



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		1770455.33
(b) Cash on Hand at Beginning of Reporting Period.....	1796857.48	
(c) Total Receipts (from Line 19) .....	221405.50	289685.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: 02 / 01 / 2012 To: 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 Totals to Line 33, page 5) .....	221405.50	289685.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	221405.50	289685.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	221405.50	289685.28

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	221405.50	289685.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	221405.50	289685.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1926.21	3303.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1926.21	3303.84

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

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

FOR LINE NUMBER: PAGE 6 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Bruce J. Aistrup M.D.**

Mailing Address 10907 W 120th Ter

City Overland Park      State KS      Zip Code 66213

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

Name of Employer midwest anesthesia      Occupation anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 02 / 09 / 2012  
**Transaction ID : C1598672**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. A. Nisar Akbar M.D.**

Mailing Address 10140 N Vintage Ct

City Mequon      State WI      Zip Code 53092-6194

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 28 / 2012  
**Transaction ID : C1614996**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Eric J. Albrecht M.D.**

Mailing Address 938 Hanover Ave.

City Norfolk      State VA      Zip Code 23508

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

Name of Employer Atlantic Anesthesia, Inc.      Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 01 / 2012  
**Transaction ID : C1596517**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gray L. Allen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Camino Arco Iris  
 City Madrid State NM Zip Code 87010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Veterans Administration Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : C1595608**  
 Amount of Each Receipt this Period  
 500.00

**B. Rakesh T. Anand M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 Essex St.  
 City Kinston State NC Zip Code 28501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615134**  
 Amount of Each Receipt this Period  
 500.00

**C. Sanjay Anand M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Coventry Woods Dr  
 City Arden State NC Zip Code 28704-9583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599049**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Joe Anderson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 NW 14th Ave., Suite #300  
 City Portland State OR Zip Code 97209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Anesth GrP Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2012  
**Transaction ID : C1596592**  
 Amount of Each Receipt this Period 500.00

**B. Joe Anderson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 NW 14th Ave., Suite #300  
 City Portland State OR Zip Code 97209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Anesth GrP Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 29 / 2012  
**Transaction ID : C1613290**  
 Amount of Each Receipt this Period 500.00

**C. John Jeffrey Andrews M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7703 Floyd Curl Dr  
 Anes Dept, MS 7838  
 City San Antonio State TX Zip Code 78229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Health Science Cen Occupation R. Brian Smith Endowed Professor and C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2012  
**Transaction ID : C1595260**  
 Amount of Each Receipt this Period 500.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Alan I. Angel M.D.**

Mailing Address 7240 MacKenzie Ln.

City State Zip Code  
 Portage MI 49024

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

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 08 / 2012  
**Transaction ID : C1599041**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Shane C. Angus M.S., A.A.**

Mailing Address 2101 16th St NW Apt 324

City State Zip Code  
 Washington DC 20009-6584

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

Name of Employer Occupation  
 Case School of Medicin Program Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 332.60

Date of Receipt  
 02 / 01 / 2012  
**Transaction ID : C1596511**

Amount of Each Receipt this Period  
 83.00

Full Name (Last, First, Middle Initial)  
**c. Shane C. Angus M.S., A.A.**

Mailing Address 2101 16th St NW Apt 324

City State Zip Code  
 Washington DC 20009-6584

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

Name of Employer Occupation  
 Case School of Medicin Program Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 332.60

Date of Receipt  
 02 / 15 / 2012  
**Transaction ID : C1600520**

Amount of Each Receipt this Period  
 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.30

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

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

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

FOR LINE NUMBER: PAGE 10 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Clyde Arillotta M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 332 Snowberry Cir.  
 City Venetia State PA Zip Code 15367-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASPN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615140**  
 Amount of Each Receipt this Period  
 250.00

**B. M. Jeremy Astle M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 893 Old English Rd  
 City Draper State UT Zip Code 84020-8740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millcreek Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : C1595609**  
 Amount of Each Receipt this Period  
 250.00

**C. E. B. Atherton M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1729 Griffin Gate Rd.  
 City Louisville State KY Zip Code 40205-2739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Consultant Enterprises Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615142**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 163  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Harvey S. Auerbach M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 62 Pine Tree Dr.  
 City State Zip Code  
 Centerville MA 02632-3182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cape Cod Anesthesia Associates, Inc. Anesthesiologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615007**  
 Amount of Each Receipt this Period  
 250.00

**B. Scott C. Aumuller D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 806 Shetland Place N.W.  
 City State Zip Code  
 Concord NC 28027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Anesthesiologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615004**  
 Amount of Each Receipt this Period  
 500.00

**C. Ruben Azocar M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 E Newton St # RM.2806  
 City State Zip Code  
 Boston MA 02118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Boston University Medical Center Anesthesiologist  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1600409**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John V. Azzariti Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Beechwood Drive  
 City Saddle River State NJ Zip Code 07458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bergen Anesthesia Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2012  
**Transaction ID : C1602805**  
 Amount of Each Receipt this Period  
 1000.00

**B. Douglas S. Bacon M.D., M.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 St. Antoine, Suite 3J.1.1  
 Wayne State Department of Anesthes  
 City Detroit State MI Zip Code 48201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Coll of Med Anes Dept Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : C1601553**  
 Amount of Each Receipt this Period  
 1000.00

**c. Subhankar Bandyopadhyay M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14464 Watermelon Rd  
 City Tuscaloosa State AL Zip Code 35406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANESTHESIA AND PAIN MANAGEMENT CON Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2012  
**Transaction ID : C1604332**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Richard M. Barton M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3330 Sundance Dr.

City Bozeman State MT Zip Code 59715-9265

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

Name of Employer Ballatin Valley Anesth Assoc Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615150**

Amount of Each Receipt this Period 225.00

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

Mailing Address 820 Prudential Dr., Suite 606

City Jacksonville State FL Zip Code 32207

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

Name of Employer Florida Anesthesia Assoc Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2012  
**Transaction ID : C1615154**

Amount of Each Receipt this Period 250.00

**C. Stuart K. Bass M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1447

City Scottsdale State AZ Zip Code 85252

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

Name of Employer VALLEY ANES CONSUL Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2012  
**Transaction ID : C1599051**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gerard M. Bassell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UKSM  
 6505 E Central Ave  
 City State Zip Code  
 Wichita KS 67206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : C1602877**  
 Amount of Each Receipt this Period  
 1000.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1598976**  
 Amount of Each Receipt this Period  
 1000.00

**C. William A. Beck M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1833 Tuscany Ave.  
 City State Zip Code  
 Springdale AR 72764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NORTHWEST ANES ASSOC ANESTHESIOLOGIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615147**  
 Amount of Each Receipt this Period  
 275.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Timothy N. Beeson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 Sapphire Dr.  
 City State Zip Code  
 Martinez GA 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BDT Anesthesia Assoc ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615148**  
 Amount of Each Receipt this Period  
 1000.00

**B. Margaret D. Bell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 Anne Street  
 City State Zip Code  
 Rutherfordton NC 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RUTHERFORD ANESTH ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599003**  
 Amount of Each Receipt this Period  
 250.00

**C. Joshua R. Berris D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4340 Strathdale Ln.  
 City State Zip Code  
 West Bloomfield MI 48323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Botsford Hospital Dept of Anesthesiolo physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2012  
**Transaction ID : C1604213**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. John A. Billings M.D.**

Mailing Address 1915 Luker Dr.

City Casper State WY Zip Code 82609-4636

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**02 / 21 / 2012**

**Transaction ID : C1615011**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Ira B. Blank M.D.**

Mailing Address 1301 Powell Street Dept. of Anes.

City Norristown State PA Zip Code 19401

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

Name of Employer FORNANCE PHYS SER Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
**02 / 29 / 2012**

**Transaction ID : C1613278**

Amount of Each Receipt this Period  
**699.00**

Full Name (Last, First, Middle Initial)  
**C. A. Kirk Bodary M.D.**

Mailing Address 2070 Risser Rd

City Canandaigua State NY Zip Code 14424-8087

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

Name of Employer Self Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 28 / 2012**

**Transaction ID : C1615020**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1449.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Karen Boland M.D.</b>		Date of Receipt
Mailing Address 13110 W 60th St S		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sand Springs	OK	74063-2364
FEC ID number of contributing federal political committee.		Transaction ID : <b>C1595630</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Karen Boland PLLC	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael A. Borkowski M.D.</b>		Date of Receipt
Mailing Address 52423 Glenmore Ct.		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Granger	IN	46530
FEC ID number of contributing federal political committee.		Transaction ID : <b>C1615015</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
St. Joseph Valley Anesthesia, P.C.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark V. Boswell M.D., Ph.D</b>		Date of Receipt
Mailing Address 530 S Jackson St Rm C2A01 University of Louisville School of		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Louisville	KY	40202-1675
FEC ID number of contributing federal political committee.		Transaction ID : <b>C1601778</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
University of Louisville School of Med	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Morris Brown M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address Anesthesia Department  
2799 W. Grand Blvd.

City Detroit State MI Zip Code 48202

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

Name of Employer Henry Ford Health System Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 09 / 2012  
Transaction ID : C1598666

Amount of Each Receipt this Period  
250.00

**B. William Brown III, M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 9263 Medical Plaza Dr Ste B

City Charleston State SC Zip Code 29406-7112

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

Name of Employer Trident Anesthesia Group, LLC Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 01 / 2012  
Transaction ID : C1594993

Amount of Each Receipt this Period  
1000.00

**C. Kathryn S. Bucshon M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 10211 Lincoln Ave.

City Newburgh State IN Zip Code 47630

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

Name of Employer DEACONESS HOSP Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 21 / 2012  
Transaction ID : C1615155

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James P. Burdick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6349 Woodland Dr.  
 City East Amherst State NY Zip Code 14051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMAS Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615158**  
 Amount of Each Receipt this Period 500.00

**B. David A. Burkamper M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1499 Cedar Tree Ct., N.E.  
 City Swisher State IA Zip Code 52338-9410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LINN CTY ANESTH Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : C1606515**  
 Amount of Each Receipt this Period 250.00

**C. Robert J. Burke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 Travis St Ste 210  
 City Dallas State TX Zip Code 75204-1465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2012  
**Transaction ID : C1615159**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1890 Lester River Rd

City Duluth State MN Zip Code 55804-3030

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

Name of Employer **ESSENTIA HEALTH** Occupation **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : C1615162**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 6744 Golf Club Dr

City Longmont State CO Zip Code 80503-8351

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

Name of Employer **Boulder Community Hospital Anes. Dept.** Occupation **ANESTHESIOLOGIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : C1615017**

Amount of Each Receipt this Period  
**250.00**

**C. Kenneth A. Carlson M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4334 Boulder Lake Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer **Anesthesia resources management** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 06 / 2012**

**Transaction ID : C1595842**

Amount of Each Receipt this Period  
**500.00**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. C. Labron Chambers Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3117 Cutchin Drive  
 City State Zip Code  
 Charlotte NC 28210-4815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AMERICAN ANESTH PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599034**  
 Amount of Each Receipt this Period  
 250.00

**B. Katherine A. Chang M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 Berkeley St.  
 City State Zip Code  
 Santa Monica CA 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615027**  
 Amount of Each Receipt this Period  
 250.00

**C. James W. Chapin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1426 N. 133rd St.  
 City State Zip Code  
 Omaha NE 68154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Univ. of NE Medical Center Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606145**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth B. Chapman M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 17 / 2012 <b>Transaction ID : C1615164</b>
Mailing Address 8 Fort Hill Park		Amount of Each Receipt this Period 250.00
City Staten Island	State NY	Zip Code 10301-1702
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Taposh Chatterjee M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : C1603960</b>
Mailing Address 614 S. Old Ranch Rd.		Amount of Each Receipt this Period 500.00
City Arcadia	State CA	Zip Code 91007
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Paul M. Chovaz M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2012 <b>Transaction ID : C1599161</b>
Mailing Address 616 Lake Dr		Amount of Each Receipt this Period 250.00
City Muskegon	State MI	Zip Code 49445-2829
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Tyler G. Church M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18678 E Ashridge Dr  
 City Queen Creek State AZ Zip Code 85242-3662  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615171**  
 Amount of Each Receipt this Period 500.00

**B. James S. Clarke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 Commerce Dr Ste 1  
 City Mountain Home State AR Zip Code 72653-2617  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2012  
**Transaction ID : C1615172**  
 Amount of Each Receipt this Period 250.00

**C. William Clay M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept. Anesthesia 468 Cadieux Rd.  
 City Grosse Pointe State MI Zip Code 48230  
 Name of Employer SOAA Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2012  
**Transaction ID : C1605476**  
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Traci L. Coffman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2003 Day St.  
 City Ann Arbor State MI Zip Code 48104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANES ASSOC ANN ARBOR Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599030**  
 Amount of Each Receipt this Period  
 250.00

**B. Melvin A. Cohen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 Pheasant Way  
 City Centerville State MA Zip Code 02632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cape Cod Anes. Assoc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615032**  
 Amount of Each Receipt this Period  
 250.00

**c. Henry Cola M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16891 Marina Bay Dr  
 City Huntington Beach State CA Zip Code 92649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : C1595590**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David S. Colclasure M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7556 N 300 E  
 City Decatur State IN Zip Code 46733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adams Memorial Hospital Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1615037**  
 Amount of Each Receipt this Period  
 250.00

**B. Barbara B. Conard M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 Wildwood Ln.  
 City Lafayette State IN Zip Code 47905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY HEALTHCARE Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615173**  
 Amount of Each Receipt this Period  
 250.00

**C. Lois A. Connolly M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N27W22185 Timberwood Ln  
 City Waukesha State WI Zip Code 53186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : C1601766**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David J. Conrad M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 Spyglass Ct

City Lebanon State IN Zip Code 46052-8317

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

Name of Employer IU School of Medicine Occupation ANESTHESIA RESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615174**

Amount of Each Receipt this Period  
 250.00

**B. Antonio H. Conte M.D., M.B.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8700 Beverly Blvd Ste 8211  
Dept of Anes

City West Hollywood State CA Zip Code 90048-1804

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

Name of Employer GEN ANES SPECIALISTS Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1612135**

Amount of Each Receipt this Period  
 1125.00

**C. Gary P. Coppa**  
Full Name (Last, First, Middle Initial)

Mailing Address 4053 Ashwood Ct.

