
	Self	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		500.00	11.									
	Other (specify)		500.00										
s	UBTOTAL of Receipts This Page (optional)						7		7		1250.	00	
Т	OTAL This Period (last page this line numbe	r only)	)				,		,				

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PAGE 136 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	and Statements may not be sold or used by any ping the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of AnestI	nesiologists Political Action Commit	tee
Full Name (Last, First, Middle Initial)         A.         Shelly L.         Mailing Address         1315 Bull Creek Ln         City         Collierville         FEC ID number of contributing federal political committee.         Name of Employer         Medical Anesthesia Grp         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       38017         C       Occupation         Anesthesiologist       Aggregate Year-to-Date ▼         250.00       250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Leslie C. Thomas M.D.         Mailing Address 2405 Chester St		Date of Receipt
City Metairie FEC ID number of contributing federal political committee. Name of Employer	State Zip Code LA 70001-3029	02     22     2012       Transaction ID : C1615384       Amount of Each Receipt this Period       250.00
Ochsner Hospital Receipt For: Primary General Other (specify) ▼	anesthesiologist Aggregate Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial)         Mack A. Thomas M.D.         Mailing Address 244 Beverly Dr.         City         Metairie         FEC ID number of contributing federal political committee.         Name of Employer         Ochsner Health Systems         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       LA     70001       C       Occupation       Physician       Aggregate Year-to-Date ▼       500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optio	nal)	► 1000.00
TOTAL This Period (last page this line nu	umber only)	

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PAGE 137 OF

			Detailed Summary Page	X	11a		]11b	)	11c		12	
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	y information copied from such Reports and s for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
$\Big/$	American Society of Anesthesi	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Kyle Thompson M.D.			[	Date of	Re	eceipt	ot				
	Mailing Address 333 W Hampden Ave #600				м м 02	/		D 29	/ Y	ү 20	)12	Y
	City	State	Zip Code		Trans	acti	ion I	ID : C'	160621	9		
	Englewood	CO	80110	A	mount	of	Each	h Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		Ţ		83.	30
	Name of Employer	Occupation										
	South Denver Anesthesiology, P.C.	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		291.60									
В.	Full Name (Last, First, Middle Initial) Surya R. Thota M.D.	I			Date of	Re	eceipt	ot				
	Mailing Address 1 Hurley Plz			02 23						ү 20	ү 12	Y
	City	State	Zip Code		Trans	acti	ion II	D : C1	60422	5		
	Flint	MI	48503	A	Mount	of	Each	h Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С		, , , , , , , , , , , , , , , , , , , ,								
	Name of Employer Hurley Medical Center Anes. Dept.	Occupation physician										
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		250.00									
C.	Full Name (Last, First, Middle Initial) Jeffrey C. Thue M.D.				Date of	Re	eceipt	ot				
	Mailing Address 120 33rd Street				м м 02	/		р 15	/ Y		ү 12	Y
	City	State	Zip Code		Trans	acti	ion I	ID : C'	160276	62		
	Manhattan Beach	CA	90266	A	Amount	of	Each	h Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	7		y	_	1000	00
	Name of Employer	Occupation										
	Self	PHYSICIAN	١									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General		1000.00	11								
	Other (specify)		1000.00									
s	UBTOTAL of Receipts This Page (optional)						9		7		1333.:	30
Т	OTAL This Period (last page this line number	only)					7		7			

FOR LINE NUMBER:

PAGE 138 OF

	ZED RECEIPTS		Use separate schedule(s) for each category of the	(ch	eck onl	y on	ne)				
			Detailed Summary Page		11a 13		11b	11c	12		17
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	E OF COMMITTEE (In Full) erican Society of Anesthes	iologists P	olitical Action Committ	ee							
A. Ber	Name (Last, First, Middle Initial) njamin Tibbals M.D.				Date of	f Re	ceipt				
	ng Address 2771 Hemlock St Ste 100				м м 02	/	08	/ Y	Y 2012		
City Bren	nerton	State WA	Zip Code 98310				ion ID : ( Each Re			iod	
	ID number of contributing al political committee.	С					7	7	5	500.0	0
	e of Employer son Health Partners	Occupation Anesthesiol									
	ipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	]							
	Name (Last, First, Middle Initial) niel A Tolpin M.D.	1			Date of	f Re	ceint				
	ng Address 4904 Florence St				02		26	/ Y	2012		1
City Bella	ire	State TX	Zip Code 77401			on ID : ( Each Re		9		-	
	ID number of contributing al political committee.	С					7	7	2	250.0	0
	e of Employer r College of Medicine Anesthesiol	Occupation Anesthesiol									
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
	Name (Last, First, Middle Initial) th Ann A. Traylor M.D.				Date of	f Re	ceipt				
Mailir	ng Address 5303 James Ct				м м 02	/	D D 21	/ Y	2012		1
City Carr	nel	State IN	Zip Code 46033-9158		Trans		ion ID : ( Each Re		86		-
	ID number of contributing al political committee.	С					3			250.0	0
	e of Employer	Occupation									
	-EMPLOYED ipt For:	ANESTHES									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	.00							
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PAGE 139 OF

