

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) ▼

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		1200707.26
(b) Cash on Hand at Beginning of Reporting Period.....	1627096.94	
(c) Total Receipts (from Line 19)	325782.50	1556097.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1952879.44	2756804.27
7. Total Disbursements (from Line 31)	37454.99	866928.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1915424.45	1889876.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

To:

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

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).....

300996.30

615575.30

(ii) Unitemized

24786.20

90198.21

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

325782.50

1555097.01

(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) ►

325782.50

1555097.01

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

1000.00

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))..... ►

325782.50

1556097.01

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

325782.50

1556097.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10954.99	37528.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10954.99	37528.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	698400.00
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	131000.00
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)) ..	37454.99	866928.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37454.99	866928.21

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)	325782.50	1555097.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	325782.50	1555097.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	10954.99	37528.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	10954.99	37528.21

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 226
(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. Basem B. Abdelmalak M.D.

Mailing Address Dept of General Anesthesiology
9500 Euclid Ave.,

City Cleveland State OH Zip Code 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.60

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422868

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Basem B. Abdelmalak M.D.

Mailing Address Dept of General Anesthesiology
9500 Euclid Ave.,

City Cleveland State OH Zip Code 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.60

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432788

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Amr E. Abouleish M.D.

Mailing Address 4303 Evergreen Elm Ct

City Houston State TX Zip Code 77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422808

Amount of Each Receipt this Period

41.00

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

123.60

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

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

PAGE 7 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amr E. Abouleish M.D.

Mailing Address 4303 Evergreen Elm Ct

City

Houston

State

TX

Zip Code

77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

862.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : C1432630

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Eugene V. Acupan M.D.

Mailing Address 303D Beltline PI SW # 203

City

Decatur

State

AL

Zip Code

35603-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

Transaction ID : C1451994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter M. Adamek M.D.

Mailing Address 892 Crystal Brooke Dr

City

Hinckley

State

OH

Zip Code

44233

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHHS bedford medical center

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2011

Transaction ID : C1433001

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) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 226

☒ 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. Sean S. Adams M.D.

Mailing Address 3123 Aviara Ct

City
Naperville

State Zip Code
IL 60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
dupage valley anesthesiologists, ltd

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433055

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eric J. Albrecht M.D.

Mailing Address 938 Hanover Ave.

City
Norfolk

State Zip Code
VA 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422885

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Daniela C. Alexianu M.D.

Mailing Address 1310 E Blackwood Ln

City
Spokane

State Zip Code
WA 99223-6399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Anesthesia Group, PS

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
10 / 04 / 2011

Transaction ID : C1425923

Amount of Each Receipt this Period

1000.00

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

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

2125.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 226
(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 Allen M.D.

Mailing Address 675 School Ln

City State Zip Code
 Christiansburg VA 24073

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV

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
 10 15 2011

Transaction ID : C1432875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert G. Allen Jr., M.D.

Mailing Address 4454 West Glen Pl.

City State Zip Code
 Rapid City SD 57702-6852

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAPID CITY REG HOSP

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
 10 15 2011

Transaction ID : C1451833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ellen Allinger A.A.-C

Mailing Address 1590 Blanchard Bend

City State Zip Code
 Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Rock Hill

Occupation

anesthesiologist assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 15 2011

Transaction ID : C1432682

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 226
(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 Allyn M.D.

Mailing Address 22 Bramhall St

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432671

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. George G. Alvarez M.D.

Mailing Address 300 Beach Dr NE
Apt 1202

City

Saint Petersburg

State

FL

Zip Code

33701-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Childrens Hospital

Occupation

Chief of Anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432609

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott E. Ames M.D.

Mailing Address 3462 S. Atlanta Pl.

City

Tulsa

State

OK

Zip Code

74105-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists Inc.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426118

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 226
(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. John R. Ammon M.D.

Mailing Address 301 W. McLellan Blvd.

City State Zip Code
Phoenix AZ 85013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, Ltd.

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
10 / 13 / 2011

Transaction ID : C1431785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles K. Anderson M.D.

Mailing Address 60975 Billadeau Rd.

City State Zip Code
Bend OR 97702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bend Anesthesiology Group

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
10 / 15 / 2011

Transaction ID : C1432673

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David J. Anderson M.D.

Mailing Address 10720 Nall Ave

City State Zip Code
Overland Park KS 66211-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heartland Spine

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
10 / 15 / 2011

Transaction ID : C1432798

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 12 OF 226
(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 K. Andeweg M.D.

Mailing Address 1 Medical Center Dr.

City
Lebanon

State
NH

Zip Code
03756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Med Ctr Anes Dept.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432862

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David W. Andres M.D.

Mailing Address 133 Waggoner Ct.

City

Fort Worth

State

TX

Zip Code

76108-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott & White Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2101 16th St NW Apt 324

City

Washington

State

DC

Zip Code

20009-6584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case School of Medicin

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422873

Amount of Each Receipt this Period

83.00

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

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

833.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 226

☒ 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. Shane C. Angus M.S., A.A.

Mailing Address 2101 16th St NW Apt 324

City
Washington

State Zip Code
DC 20009-6584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Case School of Medicin

Occupation
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432701

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Joseph P. Annis M.D.

Mailing Address 3 Sundown Parkway

City
Austin

State Zip Code
TX 78746

FEC ID number of contributing
federal political committee.

C

Name of Employer
DARTMOUTH HITCHCOCK

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
10 / 24 / 2011

Transaction ID : C1498547

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Joseph F. Answine M.D.

Mailing Address 60 Kirby Dr.

City
Elizabethtown

State Zip Code
PA 17022

FEC ID number of contributing
federal political committee.

C

Name of Employer
riverside

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
10 / 15 / 2011

Transaction ID : C1432707

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 226
(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. Jeffrey L. Apfelbaum M.D.

Mailing Address 2560 Greenview Rd

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Medical Center

Occupation

Physician educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2011

Transaction ID : C1432606

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Valerie E. Armstead M.D.

Mailing Address 725 Kings Hwy
 Thomas Jefferson University

City State Zip Code
 Philadelphia NJ 19107-5092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University

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
 10 17 2011

Transaction ID : C1434157

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald E. Arnold M.D.

Mailing Address SJMMC - Dept of Anesthesiology
 615 South New Ballas Road

City State Zip Code
 St. Louis MO 63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2011

Transaction ID : C1432800

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 226

☒ 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. Sanjay K. Arora M.D.

Mailing Address 655 Gaylord St

City

Denver

State

CO

Zip Code

80206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2011

Transaction ID : C1422501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sivasenthil Arumugam M.D.

Mailing Address 114 Woodland St

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodland Anesthesiology Assoc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Ashburn M.D.

Mailing Address 1840 South St

2nd fl Tuttleman Ctr

City

Philadelphia

State

PA

Zip Code

19146-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn Pain Medicine and Palliative Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422886

Amount of Each Receipt this Period

41.00

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

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

791.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 226
(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. Joshua H. Atkins M.D., Ph.D

Mailing Address 120 Spruce St

City
Philadelphia

State Zip Code
PA 19106

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania School of M

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
10 / 15 / 2011

Transaction ID : C1432847

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mac S. Axelrod M.D.

Mailing Address 8703 Palm Lake Dr.

City
Orlando

State Zip Code
FL 32819-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR Medical Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422779

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. John J. Badal M.D.

Mailing Address 4961 W Saguaro Cliffs Dr

City
Tucson

State Zip Code
AZ 85745

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arizona 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
10 / 16 / 2011

Transaction ID : C1432962

Amount of Each Receipt this Period

500.00

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

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

1041.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott W. Bale M.D.

Mailing Address 3421 Bunny Run

City
Austin

State
TX

Zip Code
78746-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Texas Health Science Ctr Dept

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434181

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Arna Banerjee M.B.,B.S.

Mailing Address Department of Anesthesia & Critica
1211 21st Avenue, South, Suite -

City
Nashville

State
TN

Zip Code
37212-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422796

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Peter R. Bankoff M.D.

Mailing Address 7800 N 65th St

City
Paradise Valley

State
AZ

Zip Code
85253-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, Ltd.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2011

Transaction ID : C1422576

Amount of Each Receipt this Period

200.00

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

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

783.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 226

☒ 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. Barker Ph.D., M.D

Mailing Address Anesthesiology Department
PO Box 245114

City Tucson State AZ Zip Code 85724

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arizona Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432965

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John R. Barnes M.D.

Mailing Address 10935 S 91st E Ave

City Tulsa State OK Zip Code 74133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 30 / 2011

Transaction ID : C1453386

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rodger E. Barnette M.D.

Mailing Address 3401 N Broad St Fl 3
Department of Anesthesiology

City Philadelphia State PA Zip Code 19140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple University School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432732

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 19 OF 226

☒ 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. Richard R. Bartkowski M.D., Ph.D

Mailing Address 408 Rogers Lane

City

Wallingford

State

PA

Zip Code

19086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson U Physicians

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
10 / 23 / 2011

Transaction ID : C1451941

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John T. Bautista M.D.

Mailing Address 9147 Saddlebow Dr

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMG, P.C.

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
10 / 31 / 2011

Transaction ID : C1453887

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Curtis Baysinger M.D.

Mailing Address 4202 VUH VUMC 1211 Medical Cneter
OB Anesthesiology

City

Nashville

State

TN

Zip Code

37232-7580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432685

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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PAGE 20 OF 226

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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

Full Name (Last, First, Middle Initial)

A. Timothy Beacham M.D.

Mailing Address 2500 N State St

University of Mississippi Medical

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Ctr

Occupation

Anesthesiologist and Pain Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422831

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Shawn T. Beaman M.D.

Mailing Address 806 Huron Ct

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

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
10 / 15 / 2011

Transaction ID : C1432734

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Philip A. Becker Jr., M.D.

Mailing Address 1092 Thunderbird

City

El Paso

State

TX

Zip Code

79912

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
10 / 15 / 2011

Transaction ID : C1451860

Amount of Each Receipt this Period

500.00

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

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

1083.00

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

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FOR LINE NUMBER: PAGE 21 OF 226
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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

Full Name (Last, First, Middle Initial)

A. Robert Y. Beesburg M.D.

Mailing Address 152 Forty Love Pt.

City State Zip Code
Chapin SC 29036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Columbia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422780

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Timothy H. Beger M.D.

Mailing Address 6114 E. Montecito Ave

City State Zip Code
Scottsdale AZ 85251

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1451864

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Eileen V. Begin M.D.

Mailing Address 110 Irving St. NW #G-226

City State Zip Code
Washington DC 20010-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422905

Amount of Each Receipt this Period

41.00

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

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

1082.00

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

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FOR LINE NUMBER: PAGE 22 OF 226
(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. Honorio T. Benzon M.D.

Mailing Address 161 E Chicago Ave Apt 48F

City State Zip Code
Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern University Feinberg School

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
10 / 15 / 2011

Transaction ID : C1432782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott E. Benzuly M.D.

Mailing Address 1966 Village Green South

City State Zip Code
Riverside RI 02915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Hospital

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
10 / 30 / 2011

Transaction ID : C1453385

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln.

City State Zip Code
East Brunswick NJ 08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Medicine and Dentistry of N

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422877

Amount of Each Receipt this Period

83.00

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

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

833.00

SCHEDULE A (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 226

☒ 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. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln.

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Medicine and Dentistry of N

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.60

Date of Receipt

10 / 16 / 2011

Transaction ID : C1433051

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Michael Berrigan M.D., Ph.D

Mailing Address 900 23rd St NW, Suite G-2092

George Washington University Medic

City

Washington

State

DC

Zip Code

20037-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Faculty Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 04 / 2011

Transaction ID : C1425535

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Arnold J. Berry M.D.

Mailing Address 30 Battle Ridge Dr NE

City

Atlanta

State

GA

Zip Code

30342-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432622

Amount of Each Receipt this Period

1000.00

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

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

1291.60

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 226
(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. Joel L. Bez D.O.

Mailing Address 3806 Viceroy Dr.

City State Zip Code
Okemos MI 48864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lansing Anesthesiologist P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422913

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. John J. BianRosa M.D., J.D.

Mailing Address 2121 Race St

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

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
10 / 15 / 2011

Transaction ID : C1432656

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2929 Edgehill Rd

City State Zip Code
Cleveland Heights OH 44118-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals, Case Medical Cen

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422866

Amount of Each Receipt this Period

41.00

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

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

624.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 OF 226
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel A. Biggs M.D., M.Sc

Mailing Address 750 NE 13th St
Suite 200

City State Zip Code
Oklahoma City OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Oklahoma HSC

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
10 / 15 / 2011

Transaction ID : C1451805

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422904

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1079.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432717

Amount of Each Receipt this Period

83.30

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

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

666.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy M. Bittenbinder M.D.

Mailing Address 5014 Ascot Parkway

City State Zip Code
Temple TX 76502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott White Memorial Hospital Anes De

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 01 2011

Transaction ID : C1422878

Amount of Each Receipt this Period

830.00

Full Name (Last, First, Middle Initial)

B. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City State Zip Code
Lafayette IN 47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2011

Transaction ID : C1434213

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Bart J. Borsky M.D.

Mailing Address 14612 Mistletoe Dr

City State Zip Code
Oklahoma City OK 73142-1828

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 25 2011

Transaction ID : C1452343

Amount of Each Receipt this Period

500.00

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

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

633.00

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 226

(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. Arthur M. Boudreaux M.D.

Mailing Address 4493 Preserve Dr

City

Hoover

State

AL

Zip Code

35226-4141

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama at Birmingham An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : C1432669

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Boyer M.D., M.S.

Mailing Address Anesthesia & Respirator Service
4 East Clark Bass Blvd. Ste. 205

City

McAlester

State

OK

Zip Code

74501-4285

FEC ID number of contributing
federal political committee.

C

Name of Employer

McAlester Regional Health 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
 10 / 15 / 2011

Transaction ID : C1433049

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Philip F. Boyle M.D.

Mailing Address St. Cloud Hospital
1406 6th Ave. N., Anes. Dept.

City

St. Cloud

State

MN

Zip Code

56303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of St. Cloud, Lt

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : C1432828

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 226

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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

Full Name (Last, First, Middle Initial)

A. Christopher A. Bracken M.D.

Mailing Address 9960 Oakland Rd.

City

San Antonio

State

TX

Zip Code

78240

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434198

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark D. Brady M.D.

Mailing Address 9403 W. 146th Pl.

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1747.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422926

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Mark D. Brady M.D.

Mailing Address 9403 W. 146th Pl.

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1747.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432625

Amount of Each Receipt this Period

1000.00

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

1333.00

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

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

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FOR LINE NUMBER: PAGE 29 OF 226
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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

Full Name (Last, First, Middle Initial)

A. Tara R. Brakke M.D.

Mailing Address 18932 Boyle Cir

City State Zip Code
 Elkhorn NE 68022-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNMC Anesthesiology

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
 10 / 17 / 2011

Transaction ID : C1433977

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas B. Bralliar M.D.

Mailing Address 22089 Shaker Blvd

City State Zip Code
 Shaker Heights OH 44122

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : C1432849

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffry B. Brand M.D.

Mailing Address 44 Pleasant St

City State Zip Code
 Marblehead MA 01945-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTH ASSOC MASS

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
 10 / 15 / 2011

Transaction ID : C1451869

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**

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FOR LINE NUMBER: PAGE 30 OF 226
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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

Full Name (Last, First, Middle Initial)

A. Robert W. Brandt M.D.

Mailing Address 741 Mayfair Ln

City State Zip Code
Carmel IN 46032

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432755

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott M. Brandt M.D.

Mailing Address 4002 Rosedale Ave

City State Zip Code
Austin TX 78756-3631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2011

Transaction ID : C1427092

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stanley D. Brauer M.D.

Mailing Address 11781 Welebir St.

City State Zip Code
Loma Linda CA 92354

FEC ID number of contributing
federal political committee.