City Ventura State CA Zip Code 93003

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

Name of Employer Self Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1603963**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1625.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Lisa M. Corstvet M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 Highlands Landing  
 City Edmond State OK Zip Code 73013-8693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615184**  
 Amount of Each Receipt this Period  
 1000.00

**B. Samuel R. Crockett III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Cub Cove Rd.  
 City Bear Creek State PA Zip Code 18702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Geisinger Health System Occupation Cardiac Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2012  
**Transaction ID : C1595861**  
 Amount of Each Receipt this Period  
 500.00

**C. Laszlo Csernak M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2509 E Cherrywood Pl  
 City Chandler State AZ Zip Code 85249-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Resources Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1615179**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Susan G. Curling M.D.**

Mailing Address 8234 Magnolia Glen Drive

City State Zip Code  
 Humble TX 77346

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

Name of Employer Occupation  
 North Houston Anesthesiologists Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.60

Date of Receipt  
 02 / 17 / 2012  
**Transaction ID : C1602390**

Amount of Each Receipt this Period  
 83.30

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

Mailing Address 3043 Tuscany Park Drive

City State Zip Code  
 Marietta GA 30068

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

Name of Employer Occupation  
 LOBB ANESTH ASSOC ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 02 / 21 / 2012  
**Transaction ID : C1615034**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. John E. Davis III, M.D.**

Mailing Address 517 Merriman's Ln.

City State Zip Code  
 Winchester VA 22601

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

Name of Employer Occupation  
 Winchester Anesthesiologists Inc. ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 08 / 2012  
**Transaction ID : C1603801**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **633.30**

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

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

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

FOR LINE NUMBER: PAGE 29 OF 163  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Maria A. De Castro M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1616 N Orange Grove Ave  
 City Los Angeles State CA Zip Code 90046-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615040**  
 Amount of Each Receipt this Period  
**500.00**

**B. Mark A. De Santi M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1118 Via Cielito  
 City Ventura State CA Zip Code 93003-1222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1615041**  
 Amount of Each Receipt this Period  
**250.00**

**C. Onur Demirci M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 340 Blossom Ln  
 City Chagrin Falls State OH Zip Code 44022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1599814**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. P. Craig Dennen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Orchard Ln.  
 City Simsbury State CT Zip Code 06070-2756  
 Name of Employer Woodland Anesthesiology Assoc., PC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : C1606525**  
 Amount of Each Receipt this Period 300.00

**B. Robert P. Devine M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20412 W. 93rd St.  
 City Lenexa State KS Zip Code 66220  
 Name of Employer Anesthesiology Chartered Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : C1600996**  
 Amount of Each Receipt this Period 250.00

**C. Andrew E. Dick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1148 Hampton Ct  
 City Seymour State IN Zip Code 47274  
 Name of Employer Schneck Medical Center Anesthesiology Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2012  
**Transaction ID : C1595864**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

**A. Douglas K. Diehl M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3938 Piedmont Terr.  
 City Medford State OR Zip Code 97504-9636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ashland Anes Assoc Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615188**  
 Amount of Each Receipt this Period 250.00

**B. Jerry Diehr M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4111 W Azelee St  
 City Tampa State FL Zip Code 33609-3801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2012  
**Transaction ID : C1615185**  
 Amount of Each Receipt this Period 250.00

**C. Ralph S. Diminyatz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12711 Biola Ave.  
 City La Mirada State CA Zip Code 90638-2158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615186**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Jonathan R. Doherty M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Walnut Trace Ct.  
 City Simpsonville State SC Zip Code 29681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palmetto Anesthesia Associates Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2012  
**Transaction ID : C1595629**  
 Amount of Each Receipt this Period 500.00

**B. William A. Dombrowski M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 245  
 City Phoenix State MD Zip Code 21131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUNT VALLEY ANESTH Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2012  
**Transaction ID : C1615192**  
 Amount of Each Receipt this Period 250.00

**C. Marc F. Domsy D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 13130  
 City Jackson State WY Zip Code 83002-3130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2012  
**Transaction ID : C1601771**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Donald D. Downs M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7351 Oliver Woods Dr SE  
 City Grand Rapids State MI Zip Code 49546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Practice Consultants Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt 02 / 01 / 2012  
**Transaction ID : C1596526**  
 Amount of Each Receipt this Period 83.00

**B. Donald D. Downs M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7351 Oliver Woods Dr SE  
 City Grand Rapids State MI Zip Code 49546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Practice Consultants Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1604035**  
 Amount of Each Receipt this Period 83.30

**C. Greg R. Dragon M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Crestview Dr.  
 City Ocean View State NJ Zip Code 08230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAPE ANESTHESIA Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : C1615194**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 666.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 34 OF 163  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. John Draper M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10616 Casador Del Oso NE  
 City Albuquerque State NM Zip Code 87111-6920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of New Mexico Department of Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2012  
**Transaction ID : C1595056**  
 Amount of Each Receipt this Period  
 250.00

**B. Victor A. Dudzik M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2616 Whitchurch Lane  
 City Naperville State IL Zip Code 60564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Valley Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1599118**  
 Amount of Each Receipt this Period  
 1000.00

**C. David R. Duval D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Spartan Dr  
 City Bedford State NH Zip Code 03110-4229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NUTFIELD ANES ASSOC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2012  
**Transaction ID : C1615190**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David R. Duval D.O.</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 <b>Transaction ID : C1615191</b>
Mailing Address 21 Spartan Dr		Amount of Each Receipt this Period 100.00
City Bedford	State NH	Zip Code 03110-4229
FEC ID number of contributing federal political committee. C		
Name of Employer NUTFIELD ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. David R. Duval D.O.</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : C1613282</b>
Mailing Address 21 Spartan Dr		Amount of Each Receipt this Period 100.00
City Bedford	State NH	Zip Code 03110-4229
FEC ID number of contributing federal political committee. C		
Name of Employer NUTFIELD ANES ASSOC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Dye M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : C1606540</b>
Mailing Address 401 N. 31st Street, Suite 1260		Amount of Each Receipt this Period 250.00
City Billings	State MT	Zip Code 59101
FEC ID number of contributing federal political committee. C		
Name of Employer Billings Anesth	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Miguel A. Eliza M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2012 <b>Transaction ID : C1615047</b>
Mailing Address P.O. Box 71325 Suite 212		Amount of Each Receipt this Period 500.00
City San Juan	State PR	Zip Code 00936-8425
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Richard L. Ellison M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2012 <b>Transaction ID : C1599114</b>
Mailing Address 5501 Winchester Ct		Amount of Each Receipt this Period 250.00
City Midland	State MI	Zip Code 48642
FEC ID number of contributing federal political committee. C		
Name of Employer self employed	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Duane L. Erbaugh M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : C1615049</b>
Mailing Address 18825 Gunn Hwy		Amount of Each Receipt this Period 500.00
City Odessa	State FL	Zip Code 33556-4614
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 37 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cynthia C. Espanola M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Deer Run Rd.  
 City Kingston State MA Zip Code 02364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANESTH ASSOC OF MA Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615050**  
 Amount of Each Receipt this Period  
 250.00

**B. Steven W. Eyler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10152 SW Windwood Way  
 City Portland State OR Zip Code 97225-7066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2012  
**Transaction ID : C1611880**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert L. Fears M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2404 Waterford Dr.  
 City Ames State IA Zip Code 50010-9661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer mcfarland clinic Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615207**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Alexander E. Feller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 W. Charleston  
 City Chicago State IL Zip Code 60647-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MD2X SC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615210**  
 Amount of Each Receipt this Period  
 500.00

**B. Lisa C. W. Ferguson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4111 Heritage Trl  
 City Terre Haute State IN Zip Code 47803-1368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615195**  
 Amount of Each Receipt this Period  
 1000.00

**C. Victor S. Ferguson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4111 Heritage Trl  
 City Terre Haute State IN Zip Code 47803-1368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615196**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Daniel S. Fiddler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6329 Maroon Mesa Dr  
 City Colorado Springs State CO Zip Code 80918-6100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pikes Peak Anesthesia Assoc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2012  
**Transaction ID : C1600210**  
 Amount of Each Receipt this Period 250.00

**B. Juan Firnhaber M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 936 Nottingham Rd  
 City Greenville State NC Zip Code 27858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ECAA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2012  
**Transaction ID : C1600199**  
 Amount of Each Receipt this Period 500.00

**C. Juan Firnhaber M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 936 Nottingham Rd  
 City Greenville State NC Zip Code 27858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ECAA Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2012  
**Transaction ID : C1600200**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gregory W. Fischer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Gustave L Levy Pl  
 P.O. Box 1010  
 City New York State NY Zip Code 10029  
 Name of Employer Mount Sinai Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1604028**  
 Amount of Each Receipt this Period 250.00

**B. Peter J. Fishback M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1631 Hospital Dr., Ste. #110  
 City Santa Fe State NM Zip Code 87505-4728  
 Name of Employer Santa Fe Anesthesia Specialists, P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : C1606505**  
 Amount of Each Receipt this Period 1000.00

**C. Jan H. Fisher M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2213 State Road, 225 East  
 City Battle Ground State IN Zip Code 47920  
 Name of Employer Self Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2012  
**Transaction ID : C1615199**  
 Amount of Each Receipt this Period 250.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Marjorie R. Fitzgerald M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2902 Juniper Hill Rd.  
 City Louisville State KY Zip Code 40206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Louisville Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : C1615200**  
 Amount of Each Receipt this Period  
 250.00

**B. Eric Flach M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 E Primrose St Ste 520  
 City Springfield State MO Zip Code 65807-5180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ozark Anesthesia Associates, Inc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2012  
**Transaction ID : C1602851**  
 Amount of Each Receipt this Period  
 250.00

**C. Pamela Flood M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Anderson Ave  
 City Closter State NJ Zip Code 07624-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : C1615058**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 163
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Wayne M. Fong M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2012 <b>Transaction ID : C1603806</b>
Mailing Address 630 1st Ave Apt 27H		Amount of Each Receipt this Period 250.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Park Slope Anesthesia Associates, P.C.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael T. Fox M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2012 <b>Transaction ID : C1615056</b>
Mailing Address 15 W Penny Rd		Amount of Each Receipt this Period 300.00
City South Barrington	State IL	Zip Code 60010-9576
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer BARRINGTON ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ryan D. Frieder D.O.</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2012 <b>Transaction ID : C1599116</b>
Mailing Address PO Box 31007		Amount of Each Receipt this Period 1000.00
City Santa Fe	State NM	Zip Code 87594-1007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Santa Fe Anesthesia Specialists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffery L. Fuqua M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12419 Mallard Bay Dr.  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMAET Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 06 / 2012  
**Transaction ID : C1595785**  
 Amount of Each Receipt this Period 200.00

**B. Nathan Paul Gabler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8901 W Lincoln Ave  
 City West Allis State WI Zip Code 53227-2409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aurora West Allis Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2012  
**Transaction ID : C1615201**  
 Amount of Each Receipt this Period 1000.00

**C. Donald J. Galligan D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 894 S. Parkglen Pl.  
 City Anaheim Hills State CA Zip Code 92808-2316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FULLERTON ANES ASSOC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2012  
**Transaction ID : C1615203**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James J. Gallo M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5261 River Club Dr  
 City Suffolk State VA Zip Code 23435-3500  
 Name of Employer CHESAPEAKE ANESTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2012  
**Transaction ID : C1615204**  
 Amount of Each Receipt this Period 250.00