163

ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. John N. Trobaugh M.D.		Date of Receipt
Mailing Address 1050 Borghese Ln Apt 1706		02 21 2012
City Naples	State Zip Code FL 34114-7930	Transaction ID : C1615396
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Physicians Regional Medical Center	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) B. Christopher I. Trojan M.D.		Date of Receipt
Mailing Address 170 Sachem Way		02 22 2012
City Rochester	State Zip Code NY 14617-2933	Transaction ID : C1615395
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer WESTSIDE ANES ASSOC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Craig A. Troop M.D.	1	Date of Receipt
Mailing Address 4701 Augusta Dr		02 21 2012
City Frisco	StateZip CodeTX75034-6839	Transaction ID : C1615389 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Pinnacle Anesthesia Consultant	ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

FOR LINE NUMBER:

PAGE 140 OF

163

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Society of Anesthes	iologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) <b>A.</b> Kenneth J. Tuman M.D.			Date of Receipt
Mailing Address 1325 Hackberry Ln			M = M / D = D / Y = Y = Y = Y 02 03 2012
City	State	Zip Code	Transaction ID : C1595081
Winnetka	IL	60093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	
Rush University Medical Center	physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	]
Full Name (Last, First, Middle Initial) B. James F. Van Dam M.D.			Data of Dessirat
Mailing Address 3333 Evergreen Dr., N.E.			Date of Receipt
Maning / Refeet 5555 Evergreen DL, N.E.			02 09 2012
City	State	Zip Code	Transaction ID : C1601776
Grand Rapids	MI	49525-9756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Anesthesia Medical Consultants	Occupation	1	
Receipt For:	Anesthesio	-	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		, 500.00	
Full Name (Last, First, Middle Initial) C. Oscar Vega Jr., M.D.			Date of Receipt
Mailing Address 1600 Medical Center St., #2	214		M M / D D / Y Y Y Y Y 02 22 _2012 _
City	State	Zip Code	Transaction ID : C1615394
El Paso	TX	79902-5008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Self-Employed	ANESTHE	SIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		250.00	]
SUBTOTAL of Receipts This Page (optional)			1250.00
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PAGE 141 OF

			Detailed Summary Page		11a 13		11b	11c		12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions	-
	NAME OF COMMITTEE (In Full)								1 00			-
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee								
A.	Full Name (Last, First, Middle Initial) Thomas E. Verdone M.D.				Date of	Re	eceipt					
	Mailing Address 27 Crystal Ridge Rd				м м 02	/	D D 28	/ Y	Y 20	)12	Y	
	City South Glastonbury	State CT	Zip Code 06073-3545					C161539				
	FEC ID number of contributing		00073 3343		Amount	to t	Each R	eceipt th	is P	eriod	_	
	federal political committee.	С				-	7	7	_	250.	00	
	Name of Employer	Occupation										
	Milford Anesthesia associates Receipt For:	Physician										
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)	L	250.00									
в.	Full Name (Last, First, Middle Initial) Prem K. Vindhya M.D.				Date of	Re	eceipt					
	Mailing Address 6409 San Mateo Ln				м м 02	/	D D 14	/ Y	20	12	Y	
	City	State	Zip Code			acti		C161545				
	Odessa	ТХ	79762-5215		Amount	of	Each R	eceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				_	,	7		250.	00	
	Name of Employer Surgery Center Texas	Occupation ANESTHES										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
С.	Full Name (Last, First, Middle Initial) Mark E. Vukalcic M.D.				Date of	Re	eceipt					
	Mailing Address 2500 Alhambra Ave				м м 02	/	D D 08	/ Y		) 12	Y	
	City Martinez	State CA	Zip Code 94553					C159856				
			34000		Amount	of	Each R	eceipt th	is P	eriod	_	
	FEC ID number of contributing federal political committee.	С					7	7	_	250	00	
	Name of Employer	Occupation										
	Contra Costa Regional Med. Center Receipt For:	Anesthesio	-									
	Primary General	Aggregate	Year-to-Date ▼	1								
	Other (specify)	L	250.00									
s	UBTOTAL of Receipts This Page (optional)						,	- 7		750.	00	
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PAGE 142 OF