C

Name of Employer

LLU Anesthesiology

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
10 / 07 / 2011

Transaction ID : C1426891

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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 226

☒ 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 C. Brody M.D.

Mailing Address 1000 Dutch Ridge Rd Dept Anes
The Medical Center

City State Zip Code
Beaver PA 15009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Pennsylvania Anesthesia Associ

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
10 / 15 / 2011

Transaction ID : C1432659

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Broussard M.D.

Mailing Address 1514 Jefferson Hwy
Anesthesia Department

City State Zip Code
New Orleans LA 70121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2011

Transaction ID : C1427086

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Duncan J. Browne M.D.

Mailing Address 300 S. Arlington Ave.

City State Zip Code
Reno NV 89501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAR

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
10 / 16 / 2011

Transaction ID : C1432991

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 32 OF 226
(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. Patricia M. Browne M.D.

Mailing Address 559 Atsion Rd.

City
Shamong

State
NJ

Zip Code
08088-9473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Hospital of Philadelphia

Occupation
anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432749

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Claude Brunson M.D.

Mailing Address 2500 N State St
Univ of Mississippi Med Ctr

City
Jackson

State
MS

Zip Code
39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Mississippi Med Ctr

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432879

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kurt T. Budenbender D.O.

Mailing Address 1850 N. Central Ave Ste 1600

City
Phoenix

State
AZ

Zip Code
85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Anesthesia Consultants, LTD

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433016

Amount of Each Receipt this Period

83.30

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

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

1583.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 226

☒ 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. Jeffrey D. Burgan M.D.

Mailing Address 11115 S. Freya Rd.

City

Spokane

State

WA

Zip Code

99223-9421

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANESHTESIA GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2011

Transaction ID : C1449229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ruth E. Burstrom M.D.

Mailing Address 1538 Eagle Ridge Pl.,N.E.

City

Albuquerque

State

NM

Zip Code

87122-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of NM SchL MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1451862

Amount of Each Receipt this Period

500.00

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

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

1000.00

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 226

☒ 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 R. Bustamante M.D.

Mailing Address 1924 Alcoa Hwy # U109

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432668

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Butterworth IV, M.D.

Mailing Address 1200 E Broad St
Anes. Dept.

City

Richmond

State

VA

Zip Code

23298-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer

VCU School of Medicine

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432801

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anjum Bux M.D.

Mailing Address P.O. Box 154

City

Danville

State

KY

Zip Code

40423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Danville Anesthesia Associates, LLP

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
10 / 17 / 2011

Transaction ID : C1434072

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 226
(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 Cahalan M.D.

Mailing Address Anesthesia Department

30 N. Medical Drive, Room 3C-444

City

Salt Lake City

State

UT

Zip Code

84132

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah Medical Center

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert A. Campbell M.D.

Mailing Address 3380 W. Oak St.

City

Lebanon

State

PA

Zip Code

17042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central PA Partners

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
10 / 14 / 2011

Transaction ID : C1432614

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher L. Campese M.D.

Mailing Address 331 Hollywood Ave

City

Douglaston

State

NY

Zip Code

11363

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434161

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)..... ►

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 226

☒ 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. Rose Campise- Luther M.D.

Mailing Address 3729 N 101st St

City

Wauwatosa

State

WI

Zip Code

53222-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital of Wiscosnin Anesth

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2011

Transaction ID : C1428005

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joaquin J. Cantillo M.D.

Mailing Address 703 Worthington Mill Rd.

City

Richboro

State

PA

Zip Code

18954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Health System Dept. of Anesthe

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432775

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

c. Christel A. Carlson M.D.

Mailing Address 10710 S Sherman Rd

City

Spokane

State

WA

Zip Code

99224-9631

FEC ID number of contributing
federal political committee.

C

Name of Employer

physician anesthesia group ps

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
10 / 01 / 2011

Transaction ID : C1422806

Amount of Each Receipt this Period

25.00

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

1625.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 226
(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 Carney M.D.

Mailing Address 534 Ridgeview Drive

City State Zip Code
 Erie PA 16505

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422920

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Debra L. Caroli M.D.

Mailing Address 4548 Burke St

City State Zip Code
 Orlando FL 32814

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422864

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Tammy R. Carpenter M.D.

Mailing Address 8405 SW Power Ct.

City State Zip Code
 Portland OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2011

Transaction ID : C1449293

Amount of Each Receipt this Period

250.00

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

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

374.00

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 226

☒ 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. Richard J. Carr M.D.

Mailing Address 262 Wyndham Cir E

City

New Brighton

State

MN

Zip Code

55112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432969

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher W. Cary M.D.

Mailing Address 4 Alexander Dr

City

Cape Elizabeth

State

ME

Zip Code

04107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432690

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Joseph F. Cassady Jr., M.D.

Mailing Address 1215 Pleasant St., #400

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

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
10 / 15 / 2011

Transaction ID : C1432710

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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 226
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrei Cernea M.D.

Mailing Address 6708 Kenhill Rd

City
Bethesda

State
MD

Zip Code
20817-6016

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 ▼

254.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422817

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Keith J. Chamberlin M.D.

Mailing Address 540 San Pedro Cove

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACM, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 18 / 2011

Transaction ID : C1449156

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Champeau M.D.

Mailing Address 2600 El Camino Real
Suite 206

City

Palo Alto

State

CA

Zip Code

94306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anesth. Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432688

Amount of Each Receipt this Period

1000.00

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

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

2041.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 226

☒ 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. Jiravud Chanvitayapongs M.D.

Mailing Address 7737 E Purple Desert Pass
Old Pueblo Anesthesia

City Tucson State AZ Zip Code 85715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432817

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Songsiri Chanvitayapongs M.D.

Mailing Address 2810 N Swan Rd Ste 100
Old Pueblo Anesthesia, P.C.

City Tucson State AZ Zip Code 85712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432705

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John C. Chatelain M.D.

Mailing Address 1319 S.9th St.

City Fargo State ND Zip Code 58103-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health Systems

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422910

Amount of Each Receipt this Period

41.00

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

541.00

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 41 OF 226
(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. Frederick W. Cheney M.D.

Mailing Address 1959 NE Pacific St # BB-1461
Campus Box 356540

City State Zip Code
Seattle WA 98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of WA Sch of Med Anes Dept

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
10 / 15 / 2011

Transaction ID : C1451867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christina W. Chin M.D.

Mailing Address 100 Town Center Drive

City State Zip Code
Warren NJ 07079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432792

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gary S. Christensen M.D.

Mailing Address PO 22233

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

health care

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
10 / 15 / 2011

Transaction ID : C1432725

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 42 OF 226
(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. Tara L. Chronister M.D.

Mailing Address 82 Bridlewood PI NE

City

Concord

State

NC

Zip Code

28025-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer

NE ANES & PAIN SPEC

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
10 / 15 / 2011

Transaction ID : C1433044

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robin Church-Hajduk M.D.

Mailing Address 4242 Medical Dr., Ste 3100

City

San Antonio

State

TX

Zip Code

78229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, PA

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422858

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Robert D. Cinclair M.D.

Mailing Address 1404 Cassiopeia Way

City

Austin

State

TX

Zip Code

78732-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434210

Amount of Each Receipt this Period

500.00

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

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

1541.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 226

☒ 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. Randall M. Clark M.D.

Mailing Address 21 Hyde Park Circle

City State Zip Code
 Denver CO 80209

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432605

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David J. Cohen M.D.

Mailing Address 32630 Bingham Rd

City State Zip Code
 Bingham Farms MI 48025-2430

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 ▼

377.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422906

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Jerry A. Cohen M.D.

Mailing Address Box 100254

City State Zip Code
 Gainesville FL 32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

SPOUSE/RELATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434192

Amount of Each Receipt this Period

1000.00

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

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

2041.00

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 226

☒ 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. Norman A. Cohen M.D.

Mailing Address 0841 SW Gaines St # 504

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science Univ. Anes.

Occupation

Associate Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Cole M.D.

Mailing Address 5777 E Mayo Blvd

Department of Anesthesiology

City

Phoenix

State

AZ

Zip Code

85054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1432624

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter G. Coles M.D.

Mailing Address 900 Peeler St.

P.O. Box 4095

City

Kalamazoo

State

MI

Zip Code

49003-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422849

Amount of Each Receipt this Period

41.00

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

2041.00

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 45 OF 226

☒ 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. Christopher R. Cook D.O.

Mailing Address 755 N 11th St, Ste P-3600

City

Beaumont

State

TX

Zip Code

77702-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 24 / 2011

Transaction ID : C1451963

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lebron Cooper M.D.

Mailing Address 1757 NE 35th St

City

Oakland Park

State

FL

Zip Code

33334-5347

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422840

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Carey H. Costantini M.D.

Mailing Address 5020 Rollman Estate Dr.

City

Cincinnati

State

OH

Zip Code

45236

FEC ID number of contributing
federal political committee.

C

Name of Employer

IAPSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432637

Amount of Each Receipt this Period

500.00

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

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

1625.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 226

☒ 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. Gerard T. Costello M.D.

Mailing Address 7404 N. Landings Trail

City

Muncie

State

IN

Zip Code

47303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dealware County Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432864

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. W. Eric Cox M.D.

Mailing Address PO Box 51947

City

Knoxville

State

TN

Zip Code

37950

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologists

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434006

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Deborah L. Creath M.D.

Mailing Address 3823 Brighton Creek Cir

City

Tyler

State

TX

Zip Code

75707

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Texas Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432692

Amount of Each Receipt this Period

1000.00

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

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

2250.00

SCHEDULE A (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 226

☒ 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 A Cross M.D.

Mailing Address Department of Anesthesiology
2401 South 31st Street

City State Zip Code
Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Healthcare

Occupation

Physician 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
10 / 15 / 2011

Transaction ID : C1432777

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jay D. Cunningham D.O.

Mailing Address 18808 Saddle River Dr

City State Zip Code
Edmond OK 73012-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologist Inc

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
10 / 17 / 2011

Transaction ID : C1433980

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Alan E. Curle M.D.

Mailing Address 67 Palmerston Rd

City State Zip Code
Rochester NY 14618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Hospital - University of Roch

Occupation

Medical Director of Perioperative Seri

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432644

Amount of Each Receipt this Period

500.00

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

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

2500.00

SCHEDULE A (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 226

☒ 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. Patrick E. Curling M.D.

Mailing Address 8234 Magnolia Glen Dr.

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS CARDIOTHORACIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Susan G. Curling M.D.

Mailing Address 8234 Magnolia Glen Drive

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Houston Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

834.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422821

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Susan G. Curling M.D.

Mailing Address 8234 Magnolia Glen Drive

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Houston Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

834.30

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434021

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:
(check only one)

PAGE 49 OF 226

☒ 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. Saundra E. Curry M.D.

Mailing Address 50 Overlook Dr

City

Chappaqua

State

NY

Zip Code

10514-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1451832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert M. Custer M.D.

Mailing Address 385 Lighthouse Trl.

City

Centerville

State

OH

Zip Code

45458

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

10 / 27 / 2011

Transaction ID : C1453173

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas W. Cutter M.D.

Mailing Address 5841 S Maryland Ave # MC4028

Anes and Critical Care

City

Chicago

State

IL

Zip Code

60637-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Chicago Pritzker Sch of Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1433041

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 226

☒ 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. Patricia A. Dailey M.D.

Mailing Address 15 Creekwood Way

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mills-Peninsula Health Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432821

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David F. Davis III, M.D.

Mailing Address 4242 Medical Dr., Suite #3100
Tejas Anesthesia

City

San Antonio

State

TX

Zip Code

78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 24 / 2011

Transaction ID : C1451967

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City

Metairie

State

LA

Zip Code

70002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slidell Memorial Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432613

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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 226
(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. Bhaskar Deb M.D.

Mailing Address 6th Ave & Spruce St.

City State Zip Code
 West Reading PA 19611

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Reading Hosp Med Center

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
 10 17 2011

Transaction ID : C1451811

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stanley C. Dee M.D.

Mailing Address 326 E. Witchwood Ln.

City State Zip Code
 Lake Bluff IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Consultants, Ltd.

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
 10 15 2011

Transaction ID : C1432677

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael L. Delk M.D.

Mailing Address 170 Island Grove Dr

City State Zip Code
 Merritt Island FL 32952

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M J Anesthesiology

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
 10 15 2011

Transaction ID : C1432651

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 226

☒ 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. Edward H. Dench Jr., M.D.

Mailing Address 945 Outer Drive

City

State

Zip Code

State College

PA

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pocono Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark E. Dentz M.D.

Mailing Address 1422 Willowbrooke Cir.

City

State

Zip Code

Franklin

TN

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMG, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453368

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Laura I. Dew M.D.

Mailing Address 3009 Cason St

City

State

Zip Code

Houston

TX

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434025

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 53 OF 226
(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. Niki M. Dietz M.D.

Mailing Address 650 Windermere Ct NW

City State Zip Code
 Oronoco MN 55960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2011

Transaction ID : C1427043

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gary J. DiLisio M.D.

Mailing Address 324 Gannett Dr Ste 200

City State Zip Code
 South Portland ME 04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422843

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. John F. Dombrowski M.D.

Mailing Address 5123 Watson St NW

City State Zip Code
 Washington DC 20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : C1432694

Amount of Each Receipt this Period

1000.00

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

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

1333.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 226

☒ 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 Donielson M.D.

Mailing Address 3333 RiverBend Drive

Sacred Heart Medical Center Anesth

City

State

Zip Code

Springfield

OR

97477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sacred Heart Medical Center Anesthesia

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
10 / 19 / 2011

Transaction ID : C1450703

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William G. Donnellan M.D.

Mailing Address 1249 Penny Ln.

City

State

Zip Code

Tallahassee

FL

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sheridan Healthcare

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
10 / 17 / 2011

Transaction ID : C1434029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

State

Zip Code

Grand Rapids

MI

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Anesthesia Medical Consultants

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422900

Amount of Each Receipt this Period

83.00

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

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

1333.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 226

☒ 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. Christine A. Doyle M.D.

Mailing Address 2077 Walnut Grove Ave

City

San Jose

State

CA

Zip Code

95128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coast Anesthesia Medical Group

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432718

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Zoran Drmanovic M.D.

Mailing Address 5600 SW Bellflower Ct.

City

Palm City

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422861

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Clifton E. DuBose M.D.

Mailing Address 4201 Lake Breeze Dr.

City

Fort Worth

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Star 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
10 / 17 / 2011

Transaction ID : C1434127

Amount of Each Receipt this Period

500.00

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

1541.00

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

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 226

☒ 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 Duffy M.D.

Mailing Address 736 Irving Ave

City

Syracuse

State

NY

Zip Code

13210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crouse Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432621

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Dugas D.O.

Mailing Address 3706 Abbeywood

City

Pearland

State

TX

Zip Code

77584

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLL OF MED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Amy L. Duhachek-Stapelman M.D., B.S.

Mailing Address PO Box 315

City

Bennington

State

NE

Zip Code

68007-0315

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

Transaction ID : C1427051

Amount of Each Receipt this Period

250.00

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

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

1000.00

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Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 226
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peggy Duke M.D.

Mailing Address 1364 Clifton Road

Dept of Anesthesiology A303

City

Atlanta

State

GA

Zip Code

30322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital

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
10 / 15 / 2011

Transaction ID : C1432771

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter Dunbar M.B.,Ch.B.

Mailing Address PO Box 356540

1959 Pacific St.

City

Seattle

State

WA

Zip Code

98195-6540

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434101

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Norbert C. Duttlinger M.D.

Mailing Address 5166 Crestdale Drive

City

Rockford

State

IL

Zip Code

61114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Anesthesiologists Associated

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
10 / 16 / 2011

Transaction ID : C1432961

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 226

☒ 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. Richard P. Dutton M.D., M.B.

Mailing Address 520 N Northwest Hwy
AQI Department

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Society of 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
10 / 17 / 2011

Transaction ID : C1434179

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert F. Early Jr., M.D.