**B. Bradley J. Gawey M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 N.W. 15th St.  
 City Oklahoma City State OK Zip Code 73103  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2012  
**Transaction ID : C1606325**  
 Amount of Each Receipt this Period 500.00

**c. Phillip Geiger M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 W Berkshire Ln  
 City Hanford State CA Zip Code 93230-9158  
 Name of Employer Naval Hospital Lemoore Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.60

Date of Receipt 02 / 01 / 2012  
**Transaction ID : C1596504**  
 Amount of Each Receipt this Period 41.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 791.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Phillip Geiger M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 W Berkshire Ln  
 City Hanford State CA Zip Code 93230-9158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Naval Hospital Lemoore Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : C1595606**  
 Amount of Each Receipt this Period  
 83.30

**B. Steven J. Gerschultz M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3602 Courtside Cir  
 City Huntington Beach State CA Zip Code 92649-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615208**  
 Amount of Each Receipt this Period  
 250.00

**C. Jonathan Gerson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Hetherington Ln  
 City Cincinnati State OH Zip Code 45246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Northwest Day Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : C1595598**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Steven J. Getz M.D.**

Mailing Address 109 Penn St

City Greenville State SC Zip Code 29605-1104

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

Name of Employer Palmetto Anesthesia Associates Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615209**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Jack S. Gildar M.D.**

Mailing Address 13720 N. 85th Place

City Scottsdale State AZ Zip Code 85260

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

Name of Employer Valley Anesthesiology Consultants Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : C1602413**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Grant K. Gillen M.D.**

Mailing Address 266 Walnut St

City New Orleans State LA Zip Code 70118-4832

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

Name of Employer Self Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599031**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jan Gillespie-Wagner M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 58th Ave  
 Ste 202  
 City Greeley State CO Zip Code 80634-4807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NO COLORADO PAIN Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2012**  
**Transaction ID : C1615063**  
 Amount of Each Receipt this Period  
**500.00**

**B. Paul D. Gilmore M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Springhill Farm Ct  
 City Cockeysville State MD Zip Code 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer G. B. M. C. Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 21 / 2012**  
**Transaction ID : C1603954**  
 Amount of Each Receipt this Period  
**250.00**

**C. John G. Girardot M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 841 Bonnie Brae  
 City River Forest State IL Zip Code 60305-1509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2012**  
**Transaction ID : C1615067**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 163
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John J. Giustozzi Jr., M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2012 <b>Transaction ID : C1604326</b>
Mailing Address 130 Treetops Dr		Amount of Each Receipt this Period 500.00
City State College	State PA	Zip Code 16801
FEC ID number of contributing federal political committee. C	Name of Employer Centre County Anesthesia, PC	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Kevin M. Glassman M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2012 <b>Transaction ID : C1615068</b>
Mailing Address 2 Hope Ln		Amount of Each Receipt this Period 250.00
City Glen Head	State NY	Zip Code 11545-2324
FEC ID number of contributing federal political committee. C	Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Richard L. Glines M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2012 <b>Transaction ID : C1604285</b>
Mailing Address 1250 E 3900 S Ste 30		Amount of Each Receipt this Period 300.00
City Salt Lake City	State UT	Zip Code 84124
FEC ID number of contributing federal political committee. C	Name of Employer St Marks Hospital	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert C. Goethe M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10714 N River Ranch Path  
 City State Zip Code  
 Crystal River FL 34428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Crystal River Anesthesia MD Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1603986**  
 Amount of Each Receipt this Period  
 250.00

**B. William K. Goglin Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2119 Cortelyou Rd  
 City State Zip Code  
 Charlotte NC 28211-3835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 northeast anesthesia and pain anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599023**  
 Amount of Each Receipt this Period  
 500.00

**C. Gene N. Gordon M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1166  
 City State Zip Code  
 Sylacauga AL 35150-1166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sylacauga anesthesia pc ANESTHESIOLOGIST  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615081**  
 Amount of Each Receipt this Period  
 625.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ricardo Gotay M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Oak St.  
 City Melbourne State FL Zip Code 32901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brevard Anesthesia Services Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1599115**  
 Amount of Each Receipt this Period  
 1000.00

**B. Jeffrey S. Graham M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6320 Lake Vista Dr  
 City Tuscaloosa State AL Zip Code 35406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia and Pain Mgnt Consult of T Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606170**  
 Amount of Each Receipt this Period  
 500.00

**C. Dara A. Green M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13657 Glynshel Drive  
 City Winter-Garden State FL Zip Code 34787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arnold Palmer Hospital for Children Occupation Pediatric Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : C1596460**  
 Amount of Each Receipt this Period  
 208.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1708.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 51 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. James M. Green M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 Lindwood Dr  
 City Greensburg State PA Zip Code 15601-7711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WPAA Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599029**  
 Amount of Each Receipt this Period  
 500.00

**B. Howard M. Greenfield M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3762 NE 209th Ter  
 City Aventura State FL Zip Code 33180-3780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sheridan Healthcare Occupation physician executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1601774**  
 Amount of Each Receipt this Period  
 250.00

**c. Joel G. Greenspan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Oak Ridge Ct  
 City Armonk State NY Zip Code 10504-2629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615076**  
 Amount of Each Receipt this Period  
 375.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Kathryn A. Grice M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9175 Old Southwick Pass  
 City State Zip Code  
 Alpharetta GA 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ambulatory Anesthesia of Atlanta anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : C1600466**  
 Amount of Each Receipt this Period  
 250.00

**B. James F. Griffin D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 230  
 City State Zip Code  
 Wakefield RI 02880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615070**  
 Amount of Each Receipt this Period  
 250.00

**C. James Griggs M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3701 Wallace Ave.  
 City State Zip Code  
 Terre Haute IN 47802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Clarian Health - IU school of medicine Resident  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1611897**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Ryan M. Grimes M.D.**

Mailing Address 1108 Waverly Drive

City State Zip Code  
 Lawrence KS 66049

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

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1599163**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Albert J. Gros M.D.**

Mailing Address P.O. Box 459

City State Zip Code  
 Opelousas LA 70571

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

Name of Employer Occupation  
 ANES ASSOCa OPELOUSAS ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012

**Transaction ID : C1615074**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**c. Douglas E. Groswald M.D., Ph.D**

Mailing Address 1468 Gwynmere Run

City State Zip Code  
 Carmel IN 46032-8343

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

Name of Employer Occupation  
 Clarian Health Partner Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1599165**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Carol L. Gurba M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 <b>Transaction ID : C1615083</b>
Mailing Address 1000 Carondelet Dr		Amount of Each Receipt this Period 250.00
City Kansas City	State MO	Zip Code 64114-4673
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph Anes. Dept.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Benjamin C. Guslits M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2012 <b>Transaction ID : C1599162</b>
Mailing Address 6272 Bromley Ct		Amount of Each Receipt this Period 250.00
City West Bloomfield	State MI	Zip Code 48322-3242
FEC ID number of contributing federal political committee. C		
Name of Employer ANES ASSOC ANN ARBOR	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Cooper P. Hagerty M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : C1615078</b>
Mailing Address 936 lake colony run		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35242
FEC ID number of contributing federal political committee. C		
Name of Employer ARM	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 55 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Kimberley D. Haluski M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4565 Mystic Dr. NE  
 City Atlanta State GA Zip Code 30342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Specialists in Anes., P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2012  
**Transaction ID : C1604502**  
 Amount of Each Receipt this Period 500.00

**B. Yusuf H. Hameed M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 Lyman Hall Rd.  
 City Savannah State GA Zip Code 31410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615080**  
 Amount of Each Receipt this Period 250.00

**C. Kevin G. Hampel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2113 S. Pin Oak Dr.  
 City Springfield State MO Zip Code 65809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ozark Anesthesia Associates Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2012  
**Transaction ID : C1599037**  
 Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Tork J. Harman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1550 Boyson Road  
 City Hiawatha State IA Zip Code 52233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LCA, PC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606516**  
 Amount of Each Receipt this Period  
 500.00

**B. Michael C. Harmelin D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1346 Shady Ln  
 City Tamaqua State PA Zip Code 18252-5133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NAP Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615091**  
 Amount of Each Receipt this Period  
 250.00

**C. John V. Hasewinkel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11615 E. 100 N.  
 City Sheridan State IN Zip Code 46069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WISHARD ANES GRP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615211**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 57 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Lars E. Helgeson M.D.**

Mailing Address 702 Summer Hill Rd.

City State Zip Code  
Madison CT 06443

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

Name of Employer Occupation  
YALE PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599025**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Scott K. Henderson M.D.**

Mailing Address 325 Blandford Dr

City State Zip Code  
Worthington OH 43085-3519

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

Name of Employer Occupation  
MIDWEST PHYS ANES ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615212**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Raul G. Hernandez M.D.**

Mailing Address 2544 Palm Cir

City State Zip Code  
Rio Grande City TX 78582-6287

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

Name of Employer Occupation  
Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : C1615220**

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David E. Hertzog D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 247 Leisie Rd  
 City Renfrew State PA Zip Code 16053-8617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1598994**  
 Amount of Each Receipt this Period  
 500.00

**B. Heath D. Higgins M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12125 Cardinal Ln  
 City Edmond State OK Zip Code 73013-8609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : C1615222**  
 Amount of Each Receipt this Period  
 250.00

**C. Travis S. Hiles M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 E Catalpa St  
 City Springfield State MO Zip Code 65804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ozark Anesthesia Assoc. Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2012  
**Transaction ID : C1595644**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bradley J. Hindman M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 Rita Lyn Ct.

City Iowa City State IA Zip Code 52245-3504

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

Name of Employer University of Iowa Hospitals & Clinics Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : C1603814**

Amount of Each Receipt this Period  
 500.00

**B. Mary J. Hoben M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 Pepperbush Rd

City Louisville State KY Zip Code 40207-5707

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

Name of Employer Self Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615217**

Amount of Each Receipt this Period  
 250.00

**c. Michael W. Hoger D.O.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6003 Macon Ct SE

City Huntsville State AL Zip Code 35802

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

Name of Employer Comprehensive Anesthesia Services Occupation anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1600136**

Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Elena J. Holak M.D., Pharm**

Mailing Address 17235 Morningview Ct

City State Zip Code  
 Brookfield WI 53045-4358

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

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1598984**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Glen E. Holley M.D.**

Mailing Address 2104 Peninsula Dr.

City State Zip Code  
 Flower Mound TX 75022

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

Name of Employer Occupation  
 Pinnacle Anesthesia Consultants ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615085**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**c. Ingrid B. Hollinger M.D.**

Mailing Address 1 Gustave L. Levy Place, Box 1010

City State Zip Code  
 New York NY 10029

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

Name of Employer Occupation  
 Mount Sinai Medical Ctr Anes Dept anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615086**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Sung Jae Hong M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : C1603967</b>
Mailing Address 4 Higbie Ct.		Amount of Each Receipt this Period 250.00
City Grosse Pointe Farms	State MI	Zip Code 48236
FEC ID number of contributing federal political committee. C		
Name of Employer St. John Anesthesiologists P.C	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Larry A. Hopkins M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : C1615089</b>
Mailing Address 16353 Valhalla Drive		Amount of Each Receipt this Period 500.00
City Noblesville	State IN	Zip Code 46060
FEC ID number of contributing federal political committee. C		
Name of Employer Northside Anesthesia Services	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark E. Hudson M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2012 <b>Transaction ID : C1599109</b>
Mailing Address 36 Little Mingo Rd.		Amount of Each Receipt this Period 500.00
City Finleyville	State PA	Zip Code 15332-3715
FEC ID number of contributing federal political committee. C		
Name of Employer University of Pittsburgh Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 62 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Thomas J. Huesers M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Emilys Way  
 City Winslow State ME Zip Code 04901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Maine Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615099**  
 Amount of Each Receipt this Period  
 250.00

**B. James B. Hulin D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10713 S Winston Ave  
 City Tulsa State OK Zip Code 74137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hillcrest Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1599492**  
 Amount of Each Receipt this Period  
 500.00

**C. Gregory H. Hulse M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17216 Osprey Cir  
 City Edmond State OK Zip Code 73012-8415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NW Anesthesia Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615100**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 163
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jeffrey L. Jackson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 W. Second St.  
 City Bloomington State IN Zip Code 47403  
 Name of Employer Bloomington Anesthesiologists Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2012  
**Transaction ID : C1604309**  
 Amount of Each Receipt this Period 500.00

**B. Frederick J. Jacques M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1631 Hospital Dr., Ste., #110  
 City Santa Fe State NM Zip Code 87505  
 Name of Employer santa fe anesithesia specialists Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2012  
**Transaction ID : C1604236**  
 Amount of Each Receipt this Period 1000.00

**C. Cynthia L. Jenson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 434 Main St.  
 City Waterville State ME Zip Code 04901  
 Name of Employer Anesthesia Associates of Lewiston Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.60

Date of Receipt 02 / 01 / 2012  
**Transaction ID : C1596493**  
 Amount of Each Receipt this Period 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1583.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 64 OF 163  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Cynthia L. Jenson M.D.**

Mailing Address 434 Main St.