163

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any po the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	ee
Full Name (Last, First, Middle Initial)           Adam B. Waldman M.D.           Mailing Address 7200 Meeker Creek Drive		Date of Receipt
City	State Zip Code OH 45414	02 22 2012 Transaction ID : C1615464
Dayton FEC ID number of contributing federal political committee.	OH 45414	Amount of Each Receipt this Period
Name of Employer Information Requested Receipt For: Primary General Other (specify)	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Joseph A Walker III, M.D. Mailing Address 2711 Silver Creek Dr		Date of Receipt
City Bloomington FEC ID number of contributing federal political committee.	State Zip Code IN 47401	02     26     2012       Transaction ID : C1604517       Amount of Each Receipt this Period       500.00
Name of Employer Bloomington Anesthesiologists, PC	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Wayne Walker M.D.		Date of Receipt
Mailing Address 1200 B. Gale Wilson Blvd.		02 29 2012
City Fairfield	StateZip CodeCA94533	Transaction ID : C1615465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NorthBay Medical Center Department of         Receipt For:         Primary       General         Other (specify) ▼	anesthesiologist       Aggregate Year-to-Date ▼       250.00	
	er only)	1000.00

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PAGE 143 OF

163

TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12			
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NAME OF COMMITTEE (In Full)												
American Society of Anesthes	iologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Aimee Walsh M.D.				Date of	Re	ceipt						
Mailing Address 1340 Sledge Dr				м м 02	/	28	/ Y		) 12	Y		
City Mobile	State AL	Zip Code 36606-3021					C16065					
		50000-5021		Amount	of	Each R	eceipt th	nis Pe	eriod			
FEC ID number of contributing federal political committee.	С				_	7			500.	00		
Name of Employer	Occupation	l										
Metro Anesthesia and Pain Services, PC	Medical Do	ctor										
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify)		500.00										
Full Name (Last, First, Middle Initial) B. Charles A. Weinheimer M.D.				Date of	Re	ceipt						
Mailing Address 332 N Civitas St				M M 02	/	27	/ Y	201	Y 12	Y		
City	State	Zip Code			acti		C161546		12			
Mt Pleasant	SC	29464-2796		Amount	of	Each R	eceipt th	nis Pe	eriod			
FEC ID number of contributing federal political committee.	С					,	250.00					
Name of Employer Self	Occupation Anesthesio											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
Full Name (Last, First, Middle Initial) C. Blake E. Wendelburg M.D., Ph.I	) )			Date of	Re	ceipt						
Mailing Address 7326 Oakview				м м 02	/	02	/ Y	20 <sup>2</sup>	ү 12	Y		
City	State	Zip Code		Trans	acti	ion ID :	C15950	74				
Shawnee	KS	66216	_	Amount	of	Each R	eceipt th	nis Pe	eriod			
FEC ID number of contributing federal political committee.	С					,			500.	00		
Name of Employer	Occupation	1										
Midwest Anesthesia Associates, P.A.	Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		500.00										
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PAGE 144 OF

17			Use separate schedule(s)	(cł	neck only	or or	ie)							
			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12					
			y not be sold or used by any po											
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$\rangle$		logists Po	olitical Action Committe	ee										
A.					Date of	Re	ceipt							
	Mailing Address 13739 Foxdale Lake Drive					/		D / Y		Y				
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	Carmel	IN	46032-8558	_	Amount	of	Each F	Receipt th	is Period					
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	Name of Employer	Occupation												
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	City		Zip Code		Transa	acti	on ID :	C161540	2012 1615400 2250.00 250.00 250.00 250.00 250.00 250.00					
	Tulsa	OK	74133-6770	_	Amount	of	Each F	Receipt th	is Period					
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	Mailing Address 3049 Hawks Glen					/				Y				
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		FL	32312	_	Amount	of	Each F	Receipt th	is Period					
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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 145 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c 15		r	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitin	g contr	ributio	ons
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
<b>A</b> .	Full Name (Last, First, Middle Initial) Brooke H. Williams M.D. Mailing Address 4944 W San Rafael St				Date c		eceipt		201		7
	City Tampa	State FL	Zip Code 33629-5404	_				C16154 Receipt tl		riod	
	FEC ID number of contributing federal political committee.	С					7		:	500.0	0
	Name of Employer         Florida Gulf to Bay Anesthesiology         Receipt For:         Primary       General         Other (specify) ▼	Occupation Anesthesiol Aggregate									
в.	Full Name (Last, First, Middle Initial) Courtney G. Williams M.D. Mailing Address 300 Lago Vista St			_	Date c	of Re	D I		Y	Y Y	7
	City Kemah	State TX	Zip Code 77565-2177	_				C16154 Receipt th			
	FEC ID number of contributing federal political committee.	С					<u>л</u>	9	2	250.0	0
	Name of Employer Univ of Texas Medical Branch - Galvest	Occupation PHYSICIAN									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) David C. Williamson M.D.				Date c	of Re	eceipt				
	Mailing Address 318 Wilshire Pl				02	/	24		2012		
	City Corpus Christi	State TX	Zip Code 78411-1622	_				C16154 Receipt th		riod	
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	Name of Employer	Occupation									
	Gulf Shore Anesthesiology Associates	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 146 OF