Mailing Address The Reading Hospital & Medical Cen
6th Ave. & Spruce Sts.

City State Zip Code
West Reading PA 19611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading 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
10 / 15 / 2011

Transaction ID : C1433046

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael P. Eaton M.D.

Mailing Address 39 Kirkby Trail

City State Zip Code
Fairport NY 14450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strong Mem Hosp, Univ of Roch

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
10 / 05 / 2011

Transaction ID : C1425943

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 226
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George A. Edwards M.D.

Mailing Address 8717 W 110th St Ste 600

City State Zip Code
 Overland Park KS 66210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Assoc. of Kansas City

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 17 2011

Transaction ID : C1434097

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jesse M. Ehrenfeld M.D.

Mailing Address 900 20th Avenue South Suite 1611

City State Zip Code
 Nashville TN 37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Vanderbilt University

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2011

Transaction ID : C1433008

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Richard B. Elf M.D.

Mailing Address 3131 NE 188th St Apt 1609

City State Zip Code
 Aventura FL 33180-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sheridan Healthcare Corp

Occupation
 Pediatric 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
 10 24 2011

Transaction ID : C1452008

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 226

☒ 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. Jay S. Ellis Jr., M.D.

Mailing Address 3211 Elys Path

City

San Antonio

State

TX

Zip Code

78230-2886

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEJAS ANESTH

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
10 / 24 / 2011

Transaction ID : C1452346

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sheila J. Ellis M.D.

Mailing Address 9980 S 162nd St

City

Omaha

State

NE

Zip Code

68136-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422859

Amount of Each Receipt this Period

83.00

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

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

1583.00

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

PAGE 61 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2011

Transaction ID : C1423442

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robin J. Elwood M.D.

Mailing Address 750 NE 13th St

Anesthesiology Department

City

Oklahoma City

State

OK

Zip Code

73104-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Transaction ID : C1432724

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher D. Emerson M.D.

Mailing Address 2303 W. 113th Ct.

City

Jenks

State

OK

Zip Code

74037-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, INC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : C1432631

Amount of Each Receipt this Period

500.00

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

1083.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 226

☒ 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 Entrup M.D.

Mailing Address PO Box 237

City

Danville

State

PA

Zip Code

17821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Health System

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432756

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jerry L. Epps M.D.

Mailing Address 1422 Kensington Dr

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2011

Transaction ID : C1427056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jay H. Epstein M.D.

Mailing Address 7358 Sawgrass Point Dr

City

Pinellas Park

State

FL

Zip Code

33782

FEC ID number of contributing
federal political committee.

C

Name of Employer

GFA

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432716

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 226
(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 P. Erickson M.D.

Mailing Address 1008 Fair Oaks Ave

City

Oak Park

State

IL

Zip Code

60302-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Chicago

Occupation

Teacher

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2011

Transaction ID : C1422500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434206

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John E. Evans M.D.

Mailing Address 59 Aquinas St

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group, P.C.

Occupation

md

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432996

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

FOR LINE NUMBER: PAGE 64 OF 226
(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. Julia B. Faller D.O.

Mailing Address 81 Audubon Dr

City State Zip Code
 Snyder NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roswell Park Cancer Institute Anesthes

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
 10 / 06 / 2011

Transaction ID : C1426055

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carolyn J. Farrell M.D.

Mailing Address 5511 Tonyawatha Trail

City State Zip Code
 Monona WI 53716-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin Dept.of Anes.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : C1451881

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 377 Eagle Trace Drive

City State Zip Code
 Half Moon Bay CA 94019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford University Med

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
 10 / 15 / 2011

Transaction ID : C1451877

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

PAGE 65 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melvin A. Ferlita M.D.

Mailing Address 320 Jade Ct.

City

Madisonville

State

LA

Zip Code

70447-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

APMC, LLC.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

Transaction ID : C1422887

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. David J. Ficke M.D.

Mailing Address 4974 101st St

City

Pleasant Prairie

State

WI

Zip Code

53158

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital System

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
10		01		2011

Transaction ID : C1422493

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott D. Fielden M.D.

Mailing Address 3010 W Charleston Blvd Ste 150

City

Las Vegas

State

NV

Zip Code

89102-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

Transaction ID : C1422766

Amount of Each Receipt this Period

83.00

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

624.00

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

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

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FOR LINE NUMBER: PAGE 66 OF 226
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jane C.K. Fitch M.D.

Mailing Address Anesthesia Department
750 NE 13th St Ste 200

City State Zip Code
Oklahoma City OK 73104-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Allergy Clinic

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434194

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark F. Flanery M.D.

Mailing Address 32721 111th PI SE

City State Zip Code
Auburn WA 98092-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auburn Anesthesia Assoc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael H. Flashburg M.D.

Mailing Address 15 Cambridge Way

City State Zip Code
Ocean NJ 07712-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monmouth Medical Center

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1451856

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 226

☒ 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. Isadore K. Fleisher M.D.

Mailing Address 3573 River Bend Rd

City

Birmingham

State

AL

Zip Code

35243-4833

FEC ID number of contributing
federal political committee.

C

Name of Employer

SO PERIOP SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

Transaction ID : C1427012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lee A. Fleisher M.D.

Mailing Address 3400 Spruce St # 680

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432772

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gary W. Flores M.D.

Mailing Address 4913 Elm St.

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433996

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 226

☒ 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. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422889

Amount of Each Receipt this Period

830.00

Full Name (Last, First, Middle Initial)

B. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432765

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Patrick A. Forrest ,,,

Mailing Address 110 29th Ave. North
#301

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMG

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
10 / 28 / 2011

Transaction ID : C1453370

Amount of Each Receipt this Period

500.00

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

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

666.30

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

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FOR LINE NUMBER:
(check only one)

PAGE 69 OF 226

☒ 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. Regina Y. Fragneto M.D.

Mailing Address 218 Quail Run Dr.

City

Georgetown

State

KY

Zip Code

40324-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF KENTUCKY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1451809

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Frame M.D.

Mailing Address 2300 N Edward St

City

Decatur

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anesthesiologists of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422855

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. William Frame M.D.

Mailing Address 2300 N Edward St

City

Decatur

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anesthesiologists of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453367

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 70 OF 226
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lon A. Fry D.O.

Mailing Address 134 Albany St.

City

San Antonio

State

TX

Zip Code

78209-4622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilford Hall Medical Center

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434187

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jeffery L. Fuqua M.D.

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 ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422845

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. James W. Futrell Jr., M.D.

Mailing Address 6141 Bedford Ave

City

Los Angeles

State

CA

Zip Code

90056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Futrell Medical Corp

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
10 / 29 / 2011

Transaction ID : C1453379

Amount of Each Receipt this Period

250.00

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

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

558.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert R. Gaiser M.D.

Mailing Address 8 Edinburgh Ln

City State Zip Code
 Mount Laurel NJ 08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania Health and

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
 10 15 2011

Transaction ID : C1432645

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Joseph W. Galassi Jr., M.D.

Mailing Address 193 Lilac Dr.

City State Zip Code
 Allentown PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allentown Anesthesia Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2011

Transaction ID : C1432737

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Richard E. Galgon M.D., M.S.

Mailing Address 1708 Suwannee Cir

City State Zip Code
 Waunakee WI 53597

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Wisconsin

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
 10 30 2011

Transaction ID : C1453393

Amount of Each Receipt this Period

200.00

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

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

1500.00

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 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kim M. Geelan M.D.

Mailing Address 120 NW 14th Ave., Suite #300

City State Zip Code
 Portland OR 97209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oregon Anesthesiology Group, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 11 / 2011

Transaction ID : C1428006

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City State Zip Code
 Hanford CA 93230

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 ▼

419.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422863

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City State Zip Code
 Hanford CA 93230

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 ▼

419.30

Date of Receipt

10 / 04 / 2011

Transaction ID : C1425922

Amount of Each Receipt this Period

83.30

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

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

374.30

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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PAGE 73 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William B. Gentry M.D.

Mailing Address 4301 W Markham MS 515

Univ of AR for Med Sci Anes Dept

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Arkansas for Med Sci Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2011

Transaction ID : C1451216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brenda A. Gentz M.D.

Mailing Address P.O. Box 40428

City

Tucson

State

AZ

Zip Code

85717

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arizona Health Network

Occupation

Physician- Anesthesiologists

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : C1432611

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Patrick Giam M.D.

Mailing Address Greater Houston Anesthesiology

2411 Fountain View, Suite 200

City

Houston

State

TX

Zip Code

77057-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Transaction ID : C1432861

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 226

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James J. Gibbons M.D.

Mailing Address 13203 Greenbough Dr

City

Saint Louis

State

MO

Zip Code

63146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2011

Transaction ID : C1434024

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Valentine A. Gibson M.D.Mailing Address 3300 Oak Lawn Ave Ste 200
Metro Anesthesia

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan 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
 10 / 26 / 2011

Transaction ID : C1452557

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Noel Martin Giesecke M.D.

Mailing Address 6037 Llano Ave

City

Dallas

State

TX

Zip Code

75206-6321

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTSMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2011

Transaction ID : C1434183

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 226
(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 A. Gilbert M.D.

Mailing Address 11543 SE Hawk Ledge Ln

City State Zip Code
Happy Valley OR 97086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432720

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard G. Gillerman M.D., Ph.D

Mailing Address 6 Lorimar Ln

City State Zip Code
Rehoboth MA 02769-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anesthesiologists, Inc.

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
10 / 16 / 2011

Transaction ID : C1433064

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ralph Glasser M.D.

Mailing Address 2336 W. Lake Shore Dr.

City State Zip Code
Springfield IL 62712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Illinois University Memorial

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
10 / 15 / 2011

Transaction ID : C1432704

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 226

☒ 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. Christopher H. Glazener M.D.

Mailing Address 7506 Pepita Way

City

La Jolla

State

CA

Zip Code

92037-5245

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Diego Outpatient Surgery

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 13 / 2011

Transaction ID : C1449176

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David F. Gloyna MD

Mailing Address Scott White, Dept. of Anes.
2401 South 31st

City

Temple

State

TX

Zip Code

76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

10 / 16 / 2011

Transaction ID : C1433000

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. David F. Gloyna MD

Mailing Address Scott White, Dept. of Anes.
2401 South 31st

City

Temple

State

TX

Zip Code

76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434199

Amount of Each Receipt this Period

1000.00

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

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

1333.30

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 226
(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 Goldberg M.D.

Mailing Address 113 N Bread St Apt 9E

City State Zip Code
Philadelphia PA 19106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cooper University Hospital

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
10 / 14 / 2011

Transaction ID : C1432615

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter Goldzweig D.O.

Mailing Address 942 Wood Hollow Ln.

City State Zip Code
Ridgewood NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer

nva

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
10 / 15 / 2011

Transaction ID : C1432871

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael C. Gosney M.D.

Mailing Address 108 Chase Dr.

City State Zip Code
Muscle Shoals AL 35661

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 ▼

1083.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432678

Amount of Each Receipt this Period

83.30

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

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

833.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 226

☒ 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 Graf M.D.

Mailing Address 1 Medical Center Dr
PO Box 8255

City State Zip Code
Morgantown WV 26506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of West Virginia Medical. School

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432670

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James D. Grant M.D.

Mailing Address 1574 Sodon Lake Dr

City State Zip Code
Bloomfield Hills MI 48302-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1498276

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. David M. Gratch D.O.

Mailing Address 111 S 11th St # 8490
Thos Jefferson Univ Hosp

City State Zip Code
Philadelphia PA 19107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital

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
10 / 15 / 2011

Transaction ID : C1432791

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 79 OF 226
(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. Christopher C. Gratian M.D.

Mailing Address 4 Sanderling Ct

City State Zip Code
Durham NC 27713

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Anes Dept

Occupation

Resident

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
10 / 15 / 2011

Transaction ID : C1432827

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dara A. Green M.D.

Mailing Address 13657 Glynshel Drive

City State Zip Code
Winter-Garden FL 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 ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422773

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. William B. Green Jr., M.D.

Mailing Address 2923 Woodland Ridge

City State Zip Code
Kingwood TX 77345

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Houston Anes.

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
10 / 24 / 2011

Transaction ID : C1451961

Amount of Each Receipt this Period

250.00

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

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

708.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott B. Groudine M.D.

Mailing Address 21 Carriage Hill Drive

City

Latham

State

NY

Zip Code

12110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432617

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Guadalupe A.A.

Mailing Address PO Box 13681

City

Savannah

State

GA

Zip Code

31416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nova Southeastern University

Occupation

Assistant Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

377.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422876

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Vincent E. Guarini M.D.

Mailing Address 3080 Futuna Ln

City

Naples

State

FL

Zip Code

34119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Gulf to Bay Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2011

Transaction ID : C1452552

Amount of Each Receipt this Period

250.00

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

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

791.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A. Gunderson D.O.

Mailing Address 1016 Featherstone Rd

City	State	Zip Code
Rockford	IL	61107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Ambulatory Surgery Center

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
10		15		2011

Transaction ID : C1432760

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Timothy E. Gundlach M.D.

Mailing Address 9008 Unbridle Ln

City	State	Zip Code
Waxhaw	NC	28173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiology 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
10		16		2011

Transaction ID : C1433012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Helena B. Gunnerson M.D.

Mailing Address 8809 Lake Ridge Dr

City	State	Zip Code
Darien	IL	60561

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois

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
10		15		2011

Transaction ID : C1432712

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allen N. Gustin M.D.

Mailing Address 653 W. Briar Pl.
Apt 1

City State Zip Code
Chicago IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Chicago Department of An

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2011

Transaction ID : C1427096

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kenneth T. Gutierrez M.D.

Mailing Address 3 Sidney Way

City State Zip Code
Simsbury CT 06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodland Anesthesiology Assoc. P.C.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432687

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Carin A. Hagberg M.D.

Mailing Address 6431 Fannin St MSB 5.020

City State Zip Code
Houston TX 77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT MED SCHL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434185

Amount of Each Receipt this Period

1000.00

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

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

2050.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 226

☒ 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. Robin T. Hall M.D.

Mailing Address PO Box 1005

410 First Ave., S.E.

City

Cullman

State

AL

Zip Code

35056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cullman Anesthesiology and Pain Consul

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2011

Transaction ID : C1427088

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Harriet A. Hamer M.D.

Mailing Address 1307 E. Jefferson Blvd.

City

South Bend

State

IN

Zip Code

46617-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michiana Anesthesia Care, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1451842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Bruce C. Hammerschlag M.D.

Mailing Address 14 Norgate Rd.

City

Brookville

State

NY

Zip Code

11545-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2011

Transaction ID : C1422572

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 226
(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. Aaron Hammond D.O.

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

City State Zip Code
Tucson AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : C1426052

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Alexander A. Hannenberg M.D.

Mailing Address 2014 Washington St
Anesthesia Department

City State Zip Code
Newton MA 02462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton-Wellesley Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432820

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. H. David Hardman M.D.

Mailing Address 228 Galway Dr

City State Zip Code
Chapel Hill NC 27517

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC at Chapel Hill

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433031

Amount of Each Receipt this Period

1000.00

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

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

2083.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 226

☒ 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. Brian E. Harrington M.D.

Mailing Address PO Box 1837

City
Billings

State
MT

Zip Code
59103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billings Anesthesiology, P.C.

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
10 / 16 / 2011

Transaction ID : C1432985

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David K. Harris M.D.

Mailing Address 948 Upper Elgin River Rd

City

Webberville

State

TX

Zip Code

78621-5556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2011

Transaction ID : C1451966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City

Dublin

State

OH

Zip Code

43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422912

Amount of Each Receipt this Period

83.00

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

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

833.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 226

☒ 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. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City

Dublin

State

OH

Zip Code

43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433985

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Craig T. Hartrick M.D.