City State Zip Code  
 Waterville ME 04901

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

Name of Employer Occupation  
 Anesthesia Associates of Lewiston Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 332.60

Date of Receipt  
 02 / 03 / 2012  
**Transaction ID : C1595096**

Amount of Each Receipt this Period  
 83.30

Full Name (Last, First, Middle Initial)  
**B. Michael W. Johnsen M.D., Ph.D**

Mailing Address 6624 Pasilla Rd. N.E.

City State Zip Code  
 Rio Rancho NM 87144-4901

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

Name of Employer Occupation  
 Self-employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 22 / 2012  
**Transaction ID : C1615227**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Kent G. Johnson M.D.**

Mailing Address 110 E. 750 N.

City State Zip Code  
 Mantua UT 84324-4343

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

Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 28 / 2012  
**Transaction ID : C1615228**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.30

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



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

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

FOR LINE NUMBER: PAGE 65 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Paul L. Johnson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1025 Marsh St  
 City Mankato State MN Zip Code 56001-4752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mankato Anes. Assoc; Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615101**  
 Amount of Each Receipt this Period 250.00

**B. Monica M. Jones M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4465 Webb Rd.  
 City Chattanooga State TN Zip Code 37416-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erlanger Medical Center Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2012  
**Transaction ID : C1606863**  
 Amount of Each Receipt this Period 1000.00

**C. Peter C. Jong M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24008 Falcons View Drive  
 City Diamond Bar State CA Zip Code 91765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SCPMG Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2012  
**Transaction ID : C1615094**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ronald H. Jordan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Mobile Infirmary Cir., 2nd Floor  
 Anesthesia Services, P.C.  
 City Mobile State AL Zip Code 36607-3522  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606513**  
 Amount of Each Receipt this Period  
 500.00

**B. Raymond S. Joseph M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1420 Terry Ave Unit 908  
 City Seattle State WA Zip Code 98101  
 Name of Employer Virginia Mason Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : C1595621**  
 Amount of Each Receipt this Period  
 500.00

**C. David A. Josephson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 805 Golf View Ct.  
 City Dacula State GA Zip Code 30019  
 Name of Employer GWINNETT ANES SER Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615096**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Lenny Quan Jue M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1441 Woodstead Ct Ste 260  
 City The Woodlands State TX Zip Code 77380-1449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2012  
**Transaction ID : C1603819**  
 Amount of Each Receipt this Period  
 250.00

**B. Tamara M. Jurson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2666 Vallejo St.  
 City San Francisco State CA Zip Code 94123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1604305**  
 Amount of Each Receipt this Period  
 250.00

**C. Gary Kalan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 772  
 City Greenwich State CT Zip Code 06836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenwich Anesthesiology Assoc., PC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1604301**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Philip L. Kalarickal M.D., M.P.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 Tulane Ave., SL-4  
 Dept. of Anesthesiology  
 City New Orleans State LA Zip Code 70112  
 Name of Employer Tulane University Hosp. and Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 08 / 2012  
 Transaction ID : C1601779  
 Amount of Each Receipt this Period 250.00

**B. Nagesha S. Kasinath M.B.,B.S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11913 Drystack Ct  
 City Glen Allen State VA Zip Code 23059-5831  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 16 / 2012  
 Transaction ID : C1601770  
 Amount of Each Receipt this Period 500.00

**C. Jason D. Keller D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1924 Alcoa Hwy., # U109  
 City Knoxville State TN Zip Code 37920-1511  
 Name of Employer university anesthesiologists Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 248.00

Date of Receipt 02 / 01 / 2012  
 Transaction ID : C1596472  
 Amount of Each Receipt this Period 83.00

**SUBTOTAL** of Receipts This Page (optional)..... 833.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jason D. Keller D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1924 Alcoa Hwy., # U109  
 City Knoxville State TN Zip Code 37920-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer university anesthesiologists Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 02 / 01 / 2012  
**Transaction ID : C1596473**  
 Amount of Each Receipt this Period 41.00

**B. Thomas E. Kelly M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35216 Overfalls Dr N  
 City Lewes State DE Zip Code 19958-7000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beebe Medical Center Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : C1606531**  
 Amount of Each Receipt this Period 250.00

**C. Will D. Kendrick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Ave. N., #301  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMG Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2012  
**Transaction ID : C1602816**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 591.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. R. Ben King Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 Azalea Ln  
 City Florence State SC Zip Code 29501-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1615256**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**B. Sandra B. Kinsella M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6047 Brokenhurst Rd.  
 City Indianapolis State IN Zip Code 46220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IUMC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : C1615234**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**C. Gerald A. Kirk M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12543 Glendurgan Dr.  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Anesthesia Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599017**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Olen E. Kitchings III, M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 <b>Transaction ID : C1606323</b>
Mailing Address 4303 High Bluff Cir		Amount of Each Receipt this Period 500.00
City Temple	State TX	Zip Code 76502-3129
FEC ID number of contributing federal political committee. C		
Name of Employer Scott White Clinic	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Elliott H. Klain D.O.</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 <b>Transaction ID : C1615235</b>
Mailing Address 2931 N. Tenaya Way, Suite #102		Amount of Each Receipt this Period 250.00
City Las Vegas	State NV	Zip Code 89128-0457
FEC ID number of contributing federal political committee. C		
Name of Employer Summit Anes. Consultants	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis S. Klebba B.S., M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 <b>Transaction ID : C1615236</b>
Mailing Address 8235 County Rd. 581		Amount of Each Receipt this Period 300.00
City Ishpeming	State MI	Zip Code 49849-9024
FEC ID number of contributing federal political committee. C		
Name of Employer Bell Memorial Hosp	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 72 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Kevin D. Kleinhomer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 W 12 Mile Rd  
 City State Zip Code  
 Royal Oak MI 48073-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northland Anesthesia Associates, PC ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615237**  
 Amount of Each Receipt this Period  
 250.00

**B. Paul J. Knox M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7400 1st Ave. South  
 City State Zip Code  
 St. Petersburg FL 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Greater Florida Anesthesiology Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1600171**  
 Amount of Each Receipt this Period  
 250.00

**C. Cezar A. Koev M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 Olive Ave NW  
 City State Zip Code  
 Washington DC 20007-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Providence Hospital Dept. of Anesthesi ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599111**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 73 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Daniel P. Koshy M.D.**

Mailing Address W252N4984 Aberdeen Dr

City State Zip Code  
 Pewaukee WI 53072-1351

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

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1603802**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Peter L. Kovacs M.D.**

Mailing Address 1018 Holly Lane

City State Zip Code  
 Jacksonville FL 32207

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

Name of Employer Occupation  
 ANESTH CONSULTANTS ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : C1615112**

Amount of Each Receipt this Period  
 375.00

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**

Name of Employer Occupation  
 BAPTIST HOSP MIAMI ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : C1615108**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Usha Krishnamurthy M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 Viola Dr

City State Zip Code  
Glen Cove NY 11542-3325

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

Name of Employer Occupation  
Self-Employed ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 22 / 2012  
**Transaction ID : C1615109**

Amount of Each Receipt this Period  
250.00

**B. Karl A. Kroeker M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 14510 Millhaven Pl

City State Zip Code  
Colorado Springs CO 80908-3267

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

Name of Employer Occupation  
Anesthesia Associates of Colorado Sprri Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 07 / 2012  
**Transaction ID : C1597389**

Amount of Each Receipt this Period  
300.00

**C. Donna A. Kucharski M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Read Street

City State Zip Code  
Seekonk MA 02771

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

Name of Employer Occupation  
NBA, LLC Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2012  
**Transaction ID : C1604330**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Martin J. Kungl M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2012 <b>Transaction ID : C1599160</b>
Mailing Address 1250 Emerald Creek Dr		Amount of Each Receipt this Period 250.00
City Broadview Hts	State OH	Zip Code 44147-2575
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ira M. Kupferberg M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2012 <b>Transaction ID : C1615241</b>
Mailing Address P.O. Box 680916		Amount of Each Receipt this Period 250.00
City Prattville	State AL	Zip Code 36068-0916
FEC ID number of contributing federal political committee. C		
Name of Employer PREMIER ANES MONTGOMERY	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Hung-Chi Kwok M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 12 / 2012 <b>Transaction ID : C1599305</b>
Mailing Address 2732 Muir Woods Dr., SE		Amount of Each Receipt this Period 175.00
City Hampton Cove	State AL	Zip Code 35763
FEC ID number of contributing federal political committee. C		
Name of Employer Alabama Anes. of Huntsville, LLC	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth W. Lau M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2012 <b>Transaction ID : C1599191</b>
Mailing Address 6911 Van Dorn St Ste 2		Amount of Each Receipt this Period 500.00
City Lincoln	State NE	Zip Code 68506
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Anesthesiologists	Occupation anestheiolgists	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick J. Lawler M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2012 <b>Transaction ID : C1615245</b>
Mailing Address 1301 W Ralph Rogers Rd		Amount of Each Receipt this Period 500.00
City Sioux Falls	State SD	Zip Code 57108-2702
FEC ID number of contributing federal political committee. C		
Name of Employer McKenna Hospital	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Lawson-Boucher M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 01 / 2012 <b>Transaction ID : C1596461</b>
Mailing Address 5391 Hickory Wood Dr		Amount of Each Receipt this Period 125.00
City Naples	State FL	Zip Code 34119-1404
FEC ID number of contributing federal political committee. C		
Name of Employer Griffin Anaesthesia Services, PA	Occupation Anaesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 77 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. William S. Leighton D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 232 Northmonte Drive  
 City State Zip Code  
 Pikeville KY 41501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pikeville Medical Center Staff Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1599117**  
 Amount of Each Receipt this Period  
 1000.00

**B. Michael A. Less M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15W316 60th St.  
 City State Zip Code  
 Burr Ridge IL 60527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ELMHURST ANESTHESIOLOGISTS PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1597392**  
 Amount of Each Receipt this Period  
 375.00

**C. James H. Levine M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4164 Cart Path Ct.  
 City State Zip Code  
 Terre Haute IN 47802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615115**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1625.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David M. Lewis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Walnut Ave  
 City Atherton State CA Zip Code 94027-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1611884**  
 Amount of Each Receipt this Period  
 250.00

**B. Drew E. Lieberman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 Bal Cross Dr.  
 City Bal Harbour State FL Zip Code 33154-1316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANES ASSOC BREVARD Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615119**  
 Amount of Each Receipt this Period  
 500.00

**C. Deena R. Liles M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27302 Felswand Pkwy  
 City New Braunfels State TX Zip Code 78132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Health Sciences Ce Occupation MD-Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1598665**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James S. Limanek M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Fieldstone Way  
 City Shelburne State VT Zip Code 05482-6470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fletcher Allen Health Care Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615247**  
 Amount of Each Receipt this Period  
 250.00

**B. Dennis S. Lin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Exeter St.  
 City West Newton State MA Zip Code 02465-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Winchester Hospital Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599001**  
 Amount of Each Receipt this Period  
 500.00

**C. George Liu M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 338 Spear St Unit 5B  
 City San Francisco State CA Zip Code 94105-6168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Consultants Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615250**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 80 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Richard C. Lodise M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1780 W Wesley Rd NW  
 City Atlanta State GA Zip Code 30327-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverdale Anes. Assoc. Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 20 / 2012**  
**Transaction ID : C1603815**  
 Amount of Each Receipt this Period **500.00**

**B. Nancy L. Loeffler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Lakeview Dr.  
 City Tallahassee State FL Zip Code 32310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Assoc. of Tallahassee Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 07 / 2012**  
**Transaction ID : C1597379**  
 Amount of Each Receipt this Period **1000.00**

**c. Ward G. Longbottom M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17910 Spencer Rd.  
 City Odessa State FL Zip Code 33556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of South Florida Endoscopy Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 08 / 2012**  
**Transaction ID : C1599015**  
 Amount of Each Receipt this Period **500.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Philip J. Lubrano M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5125 North Branch Dr.  
 City Fort Worth State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northstar Anesthesia PA Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 14 / 2012**  
**Transaction ID : C1615129**  
 Amount of Each Receipt this Period **500.00**

**B. Paul K. Lugthart M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6746 Rfd  
 City Long Grove State IL Zip Code 60047-2008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwest Community Hospital Anes. Dep Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2012**  
**Transaction ID : C1615130**  
 Amount of Each Receipt this Period **250.00**

**C. Steven J. Luke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3404 Hightimber  
 City Grapevine State TX Zip Code 76051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Anesthesia Consultants, PA Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 12 / 2012**  
**Transaction ID : C1599299**  
 Amount of Each Receipt this Period **250.00**