			Detailed Summary Page		11a 13	╞	11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	f soliciting	g con	tribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio										
A.	Full Name (Last, First, Middle Initial) Thomas A. Witkowski M.D.			[	Date of	Re	eceipt				
	Mailing Address 204 Suffolk Rd				м м 02	/	28		ү 20	ү 12	Y
	City Flourtown	State PA	Zip Code 19031-2118					<b>C16065</b> 2 Receipt th	24		
	FEC ID number of contributing federal political committee.	С					7			1000.	00
	Name of Employer Thomas Jefferson Univ	Occupation ANESTHES	BIOLOGIST								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
В.	Full Name (Last, First, Middle Initial) Brian F. Witte D.O.				Date of	Re	eceipt				
	Mailing Address 9640 Towering Oaks Curve				м м 02	/	08		201	ү 12	Y
	City Prior Lake	State MN	Zip Code 55372	<i>F</i>				C159856 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,	7		1000.	00
	Name of Employer South Valley Anesthesia, PA	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
c.	Full Name (Last, First, Middle Initial) Stephen Yeich M.D.				Date of	Re	eceipt				
	Mailing Address 3048 SW 89th St Ste A				м м 02	/	22		20 <sup>°</sup>	ү 12	Y
	City Oklahoma City	State OK	Zip Code 73159-6359					<b>C16154</b> Receipt th		eriod	_
	FEC ID number of contributing federal political committee.	С					,	7	_	500.	00
	Name of Employer	Occupation PHYSICIAN									
	SELF-EMPLOYED Receipt For: Primary General		v Year-to-Date ▼								
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# SCHEDULE A (FEC Form 3X)

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PAGE 147 OF

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angle American Society of Ar	esthesiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Init <b>A.</b> Margaret Ann Yoakum-Pyle			Dat	e of F	Receipt			
Mailing Address 6354 Locust St				M	/ D		2012	Y
City	State	Zip Code		)2 ansao	28 ction ID	, : C160652	2012 27	
Shawnee Mission	KS	66218-9065	Am	ount c	of Each I	Receipt th	is Period	ł
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Name of Employer	Occupation	1						
Anesthesiology Chartered	anesthesiol	ogist						
Receipt For:	Aggregate	Year-to-Date ▼	_					
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Full Name (Last, First, Middle Init B. Daniel J. Yousif M.D.	ial)		Dat	e of F	Receipt			
Mailing Address 67 Marywood Tra	il			)2	/ 06		2012	Y
City	State IL	Zip Code				C159585		
Wheaton		60187-8181	Am	ount c	of Each I	Receipt th	ils Period	1
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Name of Employer Elmhurst Anesthesiologists	Occupation PHYSICIAN							
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 148 OF