Mailing Address 2408 Park Ridge Dr

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaumont Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

Transaction ID : C1426870

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Benjamin D. Harvey M.D.

Mailing Address 70 Manor Lake Estates Cir.

City

Spring

State

TX

Zip Code

77379-3774

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREATER HOUSTON ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434208

Amount of Each Receipt this Period

250.00

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

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

833.30

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

PAGE 87 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan C. Hausheer M.D.

Mailing Address 771 Dommerich Dr.

City

State

Zip Code

Maitland

FL

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

JLR Medical Group

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

Transaction ID : C1422819

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Rickard Hawkins M.D.

Mailing Address 670 Briarleigh Way

City

State

Zip Code

Woodstock

GA

30189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ambulatory Anesthesia of Atlanta

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
10		16		2011

Transaction ID : C1432958

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Allen J. Hayman M.D.

Mailing Address 7 Goldenrod Ln

City

State

Zip Code

Falmouth

ME

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

spectrum anesthesiology

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
10		15		2011

Transaction ID : C1432809

Amount of Each Receipt this Period

1000.00

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

2041.00

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 88 OF 226
(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. C. Alvin Head M.D.

Mailing Address 8 Indian Cove Rd

City State Zip Code
 Augusta GA 30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Health Sciences University

Occupation

Professor of Anes. and Physiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2011

Transaction ID : C1432952

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James R. Hebl M.D.

Mailing Address Department of Anesthesiology
 200 First Street, SW

City State Zip Code
 Rochester MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

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
 10 15 2011

Transaction ID : C1432748

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. George G. Hefner M.D.

Mailing Address 11 Briarwood Ln.

City State Zip Code
 Lincolnshire IL 60069

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 / D D / Y Y Y Y Y
 10 15 2011

Transaction ID : C1432750

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 226

☒ 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. H. A. Tillmann Hein M.D., Ph.D

Mailing Address 3300 Oak Lawn Ave Ste 200

City State Zip Code
 Dallas TX 75219-4265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Anesthesia Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2011

Transaction ID : C1434171

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Donald J. Heindel M.D.

Mailing Address 3635 Catawba Rd.

City State Zip Code
 Blacksburg VA 24060

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACV

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
 10 / 16 / 2011

Transaction ID : C1432986

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rodney A. Helton M.D.

Mailing Address 5030 N May Ave # 306
 Northwest Anesthesia

City State Zip Code
 Oklahoma City OK 73112-6010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW 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
 10 / 27 / 2011

Transaction ID : C1453178

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 226

☒ 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. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422805

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432834

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Thomas Henthorn M.D.

Mailing Address University of Colorado Denver

12401 E 17th Ave. Mail Stop B113

City

Aurora

State

CO

Zip Code

80045-7158

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433986

Amount of Each Receipt this Period

250.00

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

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

416.30

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 226
(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. Andrew Herlich M.D.

Mailing Address 116 Haverford Circle

City State Zip Code
Pittsburgh PA 15228

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC Mercy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1830.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422854

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City State Zip Code
Fresno CA 93711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Fresno

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432654

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kirk B. Hickey M.D.

Mailing Address 17104 Saddlecreek Way

City State Zip Code
Edmond OK 73012-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422786

Amount of Each Receipt this Period

25.00

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

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

1108.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James S. Hicks M.D.

Mailing Address 20287 S Lake Vista Ct

City

Oregon City

State

OR

Zip Code

97045-7354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health Sciences Univ. Anes. Dep

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1433045

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lauren B Hojdila A.A.-C, A.

Mailing Address 2313 Nesselwood Dr

City

Wesley Chapel

State

FL

Zip Code

33543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Florida Anesthesiology

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434016

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

New York

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Medical Ctr Anes Dept

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432647

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

PAGE 93 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rick A. Howard M.D.

Mailing Address 908 Dennisford Ct

City

Cockeysville

State

MD

Zip Code

21030-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2011

Transaction ID : C1433036

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen M. Howell M.D.

Mailing Address PO Box 8255

WVU-School of Medicine, Dept of An

City

Morgantown

State

WV

Zip Code

26506

FEC ID number of contributing
federal political committee.

C

Name of Employer

W VIRGINIA UNIV SCHL

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2011

Transaction ID : C1427021

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. McCallum R. Hoyt M.D., M.B.

Mailing Address Brigham & Women's Hospital - Harva

75 Francis St

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham & Women's Hosp

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
10	/	15	/	2011

Transaction ID : C1451857

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 226

☒ 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. H. Jane Huffnagle D.O.

Mailing Address 18 N Edmonds Ave

City

Havertown

State

PA

Zip Code

19083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432949

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Suzanne L. Huffnagle D.O.

Mailing Address 1141 Cornell Ave

City

Drexel Hill

State

PA

Zip Code

19026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422844

Amount of Each Receipt this Period

83.00

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

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

583.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 226
(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 Hulver D.O.

Mailing Address 3719 S Atlanta Pl

City State Zip Code
Tulsa OK 74105-3526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillcrest Medical Center Anesthesia

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2011

Transaction ID : C1450702

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David S. Hunt M.D.

Mailing Address 1911 Arden Rd.

City State Zip Code
Roanoke VA 24015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesiology Consultants of VA

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
10 / 21 / 2011

Transaction ID : C1451217

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John H. Huntington M.D.

Mailing Address 3333 Evergreen Dr., NE

City State Zip Code
Grand Rapids MI 49525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Medical Consultants, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422772

Amount of Each Receipt this Period

41.00

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

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

1541.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 OF 226

☒ 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. William E. Hurford M.D.

Mailing Address University of Cincinnati Medical C
231 Albert Sabin Way

City State Zip Code
Cincinnati OH 45267-0531

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422883

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Barbara J. Hurlbert M.D.

Mailing Address 9223 Davenport St.

City State Zip Code
Omaha NE 68114

FEC ID number of contributing
federal political committee.

C

Name of Employer

U OF NE COLL OF MED

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
10 / 15 / 2011

Transaction ID : C1451882

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Randy R. Idler ,,,

Mailing Address 300 S. Arlington Ave.

City State Zip Code
Reno NV 89501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2011

Transaction ID : C1449177

Amount of Each Receipt this Period

500.00

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

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

1041.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 226

☒ 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 A. Iverson M.D.

Mailing Address 330 Chapel Loop

City

Mandeville

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer

WSTAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1432612

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422841

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432964

Amount of Each Receipt this Period

83.30

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

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

1166.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 226
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aliraza G. Jaffer M.D.

Mailing Address 5070 Brookdale Road

City State Zip Code
Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2011

Transaction ID : C1422823

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City State Zip Code
Centennial CO 80015

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 01 2011

Transaction ID : C1422835

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City State Zip Code
Centennial CO 80015

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 15 2011

Transaction ID : C1432699

Amount of Each Receipt this Period

83.30

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

249.30

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 226
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey M. Jekot MD

Mailing Address 3804 Woodcutters Way

City State Zip Code
Austin TX 78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Anesthesiology Group, LLP

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433039

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joanne Jene M.D.

Mailing Address 2221 SW 1st Ave. #1921

City State Zip Code
Portland OR 97201-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1433042

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Basia M. Jenkins M.D.

Mailing Address 3933 Topside Rd.

City State Zip Code
Knoxville TN 37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Alliance of E. TN

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
10 / 02 / 2011

Transaction ID : C1422568

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 226
(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. Curby D. Jenkins D.O.

Mailing Address 654 Emily Ln.

City
Haslett

State
MI

Zip Code
48840-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self - Lansing Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422775

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Cynthia L. Jenson M.D.

Mailing Address 434 Main St.

City
Waterville

State
ME

Zip Code
04901-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422832

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Jay W. Johansen M.D., Ph.D

Mailing Address 1610 Queensland Ct

City
Alpharetta

State
GA

Zip Code
30005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital

Occupation

anestheisologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432808

Amount of Each Receipt this Period

500.00

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

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

666.00

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

PAGE 101 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel O. Johnson M.D., Ph.D

Mailing Address 909 Winding Way

City
MiddletonState
WIZip Code
53562-5078FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin Med Sch Anes D

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
10	/	24	/	2011

Transaction ID : C1451970

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert E. Johnstone M.D.

Mailing Address 369 Lakeview Dr.

City

Morgantown

State

WV

Zip Code

26508-8080

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV HEALTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1451851

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gary P. Jones A.A.Mailing Address 6410 Fannin St
Suite 480

City

Houston

State

TX

Zip Code

77030-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Anesthesiologist Assistant Program Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422825

Amount of Each Receipt this Period

83.00

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

1333.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 226

☒ 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. Gary P. Jones A.A.

Mailing Address 6410 Fannin St
Suite 480

City Houston State TX Zip Code 77030-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Anesthesiologist Assistant Program Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432990

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. Peter C. Jong M.D.

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

10 / 30 / 2011

Transaction ID : C1453391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Raymond S. Joseph M.D.

Mailing Address 1420 Terry Ave Unit 908

City Seattle State WA Zip Code 98101-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432768

Amount of Each Receipt this Period

500.00

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

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

833.30

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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PAGE 103 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Kaluszyk A.A.-CMailing Address 2500 Metrohealth Dr
Anesthesia Dept.

City	State	Zip Code
Cleveland	OH	44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

MetrHealth Medical Center

Occupation

2009 President, AAAA

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
10	/	15	/	2011

Transaction ID : C1432683

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patricia A. Kapur M.D.

Mailing Address 757 Westwood Blvd, Room 2331L

City	State	Zip Code
Los Angeles	CA	90095

FEC ID number of contributing
federal political committee.

C

Name of Employer

David Geffen Sch Med-UCLA 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
10	/	14	/	2011

Transaction ID : C1432632

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City	State	Zip Code
Chicago	IL	60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422869

Amount of Each Receipt this Period

83.00

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

1583.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 OF 226

☒ 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. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City
Chicago

State
IL

Zip Code
60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Chicago

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432854

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Candace E. Keller M.D., M.P.

Mailing Address 2500 N State St

City
Jackson

State
MS

Zip Code
39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF MISSISSIPPI

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1451804

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. James B. Kelly Jr., M.D.

Mailing Address 11720 Madison Ave

City
Kansas City

State
MO

Zip Code
64114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiothoracic Anesthesia Associates

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
10 / 15 / 2011

Transaction ID : C1432726

Amount of Each Receipt this Period

1000.00

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

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

2083.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 226

☒ 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. Angela Kendrick M.D.

Mailing Address 7900 S.W. 191st Ave.

City
Aloha

State
OR

Zip Code
97007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health Sciences Univ. Anes. Dep

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432971

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida Anesthesia Consultants P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.30

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432740

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Robert E. Kettler M.D.

Mailing Address 9200 W. Wisconsin Ave.

City

Milwaukee

State

WI

Zip Code

53226-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer

MED COLL OF WISC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : C1428002

Amount of Each Receipt this Period

500.00

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

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

833.30

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

PAGE 106 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen J. Kimatian M.D.

Mailing Address 4423 Kings Forest Blvd

City

Richfield

State

OH

Zip Code

44286-9146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1451845

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael S. Kincaid M.D.

Mailing Address 13029 NE 144th PI

City

Kirkland

State

WA

Zip Code

98034-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matrix Anesthesia - Evergreen Medical

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422815

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Ellen King M.D.Mailing Address 9500 Euclid Avenue, C25
The Cleveland Clinic

City

Cleveland

State

OH

Zip Code

44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Cleveland Clinic

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
10	/	15	/	2011

Transaction ID : C1432675

Amount of Each Receipt this Period

1000.00

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

1583.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 226

☒ 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. Jeffrey G. King M.D.

Mailing Address 8740 Ingleton Ct.

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422875

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Kevin P. Kinkead M.D.

Mailing Address 1776 McConnell Dr.

City

Williamsport

State

PA

Zip Code

17701-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Williamsport

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2374.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422778

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. Chris A. Kittle M.D.

Mailing Address 12 Naudain Ct

City

Wilmington

State

DE

Zip Code

19808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services PA

Occupation

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432751

Amount of Each Receipt this Period

1000.00

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

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

1249.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew A Klopman M.D.

Mailing Address 930 Edgewater Ct.

City

Sandy Springs

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Department o

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432773

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. S. Lynn Knox M.D.

Mailing Address 301 University Blvd

University of Texas Medical Branch

City

Galveston

State

TX

Zip Code

77555

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

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
10 / 16 / 2011

Transaction ID : C1432975

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert F. Koebert M.D.

Mailing Address 541 E Erie St Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer

AURORA MED GRP

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
10 / 11 / 2011

Transaction ID : C1428001

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 226
(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. Nicholas Koehler M.D.

Mailing Address 11807 Park Ave

City State Zip Code
 Seffner FL 33584

FEC ID number of contributing
federal political committee.

C

Name of Employer

TGH

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
 10 25 2011

Transaction ID : C1452527

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eun-Kyu Koh M.D.

Mailing Address 2323 Thornwood Ave

City State Zip Code
 Wilmette IL 60091-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evanston-Northwestern Healthcare

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
 10 17 2011

Transaction ID : C1434156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Deven Kothari M.D.

Mailing Address 410 W 10th Ave Doan Hall N411
 Ohio State University

City State Zip Code
 Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 17 2011

Transaction ID : C1434109

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 226

☒ 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. Joseph Koveleskie M.D.

Mailing Address 5500 Prytania St # 435

City

New Orleans

State

LA

Zip Code

70115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University Medical Center Anest

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432830

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph Kras M.D.

Mailing Address 660 S Euclid Ave # 8054

Washington University in St. Louis

City

Saint Louis

State

MO

Zip Code

63110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University in St. Louis

Occupation

Physician-Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher J. Kreuzer M.D.

Mailing Address 2045 Scarlet Oak Ct. NE

City

Ada

State

MI

Zip Code

49301

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 ▼

871.60

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422795

Amount of Each Receipt this Period

83.00

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

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

1333.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher J. Kreuzer M.D.

Mailing Address 2045 Scarlet Oak Ct. NE

City	State	Zip Code
Ada	MI	49301

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 ▼

871.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2011

Transaction ID : C1434167

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City	State	Zip Code
Grand Rapids	MI	49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422890

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City	State	Zip Code
Grand Rapids	MI	49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2011

Transaction ID : C1423886

Amount of Each Receipt this Period

83.30

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

207.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory M. Kronberg M.D.

Mailing Address 2205 Island Wood Rd

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology Assoc.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432859

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph J. Kryc M.D.

Mailing Address 8360 E Corrine Dr

City

Scottsdale

State

AZ

Zip Code

85260-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABC Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432702

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott M. Kuhnert M.D.

Mailing Address 4640 Hawk Hollow Dr. E.

City

Bath

State

MI

Zip Code

48808-8776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lansing Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422777

Amount of Each Receipt this Period

83.00

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

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

1083.00

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

PAGE 113 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1432706

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Robert S. Lagasse M.D.

Mailing Address 39 Iron Gate Rd

City

Stamford

State

CT

Zip Code

06903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1432819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Howard L. Lakritz M.D.

Mailing Address 21 Cornell Trl

City

Hillsborough

State

NJ

Zip Code

08844-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422764

Amount of Each Receipt this Period

41.00

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

466.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 226
(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. William R. Lane Jr., M.D.

Mailing Address 151 Gleneagles Cir.

City State Zip Code
Macon GA 31210-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXus Medical Group, LLC

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
10 15 2011

Transaction ID : C1451798

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Denise LaRue M.D.

Mailing Address 10 Myrtle Ave

City State Zip Code
South Portland ME 04106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Medical Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 15 2011

Transaction ID : C1432803

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael H. Lasecki M.D.

Mailing Address 3398 Riviere Du Chien LPN

City State Zip Code
Mobile AL 36693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Services

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 15 2011

Transaction ID : C1432831

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 226

☒ 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. Douglas D. Lee M.D.

