Image# 12953087192				PAGE 1 / 209
FEC AN	PORT OF RE	MENTS	Office U	
1. NAME OF TYP	E OR PRINT V	xample: If typing, type	12FE4M5	
COMMITTEE (in full)	0	ver the lines.	121.04112	
American Society of Anes	thesiologists Political	Action Committee		
ADDRESS (number and street)	20 N. Northwest Highway			
Check if different				
than previously P reported. (ACC)	ark Ridge		IL 6006	8
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00255752	3. IS THIS REPOR		AMENDED (A)	
 4. TYPE OF REPORT (In the constraint of the constra	b) Monthly Report Due On: Mar 20 (M		Aug 20 (M8) X Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only)
April 15	Apr 20 (M	4) Jul 20 (M7)	Oct 20 (M10)	
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	M = M / D = D /	Y Y Y Y	in the State of
5. Covering Period 08	01 / Y Y Y Y 01 2012	through 08		12
I certify that I have examined this Re	eport and to the best of my k	nowledge and belief it is tru	ue, correct and comple	ete.
Type or Print Name of Treasurer M	Ir. Thomas Conway			
Signature of Treasurer	s Conway	[Electronically Filed]	Date 09 20) / Y Y Y Y Y 2012
NOTE: Submission of false, erroneous,	or incomplete information may	subject the person signing th	his Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

09/20/2012 16 : 18

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

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

American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From: 08	M / D D / Y Y Y Y 3 01 2012 To	M M / D D / Y Y Y Y 08 31 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		1770455.33
	(b) Cash on Hand at Beginning of Reporting Period	1703156.55	
	(c) Total Receipts (from Line 19)	223816.20	1027801.78
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	1926972.75	2798257.11
7.	Total Disbursements (from Line 31)	148825.00	1020034.36
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1778147.75	1778222.75
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

DET		Г
FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
American Society of Anesthesiologists	s Political Action Committee	
Report Covering the Period: From: 08	7 01 Y Y Y Y Y 01 2012 To	
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)	178262.10	809172.80
(ii) Unitemized	45554.10	212628.98
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	223816.20	1021801.78
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	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)	223816.20	1021801.78
12. Transfers From Affiliated/Other		0.00
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	0.00	6000.00
Political Committees	0.00	3000.00
(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
	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))►	223816.20	1027801.78
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	223816.20	1027801.78

Image# 12953087194

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(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	0.00	16458.53
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	0.00	16458.53
Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	93500.00	752250.00
. Independent Expenditures	0.00	119225.83
(use Schedule E) . Coordinated Party Expenditures (2 U.S.C. 8441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
5. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	5325.00	7100.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	7 7 7	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	5005.00	
(add Lines 28(a), (b), and (c))►	5325.00	7100.00
. Other Disbursements	50000.00	125000.00
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	148825.00	1020034.36
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	148825.00	1020034.36
	14023.00	1020004.00

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	223816.20	1021801.78
 Total Contribution Refunds (from Line 28(d)) 	5325.00	7100.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	218491.20	1014701.78
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	16458.53
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	16458.53

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ie)							
			for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	solicitin	g con	tributio	ons			
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Basem B. Abdelmalak M.D.				Date of	Re	ceipt							
	Mailing Address Dept of General Anesthesiolog 9500 Euclid Ave.	y, E-			08 15 2012									
	City Cleveland	State OH	Zip Code 44195					C18074 leceipt th		eriod				
	FEC ID number of contributing federal political committee.	С					7			41.6	60			
	Name of Employer	Occupation												
	Cleveland Clinic	Anesthesiol	ogist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		332.80											
в.	Full Name (Last, First, Middle Initial) Ira H. Abels M.D.				Date of	Re	ceipt							
	Mailing Address 309 Mallard Rd			08 02 _2012 _										
	City	State		Trans	acti	on ID :	C18023							
	Weston	FL	33327		Amount	of	Each R	leceipt tl	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С					7			250.0	0			
	Name of Employer Cleveland Clinic Florida Dept of Anest	Occupation Physician												
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		250.00											
C.	Full Name (Last, First, Middle Initial) John P. Abenstein M.D.				Date of	Re	ceipt							
	Mailing Address 10978 Eleventh Ave N.W.				м м 08	/	10) / Y	201	2	ſ			
	City	State MN	Zip Code 55960-2110					C18052			_			
	Oronoco	IVIIN	55960-2110	-	Amount	of	Each R	leceipt tl	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С				_	y			83.3	30			
	Name of Employer	Occupation												
	Mayo Clinic	Physician		_										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 666.40											
s	UBTOTAL of Receipts This Page (optional)			•						374.9	0			
т	OTAL This Period (last page this line number of	only)	· · · · · · · · · · · · · · · · · · ·	•			,	,						