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

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

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

FOR LINE NUMBER: PAGE 82 OF 163  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. John Lydon M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Oak St  
 City Melbourne State FL Zip Code 32901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brevard Anesthesia Services Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1600202**  
 Amount of Each Receipt this Period  
 500.00

**B. William R. Lyman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1051 E. 100 N.  
 City Lindon State UT Zip Code 84042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1615120**  
 Amount of Each Receipt this Period  
 250.00

**C. Roman Magidenko M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2856 Amberly Ln.  
 City Troy State MI Zip Code 48084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Oakland Anesthesia Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2012  
**Transaction ID : C1596343**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Babak Maharlouei M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Parrish Pond Ct W  
 City Southampton State NY Zip Code 11968-3248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East End Anesthesiologists LLC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2012  
**Transaction ID : C1595640**  
 Amount of Each Receipt this Period  
 250.00

**B. Juliet Maillet M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 Timber Hill North Dr.  
 City Indianapolis State IN Zip Code 46217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615132**  
 Amount of Each Receipt this Period  
 500.00

**C. Henry F. Malarkey IV, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 188 W. Virginia Blvd.  
 City Jamestown State NY Zip Code 14701-8432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Tier Anesthesiologists Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615126**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Asif M. Malik M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2760 Charnwood Dr  
City Troy State MI Zip Code 48098  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Henry Ford West Bloomfield Hospital An Occupation Anesthesiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.30**

Date of Receipt **02 / 01 / 2012**  
**Transaction ID : C1596478**  
Amount of Each Receipt this Period **83.00**

**B. Asif M. Malik M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2760 Charnwood Dr  
City Troy State MI Zip Code 48098  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Henry Ford West Bloomfield Hospital An Occupation Anesthesiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **249.30**

Date of Receipt **02 / 24 / 2012**  
**Transaction ID : C1604312**  
Amount of Each Receipt this Period **83.30**

**C. Bose B. Mandava M.B.,B.S.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7117 Fay Ave  
City La Jolla State CA Zip Code 92037-5512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation ANESTHESIOLOGIST  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2012**  
**Transaction ID : C1615131**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **416.30**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 85 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Devanand Mangar M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 Blanca Ave.  
 City Tampa State FL Zip Code 33606-3630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1599121**  
 Amount of Each Receipt this Period  
 5000.00

**B. Julius Mapalad M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8418 N College Ave  
 City Indianapolis State IN Zip Code 46240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2012  
**Transaction ID : C1602817**  
 Amount of Each Receipt this Period  
 250.00

**C. Thomas A. Marks-Strauss M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8731 Admirals Woods Cir.  
 City Indianapolis State IN Zip Code 46236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615137**  
 Amount of Each Receipt this Period  
 220.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5470.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 86 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Alfred J. Martello M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4665 Douglas Cir NW Ste 101  
 City State Zip Code  
 Canton OH 44718-3673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stark County Anesthesia, Inc. Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1601775**  
 Amount of Each Receipt this Period  
 500.00

**B. Hugh B. Martin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 Hermosa Dr SE  
 City State Zip Code  
 Albuquerque NM 87108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of New Mexico Department of Professor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1600222**  
 Amount of Each Receipt this Period  
 100.00

**c. Hugh B. Martin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 Hermosa Dr SE  
 City State Zip Code  
 Albuquerque NM 87108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of New Mexico Department of Professor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1603988**  
 Amount of Each Receipt this Period  
 410.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1010.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Martin M.D.</b>		Date of Receipt
Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Little Rock	State AR	Zip Code 72202-3591
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C1596529</b>
Name of Employer University of Arkansas for Medical Sci		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="166.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="332.00"/>		

Full Name (Last, First, Middle Initial) <b>B. John P. Martucci M.D.</b>		Date of Receipt
Mailing Address 6100 S Garfield Ave		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City Burr Ridge	State IL	Zip Code 60527-5235
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C1599012</b>
Name of Employer SELF-EMPLOYED		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Veronica L. Massey M.D.</b>		Date of Receipt
Mailing Address 11811 Shire Wycliffe Ct.		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Tampa	State FL	Zip Code 33626-3330
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C1615257</b>
Name of Employer FGTBA		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1666.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maria E. Matuszczak M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6431 Fannin St Msb 5.020  
 City Houston State TX Zip Code 77030-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Medical School Occupation pediatric anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2012**  
**Transaction ID : C1615264**  
 Amount of Each Receipt this Period **250.00**

**B. Steven J. Maxwell D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 Rapp Rd  
 City Valatie State NY Zip Code 12184-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Steven J. Maxwell, D.O., PLLC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 22 / 2012**  
**Transaction ID : C1615266**  
 Amount of Each Receipt this Period **300.00**

**C. Stephen C. Maze M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1550 Boyson Rd.  
 City Hiawatha State IA Zip Code 52233-2310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Linn County Anesthesiologists Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 28 / 2012**  
**Transaction ID : C1606520**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 89 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Charles G. McAdams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 E Lamar Blvd Ste 400  
 City State Zip Code  
 Arlington TX 76006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615259**  
 Amount of Each Receipt this Period  
 250.00

**B. Dennis E. McCarthy M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3607 Ocean Dr., South  
 City State Zip Code  
 Jacksonville Beach FL 32250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ANESTH CONSULTANTS ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615260**  
 Amount of Each Receipt this Period  
 250.00

**C. Jim W. McChristian M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8720 Low Chaparral Rd  
 City State Zip Code  
 Rogers AR 72756-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615261**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Richard C. McCormick D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1011 Gnarland Oak Ct.  
 City Athens State GA Zip Code 30606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCAA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2012**  
**Transaction ID : C1615262**  
 Amount of Each Receipt this Period **250.00**

**B. Joel E. McCreary D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4724 N. 69th St.  
 City Scottsdale State AZ Zip Code 85251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pacific Anesthesia Occupation Staff Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2012**  
**Transaction ID : C1596484**  
 Amount of Each Receipt this Period **125.00**

**C. Nicole B. McDermott M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 County Road 126  
 City Glenwood Springs State CO Zip Code 81601-9284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 24 / 2012**  
**Transaction ID : C1615263**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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 13     14     15     16     17

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

**A. Brian P. McGlinch M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3364 Hidden Creek Lane, N.E.  
 City Rochester State MN Zip Code 55906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Anesthesiology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.60

Date of Receipt 02 / 01 / 2012  
**Transaction ID : C1596525**  
 Amount of Each Receipt this Period 83.00

**B. Brian P. McGlinch M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3364 Hidden Creek Lane, N.E.  
 City Rochester State MN Zip Code 55906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Anesthesiology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.60

Date of Receipt 02 / 15 / 2012  
**Transaction ID : C1600514**  
 Amount of Each Receipt this Period 83.30

**C. James McGrath D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 S. Willow Springs Rd.  
 City La Grange State IL Zip Code 60525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LaGrange Memorial Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2012  
**Transaction ID : C1599302**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

**A. Frederick McKibben M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 Homewood Dr.  
 City Altadena State CA Zip Code 91001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615269**  
 Amount of Each Receipt this Period  
 250.00

**B. Joseph D. McLaughlin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12729 Walton Ridge Ln  
 City Midlothian State VA Zip Code 23114-3365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth Anesthesia Associates Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615270**  
 Amount of Each Receipt this Period  
 250.00

**C. Howard G. Mendel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Ralston Dr  
 City Mount Laurel State NJ Zip Code 08054-3347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Burlington Anesthesia Associates Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2012  
**Transaction ID : C1604304**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

**A. Andre-Paul Michaud M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 442 Jenkins Ranch Rd  
 City Durango State CO Zip Code 81301-6546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OHSU-UHS-2 Occupation ANESTHESIA RESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1615409**  
 Amount of Each Receipt this Period  
 250.00

**B. Carlos M. Mijares M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 SW 176th St  
 City Village Of Palmetto Bay State FL Zip Code 33157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Miami School of Medicine Anes Occupation Board Certified Anesthesiologist DABA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : C1595594**  
 Amount of Each Receipt this Period  
 500.00

**c. Marianne Mikat-Stevens M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11320 Tecumseh Ln.  
 City Indian Head Park State IL Zip Code 60525-4359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615274**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 94 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Justin Millard M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8014 Meadowcreek Dr  
 City Cincinnati State OH Zip Code 45244-4902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AGP Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : C1596378**  
 Amount of Each Receipt this Period  
 500.00

**B. Eugene C. Miller M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3165 Timber Ln  
 City Verona State WI Zip Code 53593-9057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1598988**  
 Amount of Each Receipt this Period  
 500.00

**C. Brian G. Mills M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4105 W. 123rd St.  
 City Leawood State KS Zip Code 66209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shawnee Mission Hospital Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2012  
**Transaction ID : C1599307**  
 Amount of Each Receipt this Period  
 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 OF 163  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 26 Sherwood Ave.

City State Zip Code  
Greenwich CT 06831-3249

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

Name of Employer self Occupation anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : C1615275**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Jason S. Mitchell M.D.**

Mailing Address 1748 Primrose Lane

City State Zip Code  
Glenview IL 60026

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

Name of Employer northshore university healthsystem Occupation anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2012

**Transaction ID : C1599149**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Alan R. Mizutani M.D.**

Mailing Address P.O. Box 3396

City State Zip Code  
Anaheim CA 92803

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2012

**Transaction ID : C1615278**

Amount of Each Receipt this Period  
250.00

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

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

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

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

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

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

**A. Donald A. Moore M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Oakhurst Dr  
 City Ooltewah State TN Zip Code 37363-9448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anes. Consultants Exchange Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : C1596508**  
 Amount of Each Receipt this Period  
 125.00

**B. Thomas A. Moore II, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1748 Vestwood Hills Dr  
 City Vestavia State AL Zip Code 35216-1366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama School of Medici Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : C1596513**  
 Amount of Each Receipt this Period  
 125.00

**C. Shailesh Mori M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6776 St Moritz Pkwy  
 City Colleyville State TX Zip Code 76034-7293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Anesthesia Consultants Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1606253**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John P. Mrachek M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 09 / 2012 <b>Transaction ID : C1599119</b>
Mailing Address 4520 W. Woodlland Rd.		Amount of Each Receipt this Period 1000.00
City Edina	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		
Name of Employer NORTHWEST ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dodd Mullican M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2012 <b>Transaction ID : C1595860</b>
Mailing Address 13 Montevallo Lane		Amount of Each Receipt this Period 1000.00
City Birmingham	State AL	Zip Code 35213
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Resources Management	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. John C. Mullican M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : C1603984</b>
Mailing Address 330 Don Cubero Place		Amount of Each Receipt this Period 1000.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		
Name of Employer Santa Fe Anesth. Specialists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Marc E. Murphy M.D.**

Mailing Address 7654 S Cliffside Ln

City State Zip Code  
 Idaho Falls ID 83406-8355

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

Name of Employer Occupation  
 Information Requested Information Requested

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1599039**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Marshall J. Murphy M.D.**

Mailing Address 188 Chapman Rd

City State Zip Code  
 Greenville SC 29605-3142

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

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2012

**Transaction ID : C1615292**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Scott D. Murtha M.D.**

Mailing Address 216 Bever Ln., S.E.