Mailing Address PO Box 22278

City

State

Zip Code

Flagstaff

AZ

86002

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

10 / 17 / 2011

Transaction ID : C1434019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City

State

Zip Code

Winter Garden

FL

34787-6229

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR Medical Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422923

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Mark J. Lema M.D., Ph.D

Mailing Address 155 Roxbury Park

City

State

Zip Code

East Amherst

NY

14051-1775

FEC ID number of contributing
federal political committee.

C

Name of Employer

State University New York at Buffalo

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432646

Amount of Each Receipt this Period

1000.00

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

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

1291.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 226
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason A. Lemons M.D.

Mailing Address 4650 Grandview Pkwy

City

Flowery Branch

State

GA

Zip Code

30542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Gainesville

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2011

Transaction ID : C1431177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Norman Levin M.D.

Mailing Address 10190 Baywood Ct.

City

Los Angeles

State

CA

Zip Code

90077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

Transaction ID : C1432639

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brenda S. Lewis D.O.

Mailing Address 646 Charles Pl.

City

Highland Heights

State

OH

Zip Code

44143-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Transaction ID : C1451792

Amount of Each Receipt this Period

350.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Lewis M.D.Mailing Address University of Miami School of Medi
1120 NW 14th Street - Suite 960

City	State	Zip Code
Miami	FL	33136-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1113.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422860

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Michael C. Lewis M.D.Mailing Address University of Miami School of Medi
1120 NW 14th Street - Suite 960

City	State	Zip Code
Miami	FL	33136-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1113.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1432783

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. J. Lance Lichtor M.D.Mailing Address PO Box 55071
ECM #8824

City	State	Zip Code
Boston	MA	02205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Mass Med School Dept Anes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422834

Amount of Each Receipt this Period

41.00

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

207.30

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 226

☒ 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. J. Lance Lichtor M.D.

Mailing Address PO Box 55071

ECM #8824

City

Boston

State

MA

Zip Code

02205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Mass Med School Dept Anes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : C1449183

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Cynthia A. Lien M.D.

Mailing Address 525 E 68th Street, Rm. M-312-A

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Presbyterian Hospital

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
10 / 15 / 2011

Transaction ID : C1432731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Scott A. Lindberg M.D.

Mailing Address 4902 Hollowvine Ln

City

Katy

State

TX

Zip Code

77494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

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
10 / 16 / 2011

Transaction ID : C1433025

Amount of Each Receipt this Period

1000.00

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

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

1541.60

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 226

☒ 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 E. Lindsey Jr., M.D.

Mailing Address 2502 S. 186th Circle

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Anesthesia Specialists, L.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.30

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432866

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Peter C. Loux D.O.

Mailing Address 1606 DRAKE AVE SE

City

Huntsville

State

AL

Zip Code

35802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432744

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher H. Lowe M.D.

Mailing Address 800 E Dawson St

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mother Frances Hospital Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 28 / 2011

Transaction ID : C1453321

Amount of Each Receipt this Period

1000.00

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

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

2083.30

SCHEDULE A (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 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy R. Lubenow M.D.

Mailing Address 16 Robin Hood Rnch

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists SC

Occupation

Aneshtesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432960

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Philip Lumb M.B.,B.S.

Mailing Address HCT 3451, 1520 San Pablo Street
Department of Anesthesiology - Kec

City

Los Angeles

State

CA

Zip Code

90033

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Southern California

Occupation

Professor and Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432776

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave
N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422888

Amount of Each Receipt this Period

41.00

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

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

791.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 226

☒ 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. Claudio Lumermann M.D.

Mailing Address Dept. of Anesthesia
270-75 76 Ave,

City State Zip Code
New Hyde Park NY 11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med. Ctr.

Occupation

Attending 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
10 / 03 / 2011

Transaction ID : C1422578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Grant Lynde M.D.

Mailing Address 775 Wildwood Rd NE

City State Zip Code
Atlanta GA 30324

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAPC

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
10 / 15 / 2011

Transaction ID : C1451840

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Archie E. Magee M.D.

Mailing Address 2517 Oleaster Ct.

City State Zip Code
Grand Junction CO 81505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Consultants of Western Colorado

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
10 / 26 / 2011

Transaction ID : C1452555

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

PAGE 122 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Asif M. Malik M.D.

Mailing Address 2760 Charnwood Dr

City

State

Zip Code

Troy

MI

48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford West Bloomfield Hospital An

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

Transaction ID : C1422804

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Bruce A. Malmer M.D.

Mailing Address 45 Linden St

City

State

Zip Code

Bangor

ME

04401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group Northern Anesth

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Transaction ID : C1432733

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark Mandabach M.D.Mailing Address Dept. of Anesthesiology
619 S. 19th St., JT845

City

State

Zip Code

Birmingham

AL

35249-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama - Birmingham

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

Transaction ID : C1422785

Amount of Each Receipt this Period

83.00

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

666.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 226

☒ 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 P. Marco M.D.

Mailing Address 7129 Jamesford Dr

City
Toledo

State
OH

Zip Code
43617-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Toledo College of Med

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1432623

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott S. Margolies M.D.

Mailing Address 3916 Glenwood Ave.

City

Birmingham

State

AL

Zip Code

35222-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Perioperative Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2011

Transaction ID : C1422504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joseph Marino M.D.

Mailing Address 1 Grace Ct

City

Greenlawn

State

NY

Zip Code

11740-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franklin Hospital

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
10 / 03 / 2011

Transaction ID : C1422575

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 226

☒ 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. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

10 / 04 / 2011

Transaction ID : C1425534

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David P. Martin M.D., Ph.D

Mailing Address Anesthesia Department
200 First Street, S.W.

City

Rochester

State

MN

Zip Code

55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432764

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Donald E. Martin M.D.

Mailing Address 19 Gentry Dr

City

Palmyra

State

PA

Zip Code

17078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Univ. College of Medicine

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432843

Amount of Each Receipt this Period

1000.00

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

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

1333.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 226

☒ 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 W. Martin M.D.

Mailing Address 6 Montevallo Ter

City

Birmingham

State

AL

Zip Code

35213-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Perioperative Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422498

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy Martin M.D.

Mailing Address Arkansas Childrens Hospital
#1 Childrens Way, S-203

City

Little Rock

State

AR

Zip Code

72202-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422903

Amount of Each Receipt this Period

166.00

Full Name (Last, First, Middle Initial)

c. Linda J. Mason M.D.

Mailing Address 1665 Halsey St

City

Redlands

State

CA

Zip Code

92373-7262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loma Linda University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432608

Amount of Each Receipt this Period

1000.00

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

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

1416.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard B. Massey D.O.

Mailing Address 3200 Troup Hwy Ste 200

City	State	Zip Code
Tyler	TX	75701-8342

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Ctr, Dep

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2011

Transaction ID : C1427032

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas J. Matiski M.D.

Mailing Address 3930 E Mountain View Rd

City	State	Zip Code
Phoenix	AZ	85028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro Anesthesia Consultants, PC

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
10		16		2011

Transaction ID : C1432979

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott W. Maxwell M.D.

Mailing Address 4200 W Memorial Rd

City	State	Zip Code
Oklahoma City	OK	73120-9350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : C1455023

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 OF 226

☒ 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. Randall P. Maydew M.D.

Mailing Address 6910 Wildglen Drive

City State Zip Code
Dallas TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Office Solutions

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
10 / 15 / 2011

Transaction ID : C1432763

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joel E. McCreary D.O.

Mailing Address 4724 N. 69th St.

City State Zip Code
Scottsdale AZ 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 ▼

500.00

Date of Receipt

MM / DD / YYYY
10 / 01 / 2011

Transaction ID : C1422816

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City State Zip Code
Rochester MN 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 ▼

834.30

Date of Receipt

MM / DD / YYYY
10 / 01 / 2011

Transaction ID : C1422898

Amount of Each Receipt this Period

83.00

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

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

1208.00

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 226
(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. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City State Zip Code
Rochester MN 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 ▼

834.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432766

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. William McIvaine M.D.

Mailing Address 4800 Alberta Ave
Texas Tech University Health Science

City State Zip Code
El Paso TX 79905-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Tech University Health Science C

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
10 / 17 / 2011

Transaction ID : C1434190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert McKay M.D.

Mailing Address 5 N Sagebrush S

City State Zip Code
Wichita KS 67230-6642

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas - Wichita

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
10 / 15 / 2011

Transaction ID : C1432742

Amount of Each Receipt this Period

1000.00

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

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

1333.30

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

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

FOR LINE NUMBER: PAGE 129 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James P. McMichael M.D.

Mailing Address 2911 Greenlee Dr

City State Zip Code
Austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 15 2011

Transaction ID : C1432741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William L. McNiece M.D.

Mailing Address 4311 Broadway St

City State Zip Code
Indianapolis IN 46205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University

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
10 14 2011

Transaction ID : C1432629

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kathryn A. McQueen M.D.

Mailing Address 1850 N Central Ave Ste 1600

City State Zip Code
Phoenix AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Anesthesiology Consultants

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
10 15 2011

Transaction ID : C1432877

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 226

☒ 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. Glorimar Medina-Rivera M.D.

Mailing Address LBJ General Hospital Anesthesiolog
5656 Kelley St

City State Zip Code
Houston TX 77026-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

LBJ General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2011

Transaction ID : C1451965

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James W. Menzie M.D., Ph.D

Mailing Address 110 29th Ave. N., #202

City State Zip Code
Nashville TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMG, 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
10 / 29 / 2011

Transaction ID : C1453377

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David W. Mercier M.D.

Mailing Address 7433 Villanova St

City State Zip Code
Dallas TX 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer

ut southwestern

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434017

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

PAGE 131 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas G. Merrill M.D., M.B.

Mailing Address 1 Medical Center Dr

Department of Anesthesiology

City

Lebanon

State

NH

Zip Code

03756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Darmouth-Hitchcock Medical Center

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1432796

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert K. Michaels M.D.

Mailing Address 3632 Beech Tree Dr

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422781

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Marlon B Michel M.D., M.B.

Mailing Address 1187 N 1100 E

City

Orem

State

UT

Zip Code

84097

FEC ID number of contributing
federal political committee.

C

Name of Employer

MWA

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1432876

Amount of Each Receipt this Period

1000.00

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

2041.00

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 132 OF 226

(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. Edward Michna M.D.

Mailing Address 75 Francis St

Pain Management Center

City

Boston

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pain Management Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2011

Transaction ID : C1434075

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rafael V. Miguel M.D.

Mailing Address 25 S Treasure Dr

City

Tampa

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandon Pain Medicine

Occupation

Anesthesiologist Pain Management Physi

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
 10 / 15 / 2011

Transaction ID : C1432681

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Kimberly D. Milhoan M.D.

Mailing Address 2850 Lakehills St.

City

San Antonio

State

TX

Zip Code

78251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422847

Amount of Each Receipt this Period

25.00

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

1525.00

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 226
(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. Harry M. Miller M.D.

Mailing Address 9663 Santa Monica Blvd., #901

City State Zip Code
Beverly Hills CA 90210

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432981

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City State Zip Code
Westfield IN 46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACI, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422851

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City State Zip Code
Las Vegas NV 89107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422794

Amount of Each Receipt this Period

83.00

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

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

1124.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 226

☒ 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. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432784

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Mitchell F. Minana M.D.

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANETHESIOLOGIST GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : C1449316

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. W. Stephen Minore M.D.

Mailing Address 2202 Harlem Rd Ste 200

City

Loves Park

State

IL

Zip Code

61111

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAA

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432759

Amount of Each Receipt this Period

1000.00

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

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

1183.30

SCHEDULE A (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 226

☒ 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. Kenneth I. Mirsky M.D.

Mailing Address 625 Lenox Ave.

City
Westfield

State
NJ

Zip Code
07090-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

umdnj new jersey medical school

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
10 / 15 / 2011

Transaction ID : C1432944

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel S. Mitchell M.D.

Mailing Address 3426 W 164th Ter

City
Stilwell

State
KS

Zip Code
66085

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miswest Anesthesia Associates

Occupation
MDA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434173

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karen P. Mitchell M.D.

Mailing Address 3838 N Braeswood Blvd Apt 112

City
Houston

State
TX

Zip Code
77025-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hermann Southwest Hospital

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422792

Amount of Each Receipt this Period

41.00

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

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

1041.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 226

☒ 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. Joe E. Monk M.D.

Mailing Address 6713 Lakewood

City State Zip Code
 Dallas TX 75214

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SCOTT & WHITE HLTH

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
 10 17 2011

Transaction ID : C1434188

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dominic D. Monterosso D.O.

Mailing Address 100 5th St. Unit #614

City State Zip Code
 Royal Oak MI 48067

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOAA

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2011

Transaction ID : C1422784

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. William Montgomery M.D.

Mailing Address 4348 Waialae Avenue #846

City State Zip Code
 Honolulu HI 96816

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
 10 17 2011

Transaction ID : C1434115

Amount of Each Receipt this Period

250.00

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

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

1333.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 226

☒ 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. Richard C. Month M.D.

Mailing Address 2125 Spring Garden St Apt 1F

City

Philadelphia

State

PA

Zip Code

19130-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of The University of Pennsylv

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422803

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Richard C. Month M.D.

Mailing Address 2125 Spring Garden St Apt 1F

City

Philadelphia

State

PA

Zip Code

19130-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of The University of Pennsylv

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432833

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donald A. Moore M.D.

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 ▼

1000.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422865

Amount of Each Receipt this Period

125.00

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

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

1166.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 226

☒ 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. Jack L. Moore M.D.

Mailing Address 6188 Wooster Ave.

City State Zip Code
 Los Angeles CA 90056

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAISER PERMENENTE

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
 10 / 15 / 2011

Transaction ID : C1451859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Moore M.D.

Mailing Address Ronald Reagan UCLA Medical Center
 757 Westwood Plaza, Suite 3325

City State Zip Code
 Los Angeles CA 90095

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA Department of Anesthesiology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422824

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. James Moore M.D.

Mailing Address Ronald Reagan UCLA Medical Center
 757 Westwood Plaza, Suite 3325

City State Zip Code
 Los Angeles CA 90095

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA Department of Anesthesiology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 10 / 2011

Transaction ID : C1427672

Amount of Each Receipt this Period

83.30

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

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

374.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 226

☒ 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. Roger A. Moore M.D.

Mailing Address 435 E Camden Ave

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deborah Heart and Lung Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432648

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 1748 Vestwood Hills Dr

City

Vestavia

State

AL

Zip Code

35216-1366

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 ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422881

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Frank Moretz M.D.

Mailing Address P. O. Box 5244

Asheville Anesthesia Associates

City

Asheville

State

NC

Zip Code

28813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asheville 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
10 / 15 / 2011

Transaction ID : C1432752

Amount of Each Receipt this Period

500.00

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

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

1625.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan B. Morgan M.D.

Mailing Address 60559 Sugar Factory Rd.

City

Scottsbluff

State

NE

Zip Code

69361-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional West Physicians Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : C1452528

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert R. Morgan Jr., M.D.

Mailing Address 211 East Park Avenue

City

Greenville

State

SC

Zip Code

29601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432686

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. David S. Morse M.D.

Mailing Address 218 Corona St

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432858

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 226

☒ 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. Gary H. Morton M.D.

Mailing Address 720 Bluebonnet Ln

City

Temple

State

TX

Zip Code

76502-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434191

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John R. Moyers M.D.

Mailing Address 200 Hawkins Dr.
Dept of Anes.

City

Iowa City

State

IA

Zip Code

52242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UIHC

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
10 / 15 / 2011

Transaction ID : C1432727

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeff Mueller M.D.

Mailing Address Mayo Clinic Hospital - Dept of Ane
5777 East Mayo Boulevard

City

Phoenix

State

AZ

Zip Code

85054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Hospital

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1451803

Amount of Each Receipt this Period

5000.00

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

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

6000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 226
(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. Craig L. Muetterties M.D.

Mailing Address 128 Deerfield Ct.