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	ny information copied from such Reports and for commercial purposes, other than using				or the	purpo	ose of	soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee						
Α.					Date o	f Rec	eipt			
	Mailing Address 8220 Crestwood Heights D	r Apt 1712			м м 02	/	D 08		2012	Y
	City McLean	State VA	Zip Code 22102-3141					C15990		d
	FEC ID number of contributing federal political committee.	C				,		7	25	0.00
	Name of Employer Holly Cross Anesthesiology Associates	Occupation Anesthesio								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
в.	Full Name (Last, First, Middle Initial) Leonard A. Zalik M.D.				Date o	f Rec	eipt			
	Mailing Address 1341 S Indiana Ave Unit D				м м 02	/	21	) / Y	2012	Y
	City Chicago	State IL	Zip Code 60605-2638					C161547 Receipt th		d
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	Name of Employer Hinsdale Hospital	Occupation ANESTHES								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
<u>с</u> .	Full Name (Last, First, Middle Initial) John F. Zeiger M.D.				Date o	f Rec	eipt			
	Mailing Address 10705 Monte Vista Ct.				м м 02	/	29		2012	Y
	City Fort Wayne	State IN	Zip Code 46804					<b>C16154</b> Receipt th		d
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	Name of Employer	Occupation	1							
	Associated Anesthesiologists of FW	Physician								
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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PAGE 149 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	17
Any information copied from such Reports ar or for commercial purposes, other than using				or the		pose of	solicitin	g contribu	utions
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) Sara M. Zion M.D.				Date o		· ·			
Mailing Address 24 Sycamore St	State	Zip Code		02 <b>T</b>		14	JL	2012	Y
Bronxville	NY	10708-1811				ion ID : Each B		his Period	4
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Full Name (Last, First, Middle Initial) B. Andrew M. Zurick M.D.				Date o	f Re	eceipt			
Mailing Address 8621 Witney Ave NW				м м 02	1	27	/ Y	2012	Y
City North Canton	State OH	Zip Code 44720-9559				<b>on ID :</b> Each R		<b>10</b> his Period	d
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SC	CHEDULE B (FEC Form 3X)		F	OR	LINE	NUM	BFR	:			PAG	GE 1	50 O	F 163
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$\backslash$	NAME OF COMMITTEE (In Full)		_											
	American Society of Anesthesiolog	jists Political Action	Con	۱m	ittee	•								
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	American Society of Anesthesiolog	jists Po	litical Action	Corr	۱m	ittee	è								
Α.	Full Name (Last, First, Middle Initial) ANDY BARR FOR CONGRESS, II	NC						Date o	f Dis	sburse	eme	ent			
	Mailing Address PO BOX 2059							м м 02	/	2	28	/		у 012	Y
	City	State	Zip Code					<b>T</b>				40545			
	Lexington	KY	40588					Trans	acti		U:U	012545			
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В.	Full Name (Last, First, Middle Initial) FRIENDS OF CHERI BUSTOS							Date o	f Dis	sburse	eme	ent			
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C.	Full Name (Last, First, Middle Initial) COLLINS FOR CONGRESS							Date o	f Dis	sburse	eme	ent			
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$\mathbb{N}$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesiolog	jists Poli	itical Action	Com	าทา	ittee							
Α.	Full Name (Last, First, Middle Initial) COMMITTEE FOR HISPANIC CAUSES/BUILDING (CHC BOLD PAC)	OUR LEAD	ERSHIP DIVERSI	TY PA	٩C		Date o	f Dis	sburse		-	YY	Y
	Mailing Address PO BOX 70980						02			5	Ľ	2012	
	City Washington	State DC	Zip Code 20024				Trans	acti	ion ID	: D1	25229		
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	Peoria	State IL	Zip Code 61612				Trans	sacti	ion ID	: D1	25379		
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C.	Full Name (Last, First, Middle Initial) JIM PENDERGRAPH FOR CONG	RESS C	CAMPAIGN				Date o	f Dis	sburse	emen	t		
	Mailing Address 658 GRIFFITH RD SUITE 103						м м 02	/	2	8	/ Y	2012	Y
	City Starlotte	State NC	Zip Code 28217				Trans	sacti	ion ID	: D1	25453		
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American Society of A	Anesthesiolog	jists Po	litical Action	Corr	nmi	ttee						
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A. MCGOFF FOR CONC	JRESS								D		Y Y	Y
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Indianapolis Purpose of Disbursement			46244									
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B. LEAD YOUR NATION	NOW PAC	(LYNN	PAC)				Date o	_				
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Mailing Address 46-001 KAMEH	IAMEHA HWY						02		15	5	2012	
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	Mailing Address 320 FIRST STREET SE							02	Í	C	)1	/ 1		012	Ť	
	Washington	State DC	Zip Code 20003					Trans	sacti	ion ID	):	D12500	0			
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в.	NUNNELEE FOR CONGRESS						_	ate o	_	sburse			V	Y	V	
	Mailing Address 438 EAST MAIN ST							02	Í		01	7 4		012	Ť	
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0.	ANNA ESHOO FOR CONGRESS							M M	/	D			Y	Y	Y	
	Mailing Address 555 Capitol Mall, Suite 1425							02		2	28		2	012		
	Sacramento	State CA	Zip Code 95814					Trans	sact	ion ID	<b>)</b> :	D12545	2			