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and Stafor commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions	
	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesio	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Amr E. Abouleish M.B.A., M.				Date of	Re	eceipt					
	Mailing Address 4303 Evergreen Elm Ct				м – м 08	/	D D D	/ Y	Y 20) 12	Y	
	City Houston	State TX	Zip Code 77059-3120					C180672				
	FEC ID number of contributing federal political committee.	С			Amount	OT	Each R	eceipt th		83.	30	
	Name of Employer University of Texas Medical Branch	Occupation physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40									
B.	Full Name (Last, First, Middle Initial) Jason R. Acosta M.D.				Date of	Re	eceipt					
	Mailing Address 1605 Hempel Ave				м м 08	1	28	/ Y	ү 20)12	Y	
	City Windermere	State FL	Zip Code 34786		Transaction ID : C1816421 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			500.00							
	Name of Employer JLR Medical Group	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
c.	Full Name (Last, First, Middle Initial) David G. Adams M.D.				Date of	Re	eceipt					
	Mailing Address 12324 River Oaks Pt				м м 08	/	08	/ Y)12	Y	
	City Knoxville	State TN	Zip Code 37922					C180462 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					7			250.	00	
	Name of Employer	Occupation		_								
	Univ. Tennessee Med. Ctr. Receipt For:	Staff Anest	-	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1								
s	UBTOTAL of Receipts This Page (optional)						7			833.3	30	
т	OTAL This Period (last page this line number o	only)		•			7	,				

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17					
Any information copied from such Reports and or for commercial purposes, other than using th				or the		pose o		liciting	contrib	utions					
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	ee												
Full Name (Last, First, Middle Initial) Bruce T Adelman M.D. Mailing Address 4896 Woodcliff Hill Road Nor	rth		Date of Receipt												
City	State	Zip Code	41	08		01		00057	2012	_					
West Bloomfield	MI	48323	A			i on ID Each I			is Perio	d					
FEC ID number of contributing federal political committee.	С					7		3	4	1.00					
Name of Employer Henry Ford Hospital West Bloomfield	Occupation Anesthesio														
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 328.00													
Full Name (Last, First, Middle Initial) B. Zulfiqar Ahmed M.B.,B.S.				Date of	f Re	ceipt									
Mailing Address 2865 Woodford Dr				м м 08	/	25		/ Y	ү ү 2012	Y					
City Sterling Heights	StateZip CodeMI48310					Transaction ID : C1814552 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С				7		y	500	0.00						
Name of Employer Anesthesia Associates of Ann Arbor	Occupation Physician	1													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00													
Full Name (Last, First, Middle Initial) C. Karim Alarakhia M.D.				Date of	f Re	ceipt									
Mailing Address 322 E Central Blvd Unit 1812	2			м м 08	/	D 27		/ Y	y y 2012	Y					
City Orlando	State FL	Zip Code 32801				ion ID Each I			36 is Period	4					
FEC ID number of contributing federal political committee.	С		ĺ			,		J		0.00					
Name of Employer	Occupation	1													
Anesthesiologists of Greater Orlando Receipt For:	Anesthesio		_												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00													
SUBTOTAL of Receipts This Page (optional)						7		-	1041	1.00					
TOTAL This Period (last page this line number	r only)	••••••				,		J							

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Society of Anesthesio	logists Political Action Commit	ee
Full Name (Last, First, Middle Initial) A. John L. Aldridge M.D.		Date of Receipt
Mailing Address 653 W 77th St		M M / D D / Y Y Y Y Y Y 08 23 2012
City Tulsa	State Zip Code OK 74132	Transaction ID : C1812797 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Associated Anesthesiologists, Inc.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) B. Patrick H. Allaire M.D.		Date of Receipt
Mailing Address 58991 290th St		08 01 _2012 _
City	State Zip Code	Transaction ID : C1808568
Cambridge	IA 50046-8510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.00
Name of Employer McFarland Clinic	Occupation physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	328.00]
Full Name (Last, First, Middle Initial) C. Siraj N. Alseri M.D.		Date of Receipt
Mailing Address 2237 Twin Islands Ct		08 30 _2012 _
City	State Zip Code	Transaction ID : C1816807
Ann Arbor	MI 48108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesia Assoc. of Ann Arbor Receipt For:	anesthesiologist	
Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		791.00
TOTAL This Period (last page this line number of		