City State Zip Code
 Glen Mills PA 19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

AnesthesiaCare

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
 10 / 16 / 2011

Transaction ID : C1433028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill Rd.

City State Zip Code
 Springfield VT 05156

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422829

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill Rd.

City State Zip Code
 Springfield VT 05156

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2011

Transaction ID : C1433038

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 143 OF 226
 (check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryant A. Murphy M.D.

Mailing Address 367 Kimberwicke Drive

City	State	Zip Code
Fayetteville	NC	28311

FEC ID number of contributing federal political committee.

C

Name of Employer

Cumberland 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
10	/	19	/	2011

Transaction ID : C1449231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ross J. Musumeci M.D.

Mailing Address 9 Lincoln St.

City	State	Zip Code
Weston	MA	02493-1803

FEC ID number of contributing federal political committee.

C

Name of Employer

Anes. Assoc. of Massachusetts

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2011

Transaction ID : C1422809

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Joseph J. Naples M.D.

Mailing Address 6565 Fannin St MC B452

City	State	Zip Code
Houston	TX	77030

FEC ID number of contributing federal political committee.

C

Name of Employer

The Methodist Hospital

Occupation

Chairman, Anesthesiology

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
10	/	15	/	2011

Transaction ID : C1432653

Amount of Each Receipt this Period

500.00

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 144 OF 226

(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. Charles A. Napolitano M.D., Ph.D.

Mailing Address 4301 W. Markham Street

University of Arkansas for Medical

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

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
10 / 16 / 2011

Transaction ID : C1433015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Norah N. Naughton M.D.

Mailing Address 4270 Plymouth Road

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1208.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2011

Transaction ID : C1452349

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John Neeld Jr., M.D.

Mailing Address 3025 River North Pkwy.

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Anes. Consult

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
10 / 15 / 2011

Transaction ID : C1451837

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) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 226

☒ 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 E. Neff M.D.

Mailing Address 244 S Peterson Ave

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Hospital East Department of An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 13 / 2011

Transaction ID : C1431777

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vincent G. Nelson M.D.

Mailing Address 4822 Locust Street

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2011

Transaction ID : C1430019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 3681 Manor Brook Terrace

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University MSA Pr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422880

Amount of Each Receipt this Period

83.00

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

1583.00

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 146 OF 226

☒ 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 S. Nichols A.A.-C

Mailing Address 3681 Manor Brook Terrace

City State Zip Code
Atlanta GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University MSA Pr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432684

Amount of Each Receipt this Period

830.30

Full Name (Last, First, Middle Initial)

B. John Q. niklason

Mailing Address 520 N Northwest Hwy

City State Zip Code
Park Ridge IL 60068-2538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422801

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Mauricio Nino M.D.

Mailing Address 7220 South Cimarron Rd. Suite #23
Anesthesiology Consultants, Inc Cr

City State Zip Code
Las Vegas NV 89113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc Creden

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
10 / 15 / 2011

Transaction ID : C1432917

Amount of Each Receipt this Period

300.00

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

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

424.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew P. Norcia M.D.

Mailing Address 11100 Euclid Ave

Bolwell Suite 2400

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

U HOSP CASE MED CTR

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
10 / 15 / 2011

Transaction ID : C1451865

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Edward A. Norman M.D.

Mailing Address 1040 Skye Lane

City

Palm Harbor

State

FL

Zip Code

34683-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Pinellas Anesthesia

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
10 / 10 / 2011

Transaction ID : C1427091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randa K. Noseir M.D.

Mailing Address 18265 Prairie Falcon Ln

City

Brookfield

State

WI

Zip Code

53045-6317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : C1428000

Amount of Each Receipt this Period

250.00

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

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

 FOR LINE NUMBER: PAGE 148 OF 226
 (check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E. Nunnally M.D.

Mailing Address 616 W Fulton St Apt 503

City	State	Zip Code
Chicago	IL	60661

FEC ID number of contributing federal political committee.

C

 Name of Employer
 University of Chicago

 Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

Transaction ID : C1431939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen O'Donnell M.D.
 Mailing Address 111 Colchester Ave
 WP-2 Anesthesiology

City	State	Zip Code
Burlington	VT	05401-1473

FEC ID number of contributing federal political committee.

C

 Name of Employer
 FLETCHER ALLEN HLTH

 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
10	/	05	/	2011

Transaction ID : C1426014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Colleen E. O'Leary M.D.

Mailing Address 750 E Adams St

City	State	Zip Code
Syracuse	NY	13210-2342

FEC ID number of contributing federal political committee.

C

 Name of Employer
 UPSTATE MED ANES

 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
10	/	15	/	2011

Transaction ID : C1433048

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 149 OF 226

☒ 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. Kathleen A. O'Leary M.D.

Mailing Address Elm and Carlton St

City
Buffalo

State
NY

Zip Code
14263-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roswell Park Cancer Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1451810

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anne D. Oakley M.D.

Mailing Address 707 W. Saxon Dr.

City
Spokane

State
WA

Zip Code
99203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434082

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Howard Odom M.D.

Mailing Address 255 Iron Mountain Rd.

City
Canton

State
GA

Zip Code
30115

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Point Anesthesia Cons

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432753

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 150 OF 226
(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. Babatunde O. Ogunnaike M.D.

Mailing Address 1008 Brentwood Dr

City

Murphy

State

TX

Zip Code

75094-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Southwestern Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422901

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City

Decatur

State

IL

Zip Code

62521-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422848

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Vesselin V. Oreshkov M.D.

Mailing Address 800 East Carpenter

Sangamon Assoc. Anesthesiologists,

City

Springfield

State

IL

Zip Code

62769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sangamon Assoc. Anesthesiologists, SC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2011

Transaction ID : C1427673

Amount of Each Receipt this Period

500.00

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

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

666.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald D. Osborn D.O.

Mailing Address 14621 White Oak Dr.

City	State	Zip Code
Burnsville	MN	55337

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAPA

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
10		15		2011

Transaction ID : C1432939

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth E. Oswalt M.D.Mailing Address 2500 North State Street
Univ. Anesthesia Services, PLLC

City	State	Zip Code
Jackson	MS	39216-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Anesthesia Services, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

Transaction ID : C1422838

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Charles W. Otto M.D.Mailing Address Department of Anesthesiology
1501 N. Campbell Avenue

City	State	Zip Code
Tucson	AZ	85724-5114

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arizona Health and Scien

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
10		15		2011

Transaction ID : C1451839

Amount of Each Receipt this Period

1000.00

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

1583.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 152 OF 226

☒ 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. Sam L. Page M.D.

Mailing Address 17 Windsor Terrace Ln

City

Creve Coeur

State

MO

Zip Code

63141-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTERN ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1451843

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian S. Pallohusky M.D.

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 ▼

218.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422830

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Brian S. Pallohusky M.D.

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 ▼

218.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422921

Amount of Each Receipt this Period

41.00

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

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

1124.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 153 OF 226

☒ 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. Craig M. Palmer M.D.

Mailing Address 6641 N Placita Alta Reposa

City State Zip Code
Tucson AZ 85750

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arizona

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patricia N. Pancoast M.D.

Mailing Address 19031 Hilltop Rd

City State Zip Code
Lake Oswego OR 97034-7474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Anes Group, P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

Transaction ID : C1427029

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Leila Mei Pang M.D.

Mailing Address Columbia University College Physic
10 Carlotta Way

City State Zip Code
Demarest NJ 07627

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hospital Columbi

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432853

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 154 OF 226

☒ 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 L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422879

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432829

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Samuel M. Parnass M.D.

Mailing Address 6938 N Kilpatrick Ave

City

Lincolnwood

State

IL

Zip Code

60712-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Skokie Hospital

Occupation

Physician

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
10 / 01 / 2011

Transaction ID : C1422768

Amount of Each Receipt this Period

25.00

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

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

191.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 226
(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. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City State Zip Code
 Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Oakland Anesthesia Associates

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.30

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2011

Transaction ID : C1432840

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Rita M. Patel M.D.

Mailing Address 3471 5th Ave Ste 910 LSK - Anes De

City State Zip Code
 Pittsburgh PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Pittsburgh School of Med

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
 10 18 2011

Transaction ID : C1448855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kenneth Y. Pauker M.D.

Mailing Address 18 Sierra Vista

City State Zip Code
 Laguna Niguel CA 92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Calif. Anesthesia Associates Medical G

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
 10 15 2011

Transaction ID : C1432865

Amount of Each Receipt this Period

1000.00

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

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

1583.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 156 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert J. Pease M.D.

Mailing Address P.O. Box 220909

City

Anchorage

State

AK

Zip Code

99522

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAMG

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432754

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sonya M. Pease M.D.

Mailing Address 8 Yacht Club Place

City

Jupiter

State

FL

Zip Code

33469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthetix Management, LLC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

10 / 19 / 2011

Transaction ID : C1449234

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William J. Pekarske M.D.

Mailing Address 1281 E. Calle De La Cebra

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422915

Amount of Each Receipt this Period

83.00

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

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

583.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 157 OF 226

☒ 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. Lee S. Perrin M.D.

Mailing Address 3 Powdermill Lane

City

Southborough

State

MA

Zip Code

01772

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeths Medical Center

Occupation

Physician 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
10 / 15 / 2011

Transaction ID : C1432662

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth Peters

Mailing Address 180 S 216th Cir

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNMC

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
10 / 15 / 2011

Transaction ID : C1432774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mary Dale Peterson M.D.

Mailing Address 210 Naples St.

City

Corpus Christi

State

TX

Zip Code

78404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Driscoll HOSPITAL

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
10 / 17 / 2011

Transaction ID : C1434182

Amount of Each Receipt this Period

1000.00

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

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

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 158 OF 226
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia H. Petrozza M.D.Mailing Address Department of Anesthesiology
Medical Center Blvd.

City	State	Zip Code
Winston Salem	NC	27157-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest University School of Medic

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
10	/	15	/	2011

Transaction ID : C1451866

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Beverly K. Philip M.D.Mailing Address BWH Anesthesiology
75 Francis Street

City	State	Zip Code
Boston	MA	02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham & Woman's Hosp

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
10	/	15	/	2011

Transaction ID : C1451808

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. James H. Philip M.D.

Mailing Address 75 Francis St

City	State	Zip Code
Boston	MA	02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham & Womens Hosp

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
10	/	15	/	2011

Transaction ID : C1451807

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 159 OF 226
(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. Keith N Phillippi M.D.

Mailing Address 109 Shoreline Dr

City State Zip Code
Macon GA 31211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates of Macon

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
10 / 30 / 2011

Transaction ID : C1453387

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joyce F. Phillips M.D.

Mailing Address 6104 Bluebird Ln NE

City State Zip Code
Albuquerque NM 87122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of NM Dept. Anes.

Occupation
pediatric 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
10 / 15 / 2011

Transaction ID : C1432729

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Margaret A. Pitts M.D.

Mailing Address 25 Birchdale Rd

City State Zip Code
Bow NH 03304-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates PA

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422813

Amount of Each Receipt this Period

83.00

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

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

833.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 160 OF 226

☒ 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. Evan G. Pivalizza M.B.

Mailing Address 6431 Fannin St # 5.020

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas -Houston

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432868

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Plagenhoef M.D.

Mailing Address 1118 Ross Clark Circle, Suite 700

City

Dothan

State

AL

Zip Code

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432691

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Vita S. Pliskow M.D.

Mailing Address 3502 Olympic Blvd., W.

City

Tacoma

State

WA

Zip Code

98466

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician-anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432620

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 226
(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. Jeff A. Poage M.D.

Mailing Address 211 Roan Drive

City State Zip Code
 Danville CA 94526-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2011

Transaction ID : C1422907

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
 Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2011

Transaction ID : C1422790

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City State Zip Code
 Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 01 2011

Transaction ID : C1422895

Amount of Each Receipt this Period

83.00

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

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

191.00

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

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

FOR LINE NUMBER: PAGE 162 OF 226
(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. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City State Zip Code
Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer
VAMC Southern Nevada

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433030

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Trevor G. Pollard M.D.

Mailing Address 4242 Medical Dr., Suite #3100

City State Zip Code
San Antonio TX 78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tejas Anesthesia, P.A.

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
10 / 14 / 2011

Transaction ID : C1432640

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William W. Pond M.D.

Mailing Address 5730 Autumn Woods Trl

City State Zip Code
Fort Wayne IN 46835-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2011

Transaction ID : C1453181

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 163 OF 226

☒ 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 Pong M.D.

Mailing Address B2-AN, 1100 Ninth Avenue

City
Seattle

State Zip Code
WA 98101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center Anesthes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432769

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rex N. Ponnudurai M.D.

Mailing Address 12 Bovensiepen Ct.

City
Roseland

State Zip Code
NJ 07068

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Medicine and Dentistry o

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432633

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter M. Popic M.D.

Mailing Address 600 Highland Ave.
Dept. of Anes. B6-319

City
Madison

State Zip Code
WI 53792-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin Foundation

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 29 / 2011

Transaction ID : C1453380

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 OF 226

☒ 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 C. Powell M.D.

Mailing Address P.O. Box 5587

City

Beaumont

State

TX

Zip Code

77726-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1451834

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Susan E. Presseau M.D.

Mailing Address 5504 Greenmont Terrace

City

Vienna

State

WV

Zip Code

26105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marietta Memorial Hospital

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
10 / 17 / 2011

Transaction ID : C1433967

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Matthew D. Price M.D.

Mailing Address 50791 Chesapeake Dr.

City

Novi

State

MI

Zip Code

48374-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422918

Amount of Each Receipt this Period

41.00

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

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

1541.00

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

PAGE 165 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christine J. Ralph D.O.

Mailing Address 8526 E Hawaii Ln

City

Denver

State

CO

Zip Code

80231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2011

Transaction ID : C1427053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christine J. Ralph D.O.

Mailing Address 8526 E Hawaii Ln

City

Denver

State

CO

Zip Code

80231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2011

Transaction ID : C1427054

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alvin J. Ralston M.D.

Mailing Address 2411 Fountain View Dr Ste 200

City

Houston

State

TX

Zip Code

77057-4832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2011

Transaction ID : C1434189

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 166 OF 226

☒ 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. Maunak Rana M.D.

Mailing Address 836 W Wellington Ave

Department of Anesthesiology

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

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
10 / 16 / 2011

Transaction ID : C1432947

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sripad P. Rao M.D.

Mailing Address 1504 Bay Rd Apt 3307

City

Miami Beach

State

FL

Zip Code

33139-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Trauma Center Anesthesiology

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422814

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. John P. Rask M.D.

Mailing Address 756 Fairway Rd., NW

City

Albuquerque

State

NM

Zip Code

87107-5719

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico School of Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432856

Amount of Each Receipt this Period

1000.00

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

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

1333.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 226
(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 M. Ratzman M.D.

Mailing Address 1882 Limehouse St

City State Zip Code
Carmel IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Pain Consultants of Indiana

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
10 / 16 / 2011

Transaction ID : C1432956

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Selina N Read M.D.

Mailing Address 500 University Dr # H187
Penn State Hershey Med Ctr

City State Zip Code
Hershey PA 17033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State Hershey Medical Center

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2011

Transaction ID : C1426867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard W. Redfern M.D.

Mailing Address 300 Hillcrest Ct

City State Zip Code
West Lake Hills TX 78746-5491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434211

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

PAGE 168 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David L. Reich M.D.

Mailing Address 1 Gustave L Levy Pl Box 1010

Department of Anesthesiology

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

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
10	/	15	/	2011

Transaction ID : C1432785

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Norman Rice M.D.

Mailing Address 3300 Oak Lawn Ave

Metropolitan Anesthesia Consultant

City

Dallas

State

TX

Zip Code

75219

FEC ID number of contributing
federal political committee.

C

Name of Employer

metropolitan anesthesia consultants

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
10	/	17	/	2011

Transaction ID : C1434180

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Austin T. Rich M.D.