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$\left[ \right]$	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesiolog	jists Po	litical Action	Corr	nmi	ittee							
Α.	Full Name (Last, First, Middle Initial) AUSTIN SCOTT FOR CONGRESS	S INC					Date of	of Dis	sburse	ement			
	Mailing Address PO BOX 2530					_	02	/	D 1	5		) 12	Y
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	Senate President	Primary Other (sp	General										
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В.	Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS						Date of						
	Mailing Address P.O. Box 14131						02		D	)1		)12	Ŷ
	St. Paul	State MN	Zip Code 55114				Tran	sact	ion ID	) : D12501	4		
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	State:         MN         District:         04           Full Name (Last, First, Middle Initial)												
C.	DAVID SCOTT FOR CONGRESS						Date o		sburse		( Y	Y	Y
	Mailing Address P.O. BOX 960821						02		2	8	_20	12	
	RIVERDALE	State GA	Zip Code 30296				Tran	sact	ion ID	: D1254	54		
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	American Society of Anesthesiolog	gists Po	litical Action	Com	nmit	tee						
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS ROSS						Date of	f Disb				
	Mailing Address PO BOX 7310						02	/	22		2012	Y
	LAKELAND	State FL	Zip Code 33807				Trans	actio	n ID	: D12538	2	
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в.	Full Name (Last, First, Middle Initial) FRIENDS OF JEB HENSARLING						Date of	f Disb	D	D / Y	2012	Y
	Mailing Address PO Box 820504	Ctoto	Zin Codo				02		30	8	2012	
	City Dallas Purpose of Disbursement	State TX	Zip Code 75382				Trans	sactio	n ID	: D12514	2	
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$\land$	NAME OF COMMITTEE (In Full)																
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Α.	Full Name (Last, First, Middle Initial) JO BONNER FOR CONGRESS C	OMMIT	TEE	Date of Disbursement													
	Mailing Address P.O.Box 851232						02 22 2012										
	Mobile	State AL	Zip Code 36685		Transaction ID : D125383												
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В.	FRIENDS OF JOE BACA						Date of Disbursement										
	Mailing Address 555 Capitol Mall Suite 1425						02 22 2012										
	City Sacramento	State CA	Zip Code 95814				Trar	sact	tion IE	D : D1	2538	80					
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ITEMIZED DISBURSEMENTS       Use separate schedule(s) br deak category of the commercial purpose, other than using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)       American Society of Anesthesiologists Political Action Committee         A. BUCSHON FOR CONGRESS       Date of Disbursement         Mailing Address PO Box 250       Date of Disbursement         City       State       Zip Code         Newburgh       IN       47629         Purpose of Disbursement       Other (specify) ▼         2012 General Contribution       011         Candidate Name       Disbursement For: 2012         Purpose of Disbursement       Disbursement For: 2012         Purpose of Disbursement       Other (specify) ▼         State       IV Code         Mailing Address       1212 Code         Mailing Address       Disbursement For: 2012         Purpose of Disbursement       Other (specify) ▼         B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ       Date of Disbursement this Period         Mailing Address       1212 Nictory Bivd.       City         Burges in the president       Disbursement For: 2012       Transaction ID : D125139         Mount of Each Disburseme	S	CHEDULE B (FEC Form 3X)			F	OR	LIN		JMBER	:			PA	GE	158 (	OF 163					
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ar for commercial puppese, 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. BUCSHON FOR CONGRESS Mailing Address PO Box 250 City Newburgh Name (Last, First, Middle Initial) Candidate Name Rep. Lary Bucshon City State: N Bite: N District: Dested Disbursement Disbu						-				×		-		-		26 30b					
American Society of Anesthesiologists Political Action Committee         Full Name (Last, First, Middle Initial)         A. BUCSHON FOR CONGRESS         Mailing Address PO Box 250         City         State:       IN         Additional Contribution         Condition Name         Rep. Larry Bucshon         Office Sought:       House         Perpose of Disbursement         State:       IN         Disbursement       Conditione Name         Rep. Larry Bucshon       Other (specify)         Office Sought:       House         Perpose of Disbursement       Disbursement For: 2012         Office Sought:       House         Perpose of Disbursement       Conditione Name         Common Conditione Name       Code         Perpose of Disbursement       Code         Subtrot:       Code         Purpose of Disbursement       Code         Office Sought:       House         Perpose of Disbursement       Code         Office Sought:       House         Prepose of Disbursement       Code         Office Sought:       House         Prepose of Disbursement       Code         Office Sought:       House		for commercial purposes, other than using the nar																			