City State Zip Code  
 Cedar Rapids IA 52403-3280

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

Name of Employer Occupation  
 LINN COUNTY ANESTH ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012

**Transaction ID : C1606521**

Amount of Each Receipt this Period  
 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 99 OF 163  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Steven W. Neeley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Woodlawn Dr  
 City Beaver State PA Zip Code 15009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Penn Anesthesia Associates Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1600139**  
 Amount of Each Receipt this Period  
 250.00

**B. Daniel H. Nelson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45395 Chocta Cir  
 City Indian Wells State CA Zip Code 92210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rancho Mirage Anesthesia Consultants Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1603990**  
 Amount of Each Receipt this Period  
 250.00

**C. George Neuman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 147  
 City Locust Valley State NY Zip Code 11560-0147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Vincent's Hospital & Med. Ctr. Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615303**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Luu Nguyen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9024 Fort Craig Dr  
 City State Zip Code  
 Burke VA 22015-2115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Medical Faculty Associates ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : C1606165**  
 Amount of Each Receipt this Period  
 250.00

**B. Bradley P. Nielsen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1244 Walden Ln  
 City State Zip Code  
 Draper UT 84020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Millcreek Anesthesia Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1603903**  
 Amount of Each Receipt this Period  
 250.00

**C. David M. Nieto M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9013 Cedar Bluffs Dr  
 City State Zip Code  
 North Richland Hills TX 76180-4376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pinnacle ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615419**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

**A. Peter J. O'Rourke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Guilder Ln  
 City Greenville State NC Zip Code 27858-6580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Carolina Anesthesia Associates, P Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615298**  
 Amount of Each Receipt this Period  
 250.00

**B. Ronald P. Oberfoell D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1407 Castlehill Dr  
 City Rockford State IL Zip Code 61107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rockford Memorial Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 13 / 2012  
**Transaction ID : C1600206**  
 Amount of Each Receipt this Period  
 500.00

**c. Oluwatosin Oladipupo M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1836 S Shores Dr  
 City Decatur State IL Zip Code 62521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Anes. of Decatur Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : C1596499**  
 Amount of Each Receipt this Period  
 83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Oluwatosin Oladipupo M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 23 / 2012
Mailing Address 1836 S Shores Dr		<b>Transaction ID : C1604038</b>
City Decatur	State IL	Zip Code 62521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Associated Anes. of Decatur	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

Full Name (Last, First, Middle Initial) <b>B. Paul M. OLeary M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2012
Mailing Address 1174 Lakeside Drive		<b>Transaction ID : C1605137</b>
City Birmingham	State MI	Zip Code 48009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer South Oakland Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. John J. Olson M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 08 / 2012
Mailing Address 1808 Yahara Pl		<b>Transaction ID : C1599020</b>
City Madison	State WI	Zip Code 53704-5557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Madison Anesthesiology Consultants	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

**A. Andrea V. Orphanos M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 South Atlantic Avenue  
 City State Zip Code  
 Cocoa Beach FL 32931-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599032**  
 Amount of Each Receipt this Period  
 250.00

**B. Irene P. Osborn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Carroll St  
 City State Zip Code  
 Bronx NY 10464-1463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mt. Sinai Medical Center Dept of Anest PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615299**  
 Amount of Each Receipt this Period  
 250.00

**C. Philip G. Owen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5130 Hunters Chase Rd  
 City State Zip Code  
 Las Cruces NM 88011-2554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mesilla Valley Anesthesiology, P.C. PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1615301**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Scott Pacific M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 <b>Transaction ID : C1615313</b>
Mailing Address 37 Ellsworth Dr		Amount of Each Receipt this Period 250.00
City Warren	State NJ	Zip Code 07059-7137
FEC ID number of contributing federal political committee. C		
Name of Employer SMG	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael T. Paige M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2012 <b>Transaction ID : C1595798</b>
Mailing Address 126 Clover Way		Amount of Each Receipt this Period 250.00
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee. C		
Name of Employer Group Anesthesia Services	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Harry T. Pall M.D.</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2012 <b>Transaction ID : C1615312</b>
Mailing Address 603 E Lake St		Amount of Each Receipt this Period 250.00
City Petoskey	State MI	Zip Code 49770-2522
FEC ID number of contributing federal political committee. C		
Name of Employer NO ANES PROVIDERS	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



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

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

**A. Brian S. Pallohusky M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4255 E Ridgeview St  
 City Springfield State MO Zip Code 65809-3427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Johns Clinic Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : C1596491**  
 Amount of Each Receipt this Period  
 83.00

**B. Brian S. Pallohusky M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4255 E Ridgeview St  
 City Springfield State MO Zip Code 65809-3427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Johns Clinic Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : C1596537**  
 Amount of Each Receipt this Period  
 41.00

**C. Heather A. Panaro M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Adams Point Rd  
 City Barrington State RI Zip Code 02806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Anesthesiologists Inc. Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1606328**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 374.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephen V. Panaro M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Adams Point Rd  
 City Barrington State RI Zip Code 02806  
 Name of Employer Providence Anesthesiologists, Inc. Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2012  
**Transaction ID : C1606327**  
 Amount of Each Receipt this Period 250.00

**B. Andrew J. Pate M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2059 Skyhawk Ct.  
 City Mount Pleasant State SC Zip Code 29466  
 Name of Employer CHARLESTON ANESTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2012  
**Transaction ID : C1615428**  
 Amount of Each Receipt this Period 500.00

**C. Joel D. Pavelonis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6140 E. Calle Del Sud  
 City Scottsdale State AZ Zip Code 85251  
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2012  
**Transaction ID : C1611892**  
 Amount of Each Receipt this Period 250.00

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

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

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

**A. William D. Pease M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 220970  
 City Anchorage State AK Zip Code 99522-0970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHUGACH ANESTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615433**  
 Amount of Each Receipt this Period  
 250.00

**B. Stephen J. Penca M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Rushing Meadow Ct.  
 City Arlington State TX Zip Code 76016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615435**  
 Amount of Each Receipt this Period  
 500.00

**C. Bobby J. Perales M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3409 Citrine Place  
 City Round Rock State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott and White MEM Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615305**  
 Amount of Each Receipt this Period  
 250.00

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

**SCHEDULE A (FEC Form 3X)  
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 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Claudia E. Perez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14003 Hickory Ridge Rd  
 City State Zip Code  
 Louisville KY 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ORA pllc Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1600211**  
 Amount of Each Receipt this Period  
 250.00

**B. Francisco Perez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 Tallgrass Cir.  
 City State Zip Code  
 Waukesha WI 53188-2654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615306**  
 Amount of Each Receipt this Period  
 500.00

**C. Shane L Petersen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3224 Regan Ct  
 City State Zip Code  
 Salt Lake City UT 84121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Intermountain Medical Center Anesthesi Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : C1595617**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 163
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jeffrey S. Philip M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4549 Raynor Ct.  
 City Mason State OH Zip Code 45040-4629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PERIOP MED CONSULTS Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 24 / 2012**  
**Transaction ID : C1615314**  
 Amount of Each Receipt this Period  
**250.00**

**B. Kristi L. Pielstick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Raintree Rd  
 City Akron State OH Zip Code 44333-1266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stark County Anesthesia Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 29 / 2012**  
**Transaction ID : C1615309**  
 Amount of Each Receipt this Period  
**250.00**

**C. Harvey Plosker M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Glades Rd  
 City Boca Raton State FL Zip Code 33432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Broad Anesthesia Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 22 / 2012**  
**Transaction ID : C1615311**  
 Amount of Each Receipt this Period  
**250.00**

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

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. David A. Plut M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4331 Fremont Ave S  
 City State Zip Code  
 Minneapolis MN 55409-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599047**  
 Amount of Each Receipt this Period  
 250.00

**B. Roma C. Polce M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3092 Red Arrow Dr.  
 City State Zip Code  
 Las Vegas NV 89135-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VAMC Southern Nevada Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 332.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2012  
**Transaction ID : C1596522**  
 Amount of Each Receipt this Period  
 83.00

**C. Roma C. Polce M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3092 Red Arrow Dr.  
 City State Zip Code  
 Las Vegas NV 89135-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VAMC Southern Nevada Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 332.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : C1601612**  
 Amount of Each Receipt this Period  
 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 416.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

**A. Jacqueline Poleet M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Sezanne Ct.  
 City Little Rock    State AR    Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Little Rock Anesthesia Services    Occupation Anesthesiologist  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2012  
**Transaction ID : C1602796**  
 Amount of Each Receipt this Period 250.00

**B. Edward W. Pollak M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24820 Riverwood Dr.  
 City Franklin    State MI    Zip Code 48025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Oakland Anesthesia Associates    Occupation Anesthesiologist  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : C1600456**  
 Amount of Each Receipt this Period 1000.00

**C. Garrett R Poole M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 S Alameda Ln Apt 6  
 City San Clemente    State CA    Zip Code 92672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self    Occupation Anesthesiologist  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2012  
**Transaction ID : C1615315**  
 Amount of Each Receipt this Period 250.00

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Garrett R Poole M.D.**

Mailing Address 117 S Alameda Ln Apt 6

City State Zip Code  
 San Clemente CA 92672

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

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012

**Transaction ID : C1615436**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Donald J. Portell D.O.**

Mailing Address 1555 Indian River Blvd Ste B120

City State Zip Code  
 Vero Beach FL 32960-7108

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

Name of Employer Occupation  
 Anesthesia of Indian River Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012

**Transaction ID : C1601769**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Wade R. Porterfield M.D.**

Mailing Address 3887 W. Branch Rd.

City State Zip Code  
 Allegany NY 14706-9722

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

Name of Employer Occupation  
 SO TIER ANESTH ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012

**Transaction ID : C1615438**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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



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

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

**A. Christopher A. Prater M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8175 Cindy Cir  
 City Martinsville State IN Zip Code 46151-9343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615439**  
 Amount of Each Receipt this Period  
 500.00

**B. Hugh M. Pratt M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5102 Galleon Dr. NE  
 City Tacoma State WA Zip Code 98422-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rainier Anesthesia Asso Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1599035**  
 Amount of Each Receipt this Period  
 250.00

**C. Thomas G. Provost D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Hastings Ave  
 City Keene State NH Zip Code 03431-5204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chesore Anesthesia Assoc Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
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 02 / 22 / 2012  
**Transaction ID : C1615442**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

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(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Rene Przkora M.D., Ph.D**

Mailing Address 301 University Blvd

City State Zip Code  
Galveston TX 77555

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

Name of Employer Occupation  
Department of Anesthesiology UTMB Galv Faculty

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : C1615443**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Bryan M. Purdy M.D.**

Mailing Address 111 10th St # 322

City State Zip Code  
Des Moines IA 50309-4220

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

Name of Employer Occupation  
Univ Medical Center Resident

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2012

**Transaction ID : C1615445**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Thomas Puzio M.D.**

Mailing Address 7 Sherwood Rd

City State Zip Code  
Dumont NJ 07628-1814

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

Name of Employer Occupation  
Self Anesthesiologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2012

**Transaction ID : C1599033**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Peter E. Qualey M.D.**

Mailing Address 5739 Wilshire Dr.

City Madison State WI Zip Code 53711-6405

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

Name of Employer Madison Anesthesiology Consultants Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1599021**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Timothy J. Quill M.D.**

Mailing Address 27 Stevens Rd

City Hanover State NH Zip Code 03755

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

Name of Employer Dartmouth Hitchcock Medical Center Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2012

**Transaction ID : C1595596**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Andrew D. Rackstein M.D.**

Mailing Address 305 Bluff View Dr

City Belleair Bluffs State FL Zip Code 33770-1306

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

Name of Employer GFA LLC Occupation Physician-anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2012

**Transaction ID : C1604226**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Martin Read M.D.**

Mailing Address PO Box 7507

City State Zip Code  
 Colorado Springs CO 80933-7507

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

Name of Employer Occupation  
 Pikes Peak Anesthesia Associates ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1599045**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Jason A. Rigol M.D.**

Mailing Address 3117 Palm Vista

City State Zip Code  
 Metairie LA 70003

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

Name of Employer Occupation  
 self anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2012

**Transaction ID : C1596344**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**c. Larry D. Robbins D.O.**

Mailing Address 2 Andrea Dr

City State Zip Code  
 Pittsfield MA 01201-8436

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

Name of Employer Occupation  
 Berkshire Faculty Services ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2012

**Transaction ID : C1615322**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1025.00

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

**SCHEDULE A (FEC Form 3X)  
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. L. Clayton Roberts M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6226 Mimosa Lane

City Dallas State TX Zip Code 75230

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2012  
**Transaction ID : C1615323**

Amount of Each Receipt this Period 500.00

**B. Franklin P. Robinson M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Camden Court

City Madison State MS Zip Code 39110

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615320**

Amount of Each Receipt this Period 250.00

**C. Philip A. Rojas M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1755 Kirby Pky, Suite #330

City Memphis State TN Zip Code 38120

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

Name of Employer Medical Anesthesia Group Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2012  
**Transaction ID : C1597385**

Amount of Each Receipt this Period 250.00

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

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Richard C. Romero M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1960 Ogden St Ste 525  
 City State Zip Code  
 Denver CO 80218-3675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatric Anes Consult ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012  
**Transaction ID : C1615329**  
 Amount of Each Receipt this Period  
 250.00

**B. David Rosen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 Glade Rd.  
 City State Zip Code  
 Glencoe IL 60022-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PRAA ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
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 02 / 08 / 2012  
**Transaction ID : C1601773**  
 Amount of Each Receipt this Period  
 250.00

**C. Kirk N. Rossiter M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3117 39th St  
 City State Zip Code  
 Metairie LA 70001-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesiology and Perioperative Medic Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2012  
**Transaction ID : C1615333**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 119 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. David M. Rothenberg M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 Kimball Rd  
 City Highland Park State IL Zip Code 60035-3618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIV ANESTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606508**  
 Amount of Each Receipt this Period  
 250.00

**B. Stephen A. Rubin D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4997 Oakhurst Lane  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1598602**  
 Amount of Each Receipt this Period  
 250.00

**c. Jonathan R. Sadler M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Devon Dr  
 City Birmingham State AL Zip Code 35209-4317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Resources Management Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615330**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Julio C. Salimbeni M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Forest Hills Ln  
 City Fort Collins State CO Zip Code 80524-2268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern Colorado Anesthesia Partner Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 13 / 2012**  
**Transaction ID : C1611886**  
 Amount of Each Receipt this Period  
**500.00**

**B. Lyle S. Saltzman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Oak St.  
 City Melbourne State FL Zip Code 32901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer brevard Anesthesia Services Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 19 / 2012**  
**Transaction ID : C1602829**  
 Amount of Each Receipt this Period  
**250.00**

**C. Koshy Samuel M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Caumsett Farms Ln.  
 City Woodbury State NY Zip Code 11797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2012**  
**Transaction ID : C1615336**  
 Amount of Each Receipt this Period  
**250.00**

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



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

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

FOR LINE NUMBER: PAGE 121 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. David J. Samuels M.D.**

Mailing Address 5121 San Jose

City Tampa State FL Zip Code 33629

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

Name of Employer David J Samuels MDPA Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 14 / 2012  
**Transaction ID : C1615334**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Sumiko Sarle M.D.**

Mailing Address 523 Garden Rd.