Mailing Address 110 29th Ave N

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2011

Transaction ID : C1453372

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 226
(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. Jeffrey S. Richards M.D.

Mailing Address University of Texas Medical Branch
301 University Blvd.

City State Zip Code
Galveston TX 77555

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Medical Director, Victory Lakes ASC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433018

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Richardson M.D.

Mailing Address P.O. BOX 3355

City State Zip Code
PRINCETON NJ 08543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432789

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address Lakeside ANES 2532 LKS5007
11100 Euclid Ave.

City State Zip Code
Cleveland OH 44106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422826

Amount of Each Receipt this Period

83.00

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:
(check only one)

PAGE 170 OF 226

☒ 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. Joseph M. Rifici A.A.-C

Mailing Address Lakeside ANES 2532 LKS5007
11100 Euclid Ave.

City Cleveland State OH Zip Code 44106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432700

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Ellen K. Roberts M.D.

Mailing Address 17302 Yucca Circle

City Bellevue State NE Zip Code 68123

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of NE 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
10 / 16 / 2011

Transaction ID : C1432989

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Leopoldo V. Rodriguez M.D.

Mailing Address 21050 NE 38th Ave Apt 305
Atlantic 3 at the Point

City Aventura State FL Zip Code 33180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgery Center of Aventura

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422917

Amount of Each Receipt this Period

83.00

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

666.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 171 OF 226

☒ 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. Leopoldo V. Rodriguez M.D.

Mailing Address 21050 NE 38th Ave Apt 305
 Atlantic 3 at the Point

City State Zip Code
 Aventura FL 33180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgery Center of Aventura

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : C1432715

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Peter M. Roessler M.D.

Mailing Address 19031 Hilltop Rd

City State Zip Code
 Lake Oswego OR 97034-7474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anes GrP

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
 10 / 03 / 2011

Transaction ID : C1427028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David L. Rogers M.D.

Mailing Address 2810 N Swan Rd Ste 100
 Old Pueblo Anesthesia

City State Zip Code
 Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422857

Amount of Each Receipt this Period

41.00

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

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

624.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 172 OF 226

☒ 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 Rogoski D.O.

Mailing Address 915 Olentangy River Rd Ste 1000

Dept of Anes

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSUMC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

10 / 18 / 2011

Transaction ID : C1448864

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Philip A. Rojas M.D.

Mailing Address 1755 Kirby Pky, Suite #330

Medical Anesthesia Group

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank Rosemeier M.D.

Mailing Address 10004 Crystalline Ct

JLR Medical Group

City

Orlando

State

FL

Zip Code

32836-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

213.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422874

Amount of Each Receipt this Period

41.00

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

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

374.30

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

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

FOR LINE NUMBER: PAGE 173 OF 226
(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. Andrew D. Rosenberg M.D.

Mailing Address 55 Field Ln

City State Zip Code
 Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital For Joint Disease

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432846

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Meg A. Rosenblatt M.D.

Mailing Address 25 E 86th St # 6-D

City State Zip Code
 New York NY 10028-0553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Med

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1449155

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Rosenquist M.D.

Mailing Address 9500 Euclid Avenue C25
 Department of Pain Management

City State Zip Code
 Cleveland OH 44195

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 ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432680

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 226

☒ 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 J. Routenberg M.D.

Mailing Address 1318 Fox Hollow Road

City

Schenectady

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schenectady 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
10 / 15 / 2011

Transaction ID : C1432778

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John C. Rowlingson M.D.

Mailing Address Box 800710, UVA HS

City

Charlottesville

State

VA

Zip Code

22908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Virginia Hlth System

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432652

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City

Jones

State

OK

Zip Code

73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422839

Amount of Each Receipt this Period

83.00

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

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

1333.00

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

PAGE 175 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City

Jones

State

OK

Zip Code

73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

498.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2011

Transaction ID : C1432992

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Deborah A. Rusy M.D.

Mailing Address 412 Farwell Dr

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing
federal political committee.

C

Name of Employer

UWMF Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2011

Transaction ID : C1432934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas E. Saak M.D.

Mailing Address 462 Chukker Valley

City

Ellisville

State

MO

Zip Code

63021

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Transaction ID : C1432728

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)..... ►

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

FOR LINE NUMBER: PAGE 176 OF 226
(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. Derek J. Sakata M.D.

Mailing Address University of Utah

30 North 1900 East, Room 3C444

City

Salt Lake City

State

UT

Zip Code

84132

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael J. Sakowski M.D.

Mailing Address 1818 O' Henry

City

Arlington

State

TX

Zip Code

76006

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434195

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vincent K. Samuel M.D.

Mailing Address 786 Harbor Isle Circle W.

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Anesthesia Alliance

Occupation

Anes

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434099

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 226
(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 C. Sanneman M.D.

Mailing Address 3578 Cherry Ln

City State Zip Code
Woodbury MN 55129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Anesthesiologists, PA

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
10 / 16 / 2011

Transaction ID : C1432974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gina M. Scarboro A.A.

Mailing Address 112 Samuel Lyon Way

City State Zip Code
Savannah GA 31411

FEC ID number of contributing
federal political committee.

C

Name of Employer
South University

Occupation
Anesthesiologist Assistant

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
10 / 15 / 2011

Transaction ID : C1432816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Howard M. Schapiro M.D.

Mailing Address 320 South St

City State Zip Code
South Hero VT 05486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Vermont Fletcher Allen Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432757

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 226
(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. Catherine C. Schmidt M.D.

Mailing Address 117 Sunset Rim

City State Zip Code
Cody WY 82414

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
10 / 17 / 2011

Transaction ID : C1434159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Catherine L. Scholl M.D.

Mailing Address 2007 RobinHood Trail

City State Zip Code
Austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
private practice

Occupation
md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432762

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mark E. Schroeder M.D.

Mailing Address 306 Cheyenne Trail

City State Zip Code
Madison WI 53705-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF WI MEDICAL FOUNDATION

Occupation

PHYSICIAN ANESTHESIOLOGIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2011

Transaction ID : C1499766

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 179 OF 226
(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. Armin Schubert M.D., M.B.

Mailing Address 1514 Jefferson Hwy

Department of Anesthesiology, H2

City

New Orleans

State

LA

Zip Code

70121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432672

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City

Roslyn

State

NY

Zip Code

11576

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Cardiovascular Anesthesiologi

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
10 / 16 / 2011

Transaction ID : C1432968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Steven Schwalbe M.D.,M.Eng

Mailing Address 7901 Broadway # E2-69

Anesthesia Department

City

Elmhurst

State

NY

Zip Code

11373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Hospital Center

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432695

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 180 OF 226
(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 Jay Schwartz M.D.

Mailing Address 1000 Sharpless Road

City State Zip Code
 Melrose Park PA 19027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Childrens Hospital of Philadelphia

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
 10 / 15 / 2011

Transaction ID : C1432738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul A. Seitz M.D.

Mailing Address 821 Shadowstone Pl

City State Zip Code
 Nashville TN 37220

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Medical Group PC

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2011

Transaction ID : C1453389

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Fred E. Shapiro D.O.

Mailing Address 330 Brookline Ave # F-407
 Department of Anesthesiology

City State Zip Code
 Boston MA 02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harvard Medical School

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422867

Amount of Each Receipt this Period

83.00

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

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

833.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 181 OF 226

☒ 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. George J. Sheplock M.D.

Mailing Address 702 Barnhill Dr Rm 2001

City
Indianapolis

State Zip Code
IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riley Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432723

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert D. Shontz M.D.

Mailing Address 3404 150th St

City
Urbandale

State Zip Code
IA 50323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Anesthesiologists, P.C.

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
10 / 16 / 2011

Transaction ID : C1432980

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City
Sherman Oaks

State Zip Code
CA 91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anes. Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432936

Amount of Each Receipt this Period

83.30

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

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

416.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 182 OF 226

☒ 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. Douglas R. Sillart M.D.

Mailing Address 6800 Lake Shore Road

City State Zip Code
 Derby NY 14047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maple Gate Anes.

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
 10 24 2011

Transaction ID : C1452010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Silverstein M.D.

Mailing Address 230 East 97th Street
 Apt 1B

City State Zip Code
 New York NY 10029-6566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai 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
 10 15 2011

Transaction ID : C1432813

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark A. Singleton M.D.

Mailing Address 1805 Greencreek Dr.

City State Zip Code
 San Jose CA 95124

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2011

Transaction ID : C1427050

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 183 OF 226
(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. Paul A. Skaff M.D.

Mailing Address 28 Norwood Rd.

City State Zip Code
Charleston WV 25314

FEC ID number of contributing
federal political committee.

C

Name of Employer
general anesthesia services

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
10 / 15 / 2011

Transaction ID : C1432736

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. J. Paul Slavenas Jr., M.D.

Mailing Address PO Box 363

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants Ltd

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
10 / 17 / 2011

Transaction ID : C1434094

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City State Zip Code
Port Saint Lucie FL 34984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheridan Healthcare

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422810

Amount of Each Receipt this Period

83.00

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

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

1583.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City

Port Saint Lucie

State

FL

Zip Code

34984

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432767

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Alexey Slucky M.D.

Mailing Address 9457 S. University Blvd., Suite 63

City

Highlands Ranch

State

CO

Zip Code

80126-4976

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422916

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Robert H. Small M.D.

Mailing Address 410 W 10th Ave

N411 Doan Hall, Dept. of Anes.

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422914

Amount of Each Receipt this Period

83.00

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

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

249.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert H. Small M.D.

Mailing Address 410 W 10th Ave

N411 Doan Hall, Dept. of Anes.

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432679

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln.

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422783

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln.

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2011

Transaction ID : C1424132

Amount of Each Receipt this Period

83.30

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

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

249.60

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 186 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory F. Smith M.D.

Mailing Address 2138 Locklin Ln.

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432696

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ryan W. Smith M.D.

Mailing Address 98 Holly Ln

City

Myrtle Beach

State

SC

Zip Code

29572-5625

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAMG, LLC

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422822

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Karen J. Souter M.B.,B.S.,

Mailing Address 6244 50th Ave NE

City

Seattle

State

WA

Zip Code

98115-7706

FEC ID number of contributing
federal political committee.

C

Name of Employer

U OF WASHINGTON

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1451847

Amount of Each Receipt this Period

500.00

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

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

1541.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 187 OF 226

☒ 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. Souter M.B.,Ch.B.

Mailing Address 325 9th Ave, Box 359724

City
Seattle

State
WA

Zip Code
98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
U OF WASHINGTON

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
10 / 15 / 2011

Transaction ID : C1451844

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scott R. Springman B.S., M.D.

Mailing Address 5721 Summerhill Ct

City
Fitchburg

State
WI

Zip Code
53711

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Wisconsin

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
10 / 20 / 2011

Transaction ID : C1451198

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Brett M. Sprtel M.D.

Mailing Address 11934 Crossing Deer Ct

City
Roscommon

State
MI

Zip Code
48653-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital Grayling Dept of Anesth

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1253.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422896

Amount of Each Receipt this Period

83.00

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

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

1583.00

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

PAGE 188 OF 226

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 901 14th Avenue South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Innovis Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2011

Transaction ID : C1422776

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way # 30

City

Tacoma

State

WA

Zip Code

98405-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tacoma Anesthesia Associates

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Transaction ID : C1432674

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stephen W. Starling Jr., M.D.

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 ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2011

Transaction ID : C1423440

Amount of Each Receipt this Period

1000.00

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

1541.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 OF 226

☒ 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. Stanley W. Stead M.D.

Mailing Address 4819 Andasol Avenue
Suite 100

City State Zip Code
Encino CA 91316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stead Health Group, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1432616

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Erica Stein M.D.

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

City State Zip Code
Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422842

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Erica Stein M.D.

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

City State Zip Code
Columbus OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1434105

Amount of Each Receipt this Period

83.30

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

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

1166.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 190 OF 226

☒ 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. Chris J. Stemland M.D.

Mailing Address 1837 Westerham St

City

Keswick

State

VA

Zip Code

22947

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 19 / 2011

Transaction ID : C1449315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Stephenson M.D.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422884

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Robert P. Stephenson M.D.

Mailing Address 5 Appleton St Apt 3B

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAP Anesthesia PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2011

Transaction ID : C1427058

Amount of Each Receipt this Period

150.00

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

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

483.00

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

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

FOR LINE NUMBER: PAGE 191 OF 226

(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. Harold N. Stinson Jr., M.D.

Mailing Address 3333 Evergreen Dr NE

Anesthesia Medical Consultants

City

Grand Rapids

State

MI

Zip Code

49525-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1451812

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. M. Christine Stock M.D.

Mailing Address 251 E Huron St-St 5-704

Feinberg Pavilion

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern University Feinberg School

Occupation

ANESTHESIOLOGIST INTENSIVIST

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
10 / 17 / 2011

Transaction ID : C1434158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Tracy D. Strandhagen M.D.

Mailing Address 600 Riders Trail

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Anesthesiology Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : C1451960

Amount of Each Receipt this Period

500.00

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

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

1200.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 192 OF 226

☒ 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. Adam B. Striker M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 19 / 2011

Transaction ID : C1449232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James T. Suazo M.D.

Mailing Address 5 Lilac Drive

City

Stony Brook

State

NY

Zip Code

11790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suffolk Anesthesiology Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2011

Transaction ID : C1451201

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Erin Sullivan M.D.

Mailing Address 200 Lothrop St.

Dept of Anes PUH C-224

City

Pittsburgh

State

PA

Zip Code

15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432667

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 193 OF 226

☒ 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. Raymond Sullivan M.D.

Mailing Address 20 Medical Village Dr., Suite 258

City State Zip Code
 Edgewood KY 41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Independent Anesthesiologists, PSC

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434091

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Maya S. Suresh M.D.

Mailing Address 1709 Dryden Rd Ste 1700

Dept. of Anesthesiology, MS: BCM 1

City State Zip Code
 Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baylor College of Medicine

Occupation
 Physician- Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422791

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Steven L. Sween M.D.

Mailing Address 240 Marchand Ct NW

City State Zip Code
 Atlanta GA 30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSA

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1451872

Amount of Each Receipt this Period

1000.00

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

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

1583.00

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

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

FOR LINE NUMBER: PAGE 194 OF 226
(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. Christopher Swide M.D.

Mailing Address 3181 SW Sam Jackson Park Rd # UHS-

City State Zip Code
 Portland OR 97239

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oregon Health Sciences University

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1433998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas H. Swygert M.D.

Mailing Address 7014 Prestonshire Ln.

City State Zip Code
 Dallas TX 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pinnacle Anesthesia Consultants

Occupation
 MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434018

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Carl L. Sylvester Jr., M.D.

Mailing Address 5038 Van Ness St NW

City State Zip Code
 Washington DC 20016

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

10 / 15 / 2011

Transaction ID : C1432823

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 195 OF 226

☒ 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 E. Szewczyk M.D.

Mailing Address P.O. Box 2905

City

Loves Park

State

IL

Zip Code

61132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Anesthesia Assoc.

Occupation

anessthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432709

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph W. Szokol M.D.

Mailing Address 976 Sunset Rd.

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evanston Northwestern Healthcare

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1433994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joseph Talarico D.O.

Mailing Address Department of Anesthesiology
200 Lothrop St C-205

City

Pittsburgh

State

PA

Zip Code

15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh Medical Cente

Occupation

Assistant Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

451.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422782

Amount of Each Receipt this Period

41.00

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

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

1541.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 196 OF 226
(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Talarico D.O.Mailing Address Department of Anesthesiology
200 Lothrop St C-205

City	State	Zip Code
Pittsburgh	PA	15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh Medical Centre

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1432850

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Lance A. Talmage Jr., M.D.

Mailing Address 3644 Forest Oaks Dr

City	State	Zip Code
Fairlawn	OH	44333-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Akron, In

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : C1432852

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Margaret Tarpey M.D.Mailing Address 1358 W Biomedical Sciences Tower
200 Lothrop St.