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A. BUCSHON FOR CONGRESS       Date of Diabursement         Mailing Address PO Box 250       0/2 / 22 / 2012         City       State       Zip Code         Newburgh       IN       47629         Purpose of Diabursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         State:       N         Poil Name (Last, First, Middle Initial)       Disbursement         B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ       Date of Diabursement         Mailing Address       1212 S. Victory Blvd.         City       State       Zip Code         BurdBank       CA       91502         Purpose of Diabursement       011       Category/ Type         Office Sought:       Y House       Disbursement For: 2012         BurdBank       CA       91502         Purpose of Diabursement       011       Category/ Type         Office Sought:       Y House       Disbursement For: 2012       Category/ Type         Office Sought:       Y House       Disbursement For: 2012       Category/ Type       Category/ Type         Office Sought:       Y House       Disbursement For: 2012       Category/ Type       Category/ Type	Ź	,	jists Po	litical Action	Com	nm	itte	ee													
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212 General Contribution       011 Category/ Type       Amount of Each Disbursement this Period         Category/ Office Sought:       House Senate       Disbursement For: 2012 Senate       Office Sought:       House Senate       Disbursement For: 2012 Office Sought:       Date of Disbursement         Full Name (Last, First, Middle Initial)       B.       COMMITTEE TO RE-ELECT LORETTA SANCHEZ       Date of Disbursement         Mailing Address 1212 S. Victory Blvd.       011 Category/ BURBANK       CA       91502         Purpose of Disbursement 2012 Primary Contribution       011 Category/ Type       Namount of Each Disbursement this Period         Candidate Name Rep. Loretta Sanchez       Disbursement For: 2012 Office Sought:       Disbursement For: 2012 Primary Onthousion       Other (specify) ▼         State:       CA       Disbursement For: 2012 Other (specify) ▼       Date of Disbursement this Period         State:       CA       Disbursement For: 2012 Other (specify) ▼       Date of Disbursement         State:       CA       Disbursement For: 2012 Other (specify) ▼       Date of Disbursement         City       State       Zip Code Namet Category/ Type       Transaction ID : D125149         Anount of Each Disbursement this Period       Disbursement For: 2012 Other (specify) ▼       Other (specify) ▼         City       Senate Namet Category/ Rep. Martin Stutzman       Disbursement For: 2		0	lin	47629																	
Rep. Larry Bucshon       Calegory/ Type       1000.00         Office Sought:       House President       Disbursement For: 2012 Other (specify)       General         State:       IN       District: 08       Date of Disbursement         Mailing Address       1212 S. Victory Bivd.       Date of Disbursement         City       State:       Zip Code         BURBANK       CA       91502         Purpose of Disbursement       Other (specify)         Z012 Primary Contribution       Other (specify)         Category/ Rep. Loretta Sanchez       Disbursement For: 2012 Senate       Other (specify)         Full Name (Last, First, Middle Initial)       Disbursement for: 2012 Senate       President         Full Name (Last, First, Middle Initial)       C       State:       2/ 08 / 2012         City       State:       Zip Code       Mailing Address 0250 W 600 N       Date of Disbursement         City       State       Zip Code       N       46746         Purpose of Disbursement       Other (specify)       Transaction ID : D125140         Amount of Each Disbursement       Other (specify)       Transaction ID : D125140         Mailing Address 0250 W 600 N       Other (specify)       Transaction ID : D125140         Amount of Each Disbursement this Period					0	)11			Amount of Each Disbursement this Period												
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State:       IN       District:       03         State:       IN       District:       04         Pull Name (Last, First, Middle Initial)       B.       COMMITTEE TO RE-ELECT LORETTA SANCHEZ       Date of Disbursement         Mailing Address       1212 S. Victory Blvd.       02       08       2012         City       State:       Zip Code       91502       Transaction ID : D125139         Purpose of Disbursement       011       Category/ Type       Amount of Each Disbursement this Period         Candidate Name       Category/ Rep. Loretta Sanchez       Disbursement For: 2012       General         Office Sought:       Fourse of Disbursement       Disbursement For: 2012       Date of Disbursement         State:       CA       91502       Transaction ID : D125139         Amount of Each Disbursement       Other (specify)        Amount of Each Disbursement         State:       CA       91502       Transaction ID : D125140          Mailing Address 0250 W 600 N       011       Category/ Type       Transaction ID : D125140         Mailing Address 0250 W 600 N       011       Category/ Type       1000.00         Office Sought:       House Senate       Disbursement For: 2012 Other (specify)       General       011       Mount of Eac			ment For:	2012	Ľ	ype	•	_		-	7		- 7								