City Oakwood State OH Zip Code 45419

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

Name of Employer ANES ASSOC NW DAYTON Occupation ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 02 / 24 / 2012  
**Transaction ID : C1615342**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 125 White Sail Dr.

City Southington State CT Zip Code 06489-3854

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

Name of Employer The Hospital of Central CT, Dept. of A Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 02 / 29 / 2012  
**Transaction ID : C1615340**

Amount of Each Receipt this Period  
 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph A. Scaniffe M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Glenmore Dr  
 City Farmington State CT Zip Code 06032-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MILFORD ANES ASSOC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2012**  
**Transaction ID : C1615338**  
 Amount of Each Receipt this Period **500.00**

**B. Stephen D. Scarbrough M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 Cliff Ct Apt C  
 City Columbus State OH Zip Code 43204-3822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MIDWEST PHYS ANES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2012**  
**Transaction ID : C1615339**  
 Amount of Each Receipt this Period **250.00**

**C. Donald Schmit M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 Church St N  
 City Concord State NC Zip Code 28025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NorthEast Anesthesia and Pain Speciali Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 07 / 2012**  
**Transaction ID : C1596348**  
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David M. Schneider M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7015 Yellowstone Place  
 City Billings State MT Zip Code 59106-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ANES PART OF MT Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615343**  
 Amount of Each Receipt this Period 500.00

**B. Douglas T. Sedlacek M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2250 Country Club Pkwy SE  
 City Cedar Rapids State IA Zip Code 52403-1639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LINN COUNTY ANESTH Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : C1606522**  
 Amount of Each Receipt this Period 500.00

**C. Larry M. Segers M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 Asphodel Dr.  
 City Dothan State AL Zip Code 36303-2984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DAA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2012  
**Transaction ID : C1615351**  
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 124 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Brence A. Sell M.D.**

Mailing Address 4770 Buckhead Court

City State Zip Code  
 Tallahassee FL 32309-8932

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

Name of Employer Occupation  
 AA of T Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2012

**Transaction ID : C1598975**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Aryeh Shander M.D., FCCM**

Mailing Address 10 Myrtle Avenue

City State Zip Code  
 Demarest NJ 07627

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

Name of Employer Occupation  
 Englewood Hospital and Medical Center Medical Doctor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : C1606208**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 16 Royalwoods Ct.

City State Zip Code  
 Williamsville NY 14221

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

Name of Employer Occupation  
 Erie County Medical Center Anes. Dept. PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012

**Transaction ID : C1615353**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 163
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Suzanne F. Shearen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10450 Hadley Ave N  
 City White Bear Lake State MN Zip Code 55110-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 27 / 2012**  
**Transaction ID : C1615346**  
 Amount of Each Receipt this Period **250.00**

**B. Lawrence M. Shinbaum M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 343 Rolling Hills Dr  
 City Fairfield State CT Zip Code 06824-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milford Anesthesia Associates Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 28 / 2012**  
**Transaction ID : C1615347**  
 Amount of Each Receipt this Period **250.00**

**C. Ronald A. Shore D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 551 Overlook Drive  
 City Wyckoff State NJ Zip Code 07481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAG Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 28 / 2012**  
**Transaction ID : C1606509**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 163
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Subeeh A. Siddiqui M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1672 NW Valley St  
 City Camas State WA Zip Code 98607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1599120**  
 Amount of Each Receipt this Period  
 500.00

**B. Parvinder Singh M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2011 Oaks Pl.  
 City Arcadia State CA Zip Code 91006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615354**  
 Amount of Each Receipt this Period  
 500.00

**C. Eric D. Skolnick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11913 Whistler Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Hospital Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1597391**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 127 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Andrew J. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6431 Bergeson Way  
 City Indianapolis State IN Zip Code 46278-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anes Consult Indianapolis Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2012  
**Transaction ID : C1615448**  
 Amount of Each Receipt this Period 250.00

**B. Ryan W. Smith M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 Holly Ln  
 City Myrtle Beach State SC Zip Code 29572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coastal Anesthesia Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2012  
**Transaction ID : C1599269**  
 Amount of Each Receipt this Period 250.00

**C. Paul R. Smythe M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 1500 E. Medical Center Road  
 City Ann Arbor State MI Zip Code 48109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan Medical School Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2012  
**Transaction ID : C1595591**  
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 128 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark D. Snyder M.D.**

Mailing Address 1116 E Republic Circle

City State Zip Code  
 Salina KS 67401

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

Name of Employer Occupation  
 Self Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012

**Transaction ID : C1606502**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Robert L. Snyder D.O.**

Mailing Address 2367 Deer Valley Rd.

City State Zip Code  
 Midland MI 48642

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

Name of Employer Occupation  
 MMAG,PC anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2012

**Transaction ID : C1602828**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2475 St. Raymond Ave.

City State Zip Code  
 Bronx NY 10461

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

Name of Employer Occupation  
 Self Doctor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : C1615454**

Amount of Each Receipt this Period  
 250.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Steven T. Solby D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3407 Lake Creek Trl  
 City Mansfield State TX Zip Code 76063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arlington Division-Pinnacle Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : C1605738**  
 Amount of Each Receipt this Period  
 250.00

**B. Stephen W. Starling Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2036 Magnolia Ridge  
 City Birmingham State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Resources Management Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2012  
**Transaction ID : C1615357**  
 Amount of Each Receipt this Period  
 1000.00

**C. Andrew Stasic M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 Barnhill Dr Rm 2001  
 City Indianapolis State IN Zip Code 46202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana Univ. School of Medicine Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2012  
**Transaction ID : C1602853**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 163
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. John Stephenson M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Peachtree Dunwoody Road  
Suite 530

City Atlanta State GA Zip Code 30342

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

Name of Employer Physician Specialists in Anes., P.C. Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 332.60

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2012  
**Transaction ID : C1596516**

Amount of Each Receipt this Period  
83.00

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

Mailing Address 5671 Peachtree Dunwoody Road  
Suite 530

City Atlanta State GA Zip Code 30342

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

Name of Employer Physician Specialists in Anes., P.C. Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 332.60

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2012  
**Transaction ID : C1600252**

Amount of Each Receipt this Period  
83.30

**C. Ronald E. Stevens M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2899

City Cheyenne State WY Zip Code 82003

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

Name of Employer HIGH PLAINS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2012  
**Transaction ID : C1615363**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Thomas M. Stewart M.D.**

Mailing Address 2929 Wingfield Dr

City State Zip Code  
Columbus GA 31906-1645

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

Name of Employer Occupation  
AM SOL PHYS OF COL ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2012  
**Transaction ID : C1615361**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Shane E. Stidham M.D.**

Mailing Address 13005 Anduin Ave.

City State Zip Code  
Oklahoma City OK 73170

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

Name of Employer Occupation  
Self ANESTHESIOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2012  
**Transaction ID : C1615374**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Donald C. Stogsdill M.D.**

Mailing Address 2569 Turning Leaf Ln.

City State Zip Code  
Carmel IN 46032

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

Name of Employer Occupation  
CardioThoracic Anesthesia of IN Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2012  
**Transaction ID : C1595595**

Amount of Each Receipt this Period  
500.00

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

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

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

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

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 13     14     15     16     17

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

**A. Dennis R. Stone M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3408 State Rd. 13 No.  
 City Jacksonville State FL Zip Code 32259-9278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Pediatric Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615362**  
 Amount of Each Receipt this Period  
 500.00

**B. Jeffrey W. Stone M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Aberdeen Ave  
 City Dallas State TX Zip Code 75230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Texas Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2012  
**Transaction ID : C1595642**  
 Amount of Each Receipt this Period  
 250.00

**C. Kenneth R. Stone M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 Laurelwood Rd  
 City Orange State CT Zip Code 06477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bridgeport Anesthesia Assoc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1606326**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 133 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John C. Sudkamp M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address RR 1, Box 132-A  
 City State Zip Code  
 Sigel IL 62462-9731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Carle Clinic Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615366**  
 Amount of Each Receipt this Period  
 500.00

**B. Robert G. Sugar M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14500 Castlerock Rd.  
 City State Zip Code  
 Salinas CA 93908-9438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615367**  
 Amount of Each Receipt this Period  
 250.00

**C. Matthew D. Sunderlin M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6875 Breeze Point Dr  
 City State Zip Code  
 Norton Shores MI 49444-7792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lakeshore Anes.Services Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615371**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 163
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Timothy J. Swift M.D.**

Mailing Address 2937 Thomas Ave

City Dallas State TX Zip Code 75204

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

Name of Employer Pinnacle Anesthesia Consultants Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 06 / 2012  
**Transaction ID : C1595845**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. James F. Szocik M.D.**

Mailing Address Department of Anesthesiology  
1500 E. Medical CtrCenter Drive,

City Ann Arbor State MI Zip Code 48109

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

Name of Employer University of Michigan Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 20 / 2012  
**Transaction ID : C1602857**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Samuel E. Talsma M.D.**

Mailing Address 2110 Dorset Rd.

City Ann Arbor State MI Zip Code 48104

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

Name of Employer anesthesia assoc of ann arbor Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
02 / 08 / 2012  
**Transaction ID : C1599027**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 163
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kenneth D. Taraszka M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14255 Rebecca Court  
 City Largo State FL Zip Code 33774-5104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2012**  
**Transaction ID : C1615383**  
 Amount of Each Receipt this Period **250.00**

**B. Donald R. Tatum Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 770 Brookwood Walke  
 City Bloomfield Hills State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 27 / 2012**  
**Transaction ID : C1605138**  
 Amount of Each Receipt this Period **500.00**

**C. Gary D. Thal M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 3rd St Unit 709  
 City Cambridge State MA Zip Code 02142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 04 / 2012**  
**Transaction ID : C1595612**  
 Amount of Each Receipt this Period **500.00**

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

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

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

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 13     14     15     16     17

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

**A. Shelly L. Thannum M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1315 Bull Creek Ln  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical Anesthesia Grp Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2012  
**Transaction ID : C1602854**  
 Amount of Each Receipt this Period  
 250.00

**B. Leslie C. Thomas M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Chester St  
 City Metairie State LA Zip Code 70001-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Hospital Occupation anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615384**  
 Amount of Each Receipt this Period  
 250.00

**C. Mack A. Thomas M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 244 Beverly Dr.  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ochsner Health Systems Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615380**  
 Amount of Each Receipt this Period  
 500.00

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



**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Kyle Thompson M.D.**  
 Mailing Address 333 W Hampden Ave #600  
 City State Zip Code  
 Englewood CO 80110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 South Denver Anesthesiology, P.C. Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 291.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1606219**  
 Amount of Each Receipt this Period  
 83.30

Full Name (Last, First, Middle Initial)  
**B. Surya R. Thota M.D.**  
 Mailing Address 1 Hurley Plz  
 City State Zip Code  
 Flint MI 48503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hurley Medical Center Anes. Dept. physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2012  
**Transaction ID : C1604225**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey C. Thue M.D.**  
 Mailing Address 120 33rd Street  
 City State Zip Code  
 Manhattan Beach CA 90266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : C1602762**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1333.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

Full Name (Last, First, Middle Initial)  
**A. Benjamin Tibbals M.D.**

Mailing Address 2771 Hemlock St  
 Ste 100

City State Zip Code  
 Bremerton WA 98310

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

Name of Employer Occupation  
 Harrison Health Partners Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1598557**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Daniel A Tolpin M.D.**

Mailing Address 4904 Florence St

City State Zip Code  
 Bellaire TX 77401

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

Name of Employer Occupation  
 Baylor College of Medicine Anesthesiol Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2012

**Transaction ID : C1605119**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**c. Beth Ann A. Traylor M.D.**

Mailing Address 5303 James Ct

City State Zip Code  
 Carmel IN 46033-9158

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

Name of Employer Occupation  
 SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : C1615386**

Amount of Each Receipt this Period  
 250.00

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

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. John N. Trobaugh M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1050 Borghese Ln Apt 1706  
 City Naples State FL Zip Code 34114-7930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physicians Regional Medical Center Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615396**  
 Amount of Each Receipt this Period  
 250.00