City	State	Zip Code
Pittsburgh	PA	15261

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh

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
10	/	15	/	2011

Transaction ID : C1432805

Amount of Each Receipt this Period

1000.00

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

1541.60

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

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

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

FOR LINE NUMBER: PAGE 197 OF 226
(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. Stephen D. Tarver M.D.

Mailing Address 11304 W. 140th St.

City State Zip Code
Overland Park KS 66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Anesthesia founda

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
10 / 15 / 2011

Transaction ID : C1432650

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sherif H. Tewfik M.D.

Mailing Address 11657 N.W. Oaktree Dr.

City State Zip Code
Grimes IA 50111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C.

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
10 / 17 / 2011

Transaction ID : C1434176

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas C. Thomas M.D.

Mailing Address 110 29th Ave N Ste 301

City State Zip Code
Nashville TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group, P.C.

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
10 / 10 / 2011

Transaction ID : C1427677

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 198 OF 226

☒ 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. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City State Zip Code
 Englewood CO 80110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Denver Anesthesiology, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2011

Transaction ID : C1422850

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John A. Thorner

Mailing Address 1336 WILLIAM ST

City State Zip Code
 RIVER FOREST IL 60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Society of Anesthesiologist

Occupation
 Executive Vice President

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
 10 / 15 / 2011

Transaction ID : C1432940

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andrew B. Thyen M.D.

Mailing Address 1505 Holly Star Dr

City State Zip Code
 Tyler TX 75703-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETAA

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
 10 / 03 / 2011

Transaction ID : C1427031

Amount of Each Receipt this Period

250.00

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

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

1375.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 199 OF 226

☒ 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. Rosalie Tocco-Bradley M.D., Ph.D

Mailing Address 3664 Deer Ridge Ct

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Mercy Health System

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432822

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laurence Torsher M.D.

Mailing Address Mayo Clinic

200 First Street SW

City

Rochester

State

MN

Zip Code

55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434102

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Pennsylvania Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422925

Amount of Each Receipt this Period

83.00

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

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

833.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 200 OF 226

☒ 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. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Pennsylvania Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432844

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Judi A. Turner M.D.

Mailing Address 757 Westwood Plaza Suite 3304

University of California Dept of A

City

Los Angeles

State

CA

Zip Code

90095-8358

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California Dept of Anes.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David E. Tyler M.D.

Mailing Address 24192 Piney Creek Dr.

City

Athens

State

AL

Zip Code

35613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1433007

Amount of Each Receipt this Period

1000.00

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

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

1333.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory K. Unruh M.D.

Mailing Address 21215 W 106th St

City
Olathe

State
KS

Zip Code
66061-7506

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Kansas Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432810

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joshua C. Vacanti M.D.

Mailing Address 75 Francis St
Dept. of Anesthesia

City
Boston

State
MA

Zip Code
02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432951

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mary Ann Vann M.D.

Mailing Address 18 Hartford St.

City
Medfield

State
MA

Zip Code
02052-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1451858

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 202 OF 226

☒ 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 Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

GFA Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422807

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

GFA Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432953

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Albert Varon M.D.

Mailing Address P.O. Box 016370-M820

University of Miami Miller School

City

Miami

State

FL

Zip Code

33101

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Miller School of M

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : C1423443

Amount of Each Receipt this Period

1000.00

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

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

1166.30

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

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

FOR LINE NUMBER: PAGE 203 OF 226
(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. Brian N. Vaughan M.D.

Mailing Address 2139 Auburn Ave

Anesthesia Associates of Cincinnati

City Cincinnati State OH Zip Code 45219-2906

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesia Associates of Cincinnati

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sandhya Rani Vinta M.D.

Mailing Address 1551 Moncrey Ave

City League City State TX Zip Code 77573-2078

FEC ID number of contributing federal political committee.

C

Name of Employer

UTMB Anesthesiology

Occupation

Faculty Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422833

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Annette D. Vizena M.D.

Mailing Address 919 Skipping Stone Ct

City Timnath State CO Zip Code 80547-4406

FEC ID number of contributing federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434214

Amount of Each Receipt this Period

50.00

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

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

383.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 226
(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. Luminita Vladutu M.D.

Mailing Address 617 Casabella Cir

City State Zip Code
Tampa FL 33609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Gulf to Bay Anesthesiology

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : C1452350

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City State Zip Code
Little Rock AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arkansas for Medical Sci

Occupation
Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422853

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City State Zip Code
Little Rock AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arkansas for Medical Sci

Occupation
Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : C1432626

Amount of Each Receipt this Period

83.30

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

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

416.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 205 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Wagner A.A.-C

Mailing Address 3550 South University Drive
UPP South, AAP

City State Zip Code
Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nova Southeastern University

Occupation

anesthesiologist assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432984

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Samuel H. Wald M.D.

Mailing Address 2160 Sunset Crest Dr

City State Zip Code
Los Angeles CA 90046

FEC ID number of contributing
federal political committee.

C

Name of Employer

David Geffen School of Medicine

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
10 / 15 / 2011

Transaction ID : C1432848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael T. Walsh M.D.

Mailing Address 200 First Street S.W.
Charlton 1-145

City State Zip Code
Rochester MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

Assistant Clinical Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432758

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 206 OF 226
(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. Henry C. Walther M.D.

Mailing Address 6845 Rancho Los Pavos Ln

City State Zip Code
Granite Bay CA 95746-7349

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASE Medical Group

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
10 / 18 / 2011

Transaction ID : C1449159

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mark A. Warner M.D.

Mailing Address 200 First Street, SW
Dept of Anes

City State Zip Code
Rochester MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : C1452526

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Mary Ellen Warner M.D.

Mailing Address 200 First Street SW
Department of Anesthesiology

City State Zip Code
Rochester MN 55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432845

Amount of Each Receipt this Period

1000.00

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

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

4300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 207 OF 226

☒ 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 Weiss M.D.

Mailing Address 960 Royal Arms Dr.

City State Zip Code
 Girard OH 44420-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bel-Park Anes. Assoc. Inc.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.30

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432698

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Rebecca Hassoun Welch M.D.

Mailing Address Pediatric Anesth. Dept.
 92 W. Miller St., MP 305

City State Zip Code
 Orlando FL 32806

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Arnold Palmer Hospital for Children

Occupation
 MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1432997

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason B. Wells M.D.

Mailing Address 66 Westgate Blvd

City State Zip Code
 Manhasset NY 11030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Francis Hospital Anes. Dept.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 04 / 2011

Transaction ID : C1423445

Amount of Each Receipt this Period

250.00

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

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

833.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 208 OF 226

☒ 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. Lynda Torfreda Wells M.D.

Mailing Address 4098 Wood Ln

City

Keswick

State

VA

Zip Code

22947

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia

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
10 / 18 / 2011

Transaction ID : C1448861

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eric Werner M.D.

Mailing Address 3804 Royal Fox Dr

City

Saint Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Central Anesthesiology Group, Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432780

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James M. West M.D.

Mailing Address 5229 Cosgrove Cv.

City

Memphis

State

TN

Zip Code

38117-4542

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL ANES GRP

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
10 / 15 / 2011

Transaction ID : C1451796

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 209 OF 226

☒ 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 L. Whitehurst M.D.

Mailing Address 200 Lothrop Street - PUH C 201

City State Zip Code
Pittsburgh PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432851

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeanine P. Wiener-Kronish M.D.

Mailing Address Massachusetts General Hospital
Anesthesia and Critical Care

City State Zip Code
Boston MA 02114-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Anesthetist-in-Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 02 / 2011

Transaction ID : C1422569

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marisa A. Wiktor D.O.

Mailing Address 1905 N Water St Apt 206

City State Zip Code
Milwaukee WI 53202-1589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422837

Amount of Each Receipt this Period

41.00

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

1541.00

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 210 OF 226
(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. Danny L. Wilkerson M.D.

Mailing Address 4301 W Markham St # 515

University of Arkansas for Medical

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Clinical Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : C1453364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Vincent A. Willeford M.D.

Mailing Address 820 NW 12th Ave., #412

City

Portland

State

OR

Zip Code

97209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2011

Transaction ID : C1427046

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. George Williams II, M.D.

Mailing Address 6431 Fannin, MSB 5.020

City

Houston

State

TX

Zip Code

77030-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Houston Medical School

Occupation

Anesthesiologist and Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432973

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 211 OF 226

☒ 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 P. Williams M.D.

Mailing Address 3550 Terrace St
A1305 Scaife Hall

City State Zip Code
Pittsburgh PA 15261

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh Medical Cente

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 15 2011

Transaction ID : C1432794

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Timothy C. Williams ,,,

Mailing Address 406 1st Ave.

City State Zip Code
Albany GA 31701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany 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
10 15 2011

Transaction ID : C1432790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John Wills M.D.

Mailing Address 1 University of New Mexico
MSC 11 6120, Dept of Anes

City State Zip Code
Albuquerque NM 87131

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico School of Med

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 15 2011

Transaction ID : C1432870

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 212 OF 226
(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 A. Wilson M.D.

Mailing Address 4242 Medical Dr., Suite #3100

City State Zip Code
San Antonio TX 78229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, P.A.

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
10 / 15 / 2011

Transaction ID : C1432878

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David K. Winek M.D.

Mailing Address 110 29th Ave N Ste 202

City State Zip Code
Nashville TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia medical group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : C1453366

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Brett E. Winthrop M.D.

Mailing Address 520 Hammill Ln

City State Zip Code
Reno NV 89511-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sierra Anesthesia, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422899

Amount of Each Receipt this Period

83.00

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

1083.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 213 OF 226

☒ 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. Wlody M.D.

Mailing Address 339 Hicks St.

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY DOWNSTATE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1451855

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard L. Wolman M.D., M.A.

Mailing Address 600 Highland Ave., Anes. Dept.
B6/319 Clinical Science Ctr.

City

Madison

State

WI

Zip Code

53792-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Wisconsin

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
10 / 15 / 2011

Transaction ID : C1451853

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kristin T. Woodward M.D.

Mailing Address 4975 E. Preserve Court

City

Greenwood Village

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver 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
10 / 16 / 2011

Transaction ID : C1433005

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 214 OF 226

☒ 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. Granville B. Work M.D.

Mailing Address 3749 Lynnfield Dr

City

Virginia Beach

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422793

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Granville B. Work M.D.

Mailing Address 3749 Lynnfield Dr

City

Virginia Beach

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

10 / 14 / 2011

Transaction ID : C1432641

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jason Workman M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City

Las Vegas

State

NV

Zip Code

89128-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

10 / 01 / 2011

Transaction ID : C1422797

Amount of Each Receipt this Period

83.00

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

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

249.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 215 OF 226

☒ 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. W. Bradley Worthington M.D.

Mailing Address 202 Deer Park Drive

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Spinal Surgery

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2011

Transaction ID : C1422852

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. W. Bradley Worthington M.D.

Mailing Address 202 Deer Park Drive

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Spinal Surgery

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1433029

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Crystal C. Wright M.D.

Mailing Address 3032 Jarrard St.

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine Dept. of An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : C1433987

Amount of Each Receipt this Period

1000.00

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

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

1166.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 216 OF 226

☒ 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. Edward A. Yaghmour M.D.

Mailing Address 401 E Ontario St Apt 4401

City

Chicago

State

IL

Zip Code

60611-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern University Feinberg School

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432713

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. H. Kendle Yates M.D.

Mailing Address 1249 Concord Hunt Dr

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2011

Transaction ID : C1426869

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher A. Yeakel M.D.

Mailing Address 206 Beaver Lake Dr.

City

Elgin

State

SC

Zip Code

29045

FEC ID number of contributing
federal political committee.

C

Name of Employer

acc

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432661

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 217 OF 226

☒ 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. Paul B. Yost M.D.

Mailing Address 485 Schooner Way

City

Seal Beach

State

CA

Zip Code

90740-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allied Anesthesia Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432855

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher E. Young M.D.

Mailing Address 7 Carriage Hill

City

Signal Mountain

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACE

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : C1432649

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher J. Young M.D.

Mailing Address 36 Rio Vista

City

St. Louis

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiologist

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : C1432978

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 218 OF 226

☒ 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. Elizabeth S. Yun M.D.

Mailing Address 4543 Shooting Star Ave.

City
Middleton

State
WI

Zip Code
53562-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

Transaction ID : C1428003

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dino G. Zacharakos M.D.

Mailing Address 20 Spectacle Ln.

City
Ridgefield

State
CT

Zip Code
06877

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2011

Transaction ID : C1427042

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark I. Zakowski M.D.

Mailing Address 8700 Beverly Blvd # 8211

City
West Hollywood

State
CA

Zip Code
90048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars - Sinai Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1433054

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 219 OF 226

☒ 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 M. Zerwas M.D.

Mailing Address 6702 Riva Ridge Dr

City
Richmond

State
TX

Zip Code
77406-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer

GHA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2011

Transaction ID : C1434193

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joel Zivot M.D., FRCP

Mailing Address 550 Peachtree St

City
Atlanta

State
GA

Zip Code
30308-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Midtown

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2011

Transaction ID : C1432781

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David B. Zucker M.D.

Mailing Address 5304 Eagle Ridge Ln

City
Sylvania

State
OH

Zip Code
43560-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Toledo

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2011

Transaction ID : C1433011

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 220 OF 226
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan R. Zucker M.B.,Ch.B.

Mailing Address 1612 Saint Gregory Drive

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Anesthesia Consultants

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 01 2011

Transaction ID : C1422911

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Jonathan R. Zucker M.B.,Ch.B.

Mailing Address 1612 Saint Gregory Drive

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Anesthesia Consultants

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 16 2011

Transaction ID : C1433023

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Andrew Zura M.D.

Mailing Address 8185 Thackeray Ct

City State Zip Code
Broadview Heights OH 44147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 19 2011

Transaction ID : C1449235

Amount of Each Receipt this Period

1000.00

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

1166.30

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

300996.30

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

PAGE 221 OF 226

<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	State	Zip Code
Hagerstown	MD	21741

Purpose of Disbursement
Credit Card Merchant Fees

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : D121655

Amount of Each Disbursement this Period

10954.99

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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).....▶

10954.99

10954.99

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

PAGE 222 OF 226

<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. Missouri Democratic State Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2011

Mailing Address P.O. Box 719

City	State	Zip Code
Jefferson City	MO	65102

Transaction ID : D121496Purpose of Disbursement
2011 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2011 Contribution

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

Mailing Address 8550 United Plaza Blvd.

City	State	Zip Code
Baton Rouge	LA	70809

Transaction ID : D121499Purpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3000.00

Rep. Bill CassidyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Transaction ID : D121487Purpose of Disbursement
2012 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3500.00

Rep. Charlie DentOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

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

11500.00

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

PAGE 223 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
2012 General Contribution

Candidate Name

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

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121493

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City	State	Zip Code
Brooklyn	NY	11233

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

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

State: NY District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2011

Transaction ID : D121498

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

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

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2011

Transaction ID : D121497

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

PAGE 224 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JEB HENSARLING

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Jeb HensarlingCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 05

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121495

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JEB HENSARLING

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Jeb HensarlingCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 05

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121490

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. STUTZMAN FOR CONGRESS

Mailing Address 0250 W 600 N

City	State	Zip Code
Howe	IN	46746

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Marlin StutzmanCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 03

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121492

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

PAGE 225 OF 226

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

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

011

Candidate Name

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

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121488

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SAM JOHNSON

Mailing Address P.O. Box 860096

City Plano	State TX	Zip Code 75086
---------------	-------------	-------------------

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

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

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121489

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SAM JOHNSON

Mailing Address P.O. Box 860096

City Plano	State TX	Zip Code 75086
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Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

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

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121494

Amount of Each Disbursement this Period

1500.00

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

3000.00

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

PAGE 226 OF 226

<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. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City PITTSBURGH	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

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

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : D121491

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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)..... ►

2500.00

26500.00