State:       IN       District:       03         Full Name (Last, First, Middle Infilial)       Date of Disbursement         B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ       Date of Disbursement         Mailing Address       1212 S. Victory Blvd.       02       08       2012         City       State       Zip Code       91502       Transaction ID: D125139         Purpose of Disbursement       011       Category/       7       2000         Office Sought:       House       Disbursement For: 2012       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For: 2012       Cother (specify)       State       Zip Code         Mailing Address 0250 W 600 N       Disbursement For: 2012       Date of Disbursement       Date of Disbursement         City       State       Zip Code       IN       46746       Amount of Each Disbursement this Period         City       State       Zip Code       IN       46746       Amount of Each Disbursement this Period         Candidate Name       Disbursement For: 2012       Primary       General       011       Category/       7       2012         City       State       Zip Code       IN       46746       Amount of Each Disbursement this Period																					
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B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ       Date of Disbursement         Mailing Address 1212 S. Victory Blvd.       02 ' 08 ' 2012         City       State       Zip Code         BURBANK       CA 91502         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       Disbursement For: 2012         Office Sought:       House         President       Other (specify)         State:       CA         Disbursement       Other (specify)         Value       Disbursement For: 2012         President       Other (specify)         State:       CA         Mailing Address 0250 W 600 N       In         City       State         Purpose of Disbursement       011         2012 Primary Contribution       011         Candidate Name       011         Candidate Name       011         City       State       Zip Code         Mailing Address 0250 W 600 N       In         City Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Category/       1000.00         Office Sought:       House																					
Mailing Address       1212 S. Victory Blvd.         City       State       Zip Code         BURBANK       CA       91502         Purpose of Disbursement       011         Cardidate Name       Category/         Rep. Loretta Sanchez       Disbursement For: 2012         Office Sought:       House         State:       CA         Disbursement For:       2012         Office Sought:       President         State:       CA         Disbursement For:       2012         Other (specify)          Full Name (Last, First, Middle Initial)       C         C. STUTZMAN FOR CONGRESS       Date of Disbursement         Mailing Address       0250 W 600 N         City       State       Zip Code         Howe       IN       46746         Purpose of Disbursement       011         2012 Primary Contribution       011         Candidate Name       Disbursement For:       2012         City       House       Disbursement For:       2012         Office Sought:       House       Disbursement For:       2012         Office Sought:       House       Disbursement For:       2012         Off	R								Date o	f Die	churce	amo	nt								
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)			_											
	American Society of Anesthesiolog	gists Po	litical Action	Com	mitt	ee									
Α.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONG	RESS					Date o	f Disb	ourser	ment					
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-	Full Name (Last, First, Middle Initial)														
в.	PAUL BROUN COMMITTEE						Date o								
	Mailing Address P.O. Box 1512						02 / 15 / Y Y Y Y 2012								
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$\setminus$	NAME OF COMMITTEE (In Full)															
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Α.	Full Name (Last, First, Middle Initial) REYES COMMITTEE, INC., THE						Date o	f Dis	burse	ment						
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Α.	Full Name (Last, First, Middle Initial) TED DEUTCH FOR CONGRESS (	СОММІ		Date c	of Di	sburs	en	nent											
	Mailing Address 1050 17TH ST, NW, STE 590			02 / D D / Y Y Y Y 02 15 2012															
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	Mailing Address 1910 21ST AVENUE SOUTH								02 / D D / Y Y Y Y 02 15 2012										
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	Mailing Address 236 MASSACHUSETTS AVE SUIT	ITE 110							02 / D D / Y Y Y Y 2012									
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	Candidate Name Sen. Kirsten Gillibrand			Cate	egoi ype	ry/	Г							250	0.00			
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General		ype					3								
в.	State:       NY       District:       00         Full Name (Last, First, Middle Initial)       COTTON FOR CONGRESS							te o	_	sburs		_	Y Y	Y	Y			
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ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		heck	only o 21b 27		× 23 28	L	24 28c	25 29	26 30b					
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	NAME OF COMMITTEE (In Full) American Society of Anesthesiolog	ists Political Action	Com	mi	ttee											
Α.	Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS Mailing Address 38 Risley Road				Date of Disbursement											
	Vernon	State Zip Code CT 06066				Trans	saction	ID :	D12675	6						
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