**B. Christopher I. Trojan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 170 Sachem Way  
 City Rochester State NY Zip Code 14617-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WESTSIDE ANES ASSOC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615395**  
 Amount of Each Receipt this Period  
 250.00

**C. Craig A. Troop M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4701 Augusta Dr  
 City Frisco State TX Zip Code 75034-6839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Anesthesia Consultant Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
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 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kenneth J. Tuman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 Hackberry Ln  
 City Winnetka State IL Zip Code 60093  
 Name of Employer Rush University Medical Center Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : C1595081**  
 Amount of Each Receipt this Period  
 500.00

**B. James F. Van Dam M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 Evergreen Dr., N.E.  
 City Grand Rapids State MI Zip Code 49525-9756  
 Name of Employer Anesthesia Medical Consultants Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2012  
**Transaction ID : C1601776**  
 Amount of Each Receipt this Period  
 500.00

**C. Oscar Vega Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Medical Center St., #214  
 City El Paso State TX Zip Code 79902-5008  
 Name of Employer Self-Employed Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615394**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 141 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Thomas E. Verdone M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Crystal Ridge Rd  
 City State Zip Code  
 South Glastonbury CT 06073-3545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Milford Anesthesia associates Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1615398**  
 Amount of Each Receipt this Period  
 250.00

**B. Prem K. Vindhya M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6409 San Mateo Ln  
 City State Zip Code  
 Odessa TX 79762-5215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Surgery Center Texas ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615457**  
 Amount of Each Receipt this Period  
 250.00

**C. Mark E. Vukalcic M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 Alhambra Ave  
 City State Zip Code  
 Martinez CA 94553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Contra Costa Regional Med. Center Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1598567**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 142 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Adam B. Waldman M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7200 Meeker Creek Drive  
 City State Zip Code  
 Dayton OH 45414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615464**  
 Amount of Each Receipt this Period  
 250.00

**B. Joseph A Walker III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2711 Silver Creek Dr  
 City State Zip Code  
 Bloomington IN 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bloomington Anesthesiologists, PC Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2012  
**Transaction ID : C1604517**  
 Amount of Each Receipt this Period  
 500.00

**C. Wayne Walker M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 B. Gale Wilson Blvd.  
 City State Zip Code  
 Fairfield CA 94533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NorthBay Medical Center Department of anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615465**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 143 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Aimee Walsh M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1340 Sledge Dr  
 City State Zip Code  
 Mobile AL 36606-3021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Metro Anesthesia and Pain Services, PC Medical Doctor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606512**  
 Amount of Each Receipt this Period  
 500.00

**B. Charles A. Weinheimer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 332 N Civitas St  
 City State Zip Code  
 Mt Pleasant SC 29464-2796  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : C1615468**  
 Amount of Each Receipt this Period  
 250.00

**C. Blake E. Wendelburg M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7326 Oakview  
 City State Zip Code  
 Shawnee KS 66216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Midwest Anesthesia Associates, P.A. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2012  
**Transaction ID : C1595074**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 163
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Janet L. Wendeln M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13739 Foxdale Lake Drive  
 City Carmel State IN Zip Code 46032-8558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Consultants of Indianapolis Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012  
**Transaction ID : C1615400**  
 Amount of Each Receipt this Period  
 250.00

**B. David R. White D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9548 E 108th St S  
 City Tulsa State OK Zip Code 74133-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : C1615406**  
 Amount of Each Receipt this Period  
 250.00

**C. Christopher A. Wilhoit M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3049 Hawks Glen  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Associates of Tallahass Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2012  
**Transaction ID : C1602811**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 145 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Brooke H. Williams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4944 W San Rafael St  
 City Tampa State FL Zip Code 33629-5404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Gulf to Bay Anesthesiology Occupation Anesthesiologist, M.D.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 14 / 2012  
**Transaction ID : C1615404**  
 Amount of Each Receipt this Period 500.00

**B. Courtney G. Williams M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Lago Vista St  
 City Kemah State TX Zip Code 77565-2177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Texas Medical Branch - Galvest Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2012  
**Transaction ID : C1615405**  
 Amount of Each Receipt this Period 250.00

**c. David C. Williamson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318 Wilshire Pl  
 City Corpus Christi State TX Zip Code 78411-1622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gulf Shore Anesthesiology Associates Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 24 / 2012  
**Transaction ID : C1615408**  
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 146 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas A. Witkowski M.D.**

Mailing Address 204 Suffolk Rd

City State Zip Code  
 Flouertown PA 19031-2118

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

Name of Employer Occupation  
 Thomas Jefferson Univ ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606524**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Brian F. Witte D.O.**

Mailing Address 9640 Towering Oaks Curve

City State Zip Code  
 Prior Lake MN 55372

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

Name of Employer Occupation  
 South Valley Anesthesia, PA Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012  
**Transaction ID : C1598568**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Stephen Yeich M.D.**

Mailing Address 3048 SW 89th St Ste A

City State Zip Code  
 Oklahoma City OK 73159-6359

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

Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2012  
**Transaction ID : C1615478**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER: PAGE 147 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Margaret Ann Yoakum-Pyle M.D.**

Mailing Address 6354 Locust St

City State Zip Code  
 Shawnee Mission KS 66218-9065

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

Name of Employer Occupation  
 Anesthesiology Chartered anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2012  
**Transaction ID : C1606527**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Daniel J. Yousif M.D.**

Mailing Address 67 Marywood Trail

City State Zip Code  
 Wheaton IL 60187-8181

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

Name of Employer Occupation  
 Elmhurst Anesthesiologists PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2012  
**Transaction ID : C1595858**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Daniel J. Yousif M.D.**

Mailing Address 67 Marywood Trail

City State Zip Code  
 Wheaton IL 60187-8181

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

Name of Employer Occupation  
 Elmhurst Anesthesiologists PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
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 02 / 29 / 2012  
**Transaction ID : C1613284**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 148 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael J. Yun M.D.**

Mailing Address 8220 Crestwood Heights Dr Apt 1712

City State Zip Code  
 McLean VA 22102-3141

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

Name of Employer Occupation  
 Holly Cross Anesthesiology Associates Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2012

**Transaction ID : C1599053**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Leonard A. Zalik M.D.**

Mailing Address 1341 S Indiana Ave Unit D

City State Zip Code  
 Chicago IL 60605-2638

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

Name of Employer Occupation  
 Hinsdale Hospital ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : C1615477**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**c. John F. Zeiger M.D.**

Mailing Address 10705 Monte Vista Ct.

City State Zip Code  
 Fort Wayne IN 46804

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

Name of Employer Occupation  
 Associated Anesthesiologists of FW Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : C1615407**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 149 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Sara M. Zion M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Sycamore St  
 City State Zip Code  
 Bronxville NY 10708-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PRINCETON ANES SERV PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2012  
**Transaction ID : C1615411**  
 Amount of Each Receipt this Period  
 500.00

**B. Andrew M. Zurick M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8621 Witney Ave NW  
 City State Zip Code  
 North Canton OH 44720-9559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aultman Hospital ANESTHESIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2012  
**Transaction ID : C1615410**  
 Amount of Each Receipt this Period  
 250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
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 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	167439.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Merchant Fees

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Credit Card Merchant

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2012

Transaction ID : D126682

Amount of Each Disbursement this Period

1926.21

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1926.21

1926.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ANDY BARR FOR CONGRESS, INC.**

Mailing Address PO BOX 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Garland Andy Barr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

**Transaction ID : D125451**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address PO BOX 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Ms. Cheri Bustos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : D125373**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR CONGRESS**

Mailing Address PO BOX 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Mr. Douglas Allen Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125225**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)**

Mailing Address PO BOX 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125229**

Amount of Each Disbursement this Period

5000.00

**B. GOP GENERATION Y FUND**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2012 Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : D125379**

Amount of Each Disbursement this Period

1000.00

**C. JIM PENDERGRAPH FOR CONGRESS CAMPAIGN**

Full Name (Last, First, Middle Initial)

Mailing Address 658 GRIFFITH RD SUITE 103

City Charlotte State NC Zip Code 28217

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name

**Mr. Jim Pendergraph**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 09

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

**Transaction ID : D125453**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MCGOFF FOR CONGRESS**

Mailing Address PO BOX 44188

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Dr. John McGoff M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2012

Transaction ID : D125141

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. LEAD YOUR NATION NOW PAC (LYNN PAC)**

Mailing Address P.O. BOX 1872

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2012

Transaction ID : D125138

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. LINDA LINGLE SENATE COMMITTEE**

Mailing Address 46-001 KAMEHAMEHA HWY  
SUITE 301

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name  
**Ms. Linda Lingle**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: HI District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

Transaction ID : D125226

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2012

**Transaction ID : D125000**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**B. NUNNELEE FOR CONGRESS**

Mailing Address 438 EAST MAIN ST

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Alan Nunnelee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2012

**Transaction ID : D125001**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Anna G. Eshoo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2012

**Transaction ID : D125452**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

14000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AUSTIN SCOTT FOR CONGRESS INC**

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement  
2012 Primary Contribution

011

Category/  
Type

Candidate Name

**Rep. Austin Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125224**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MCCOLLUM FOR CONGRESS**

Mailing Address P.O. Box 14131

City St. Paul State MN Zip Code 55114

Purpose of Disbursement  
2012 Primary Contribution

011

Category/  
Type

Candidate Name

**Rep. Betty McCollum**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2012

**Transaction ID : D125014**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement  
2012 General Contribution

011

Category/  
Type

Candidate Name

**Rep. David Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2012

**Transaction ID : D125454**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DENNIS ROSS**

Mailing Address PO BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2012

**Transaction ID : D125382**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JEB HENSARLING**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2012

**Transaction ID : D125142**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JEB HENSARLING**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
2012 General Contribution

Category/  
Type

Candidate Name

**Rep. Jeb Hensarling**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : D125227**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JO BONNER FOR CONGRESS COMMITTEE**

Mailing Address P.O.Box 851232

City State Zip Code  
Mobile AL 36685

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Jo Bonner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

**Transaction ID : D125383**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE BACA**

Mailing Address 555 Capitol Mall Suite 1425

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Joe Baca**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

**Transaction ID : D125380**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE BACA**

Mailing Address 555 Capitol Mall Suite 1425

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Joe Baca**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

**Transaction ID : D125381**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Larry Bucshon**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

**Transaction ID : D125384**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ**

Mailing Address 1212 S. Victory Blvd.

City BURBANK State CA Zip Code 91502

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Loretta Sanchez**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 47

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2012

**Transaction ID : D125139**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. STUTZMAN FOR CONGRESS**

Mailing Address 0250 W 600 N

City Howe State IN Zip Code 46746

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Marlin Stutzman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2012

**Transaction ID : D125140**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Michael C. Burgess**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2012

Transaction ID : D125239

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. PAUL BROUN COMMITTEE**

Mailing Address P.O. Box 1512

City State Zip Code  
Athens GA 30601

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name  
**Rep. Paul Broun**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: GA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2012

Transaction ID : D125244

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 823047

City State Zip Code  
Dallas TX 75382

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name  
**Rep. Pete Sessions**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2012

Transaction ID : D125231

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. REYES COMMITTEE, INC., THE**

Mailing Address 1011 Montana Ave

City El Paso State TX Zip Code 79902

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Silvestre Reyes**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125230**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BACHUS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 131134

City BIRMINGHAM State AL Zip Code 35213

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Spencer Bachus**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125228**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCALISE FOR CONGRESS**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Steve Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125242**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TED DEUTCH FOR CONGRESS COMMITTEE**

Mailing Address 1050 17TH ST, NW, STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
2012 Primary Contribution

011

Category/  
Type

Candidate Name

**Rep. Ted Deutch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 19

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125245**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BOB CORKER FOR SENATE 2012**

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
2012 Primary Contribution

011

Category/  
Type

Candidate Name

**Sen. Bob Corker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125246**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. BOB CORKER FOR SENATE 2012**

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
2012 General Contribution

011

Category/  
Type

Candidate Name

**Sen. Bob Corker**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

**Transaction ID : D125247**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GILLIBRAND FOR SENATE**

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Sen. Kirsten Gillibrand**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NY District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2012

Transaction ID : D125237

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. COTTON FOR CONGRESS**

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834-0379

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Mr. Thomas Cotton**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: AR District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2012

Transaction ID : D125137

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. COTTON FOR CONGRESS**

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834-0379

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Mr. Thomas Cotton**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: AR District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2012

Transaction ID : D125372

Amount of Each Disbursement this Period

4500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name

**Rep. Joe Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

**Transaction ID : D126756**

Amount of Each Disbursement this Period

-1000.00
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City State Zip Code  
Vernon CT 06066

Purpose of Disbursement  
2012 Convention Contribution

Candidate Name

**Rep. Joe Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Convention

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

**Transaction ID : D126757**

Amount of Each Disbursement this Period

1000.00
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**[MEMO ITEM]**

Redesignation of 12/2011

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

0.00
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98000.00
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