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committe	96								
Full Name (Last, First, Middle Initial) A. Jonathan C. Anderson M.D.			Date of Receipt								
Mailing Address 151 Jossie Ln			08 08 2012								
City Kalispell	State MT	Zip Code 59901-6961	Transaction ID : C1804272 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer Northern Rockies Anesthesia Consultant Receipt For: Primary General	Occupation Anesthesio Aggregate	logist Year-to-Date ▼									
Full Name (Last, First, Middle Initial)	L	800.00									
B. MS Society of Q. Anesthesiologis Mailing Address P.O. Box 13405		7in Oada	Date of Receipt								
City Jackson	State MS	Zip Code 39236-3405	Transaction ID : C1808554 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		41.00								
Name of Employer Affiliated Anesthesiologists	Occupation Anesthesiol		_								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.00									
Full Name (Last, First, Middle Initial) C. Shane C. Angus M.S., A.A.			Date of Receipt								
Mailing Address 820 1st N.E. LL-150, Mail 25	21.1		08 / D D / Y Y Y Y Y 2012								
City Washington	State DC	Zip Code 20002	Transaction ID : C1808570 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		83.00								
Name of Employer	Occupation	1									
Case School of Medicin Receipt For:	Program Di										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1330.40									
SUBTOTAL of Receipts This Page (optional))		224.00								
TOTAL This Period (last page this line num	per only)										

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ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)
	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Shane C. Angus M.S., A.A.		Date of Receipt
Mailing Address 820 1st N.E. LL-150, Mail 25		08 15 _ 2012
City Washington	StateZip CodeDC20002	Transaction ID : C1807494 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Case School of Medicin	Program Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.40]
Full Name (Last, First, Middle Initial) B. James M. Anton M.D.		Date of Receipt
Mailing Address 2302 Paradise Canyon Dr.		08 05 2012
City Pearland	State Zip Code TX 77584	Transaction ID : C1802544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Greater Houston Health Network	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	1
Full Name (Last, First, Middle Initial) C. Mark R. Applegate M.D.		Date of Receipt
Mailing Address 1281 Penny Lane		08 11 2012
City Tallahassee	State Zip Code FL 32312	Transaction ID : C1805472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
Sheridan Healthcorp	Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (optional)		883.30

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPIS		Detailed Summary Page		11a		11b	11c		12					
					13		14	15		16	17				
	y information copied from such Reports and St for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)	=													
$\Big/$	American Society of Anesthesio	logists Po	olitical Action Committe	ee											
Α.	Full Name (Last, First, Middle Initial) Ross W. Appleyard M.D.			[Date of	Re	eceipt								
	Mailing Address 416 Krameria St														
	City	State	Zip Code		Trans	acti	ion ID	: C18053	62						
	Denver	CO	80220	A	Amount	t of	Each I	Receipt tl	nis F	Period					
	FEC ID number of contributing federal political committee.	С					7			250	00				
	Name of Employer	Occupation		\neg											
	Colorado Anesthesia Consultants, P.C.	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00												
В.	Full Name (Last, First, Middle Initial) Kayvan Ariani M.D.				Date of	Re	eceipt								
	Mailing Address 4007 Bermuda Grove PI.				м м	/	19		20)12	Y				
	City	State	Zip Code	Transaction ID : C1811190 Amount of Each Receipt this Period											
	Longwood	FL	32779												
	FEC ID number of contributing federal political committee.	С					,			500.	00				
	Name of Employer JLR medical group	Occupation Physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
с.	Full Name (Last, First, Middle Initial) Joel W. Arney M.D.				Date of	Re	eceipt								
	Mailing Address 4 Windy Hill Ct				м м 08	1	D 19)12	Y				
	City	State	Zip Code					: C18111							
	Sunfish Lake	MN	55077	A	Amount	of	Each I	Receipt tl	nis F	eriod					
	FEC ID number of contributing federal political committee.	С					,			500	.00				
	Name of Employer	Occupation	I	-											
	Fairview Ridges Hospital	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		500.00												
	Other (specify)		500.00												
s	UBTOTAL of Receipts This Page (optional)				_		7			1250.	00				
Т	OTAL This Period (last page this line number of	only)	••••••						1						

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of Detailed Summary Pa		×	11a 13		11b 14		11c 15	12		17
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Co	mmittee	Э								
A.	Full Name (Last, First, Middle Initial) Brett L. Arron M.D.					ate of	Re	ceipt	:				
	Mailing Address 52 Lake Street	Otata	Zin Oada			м м 08	/		15	/ Y	2012	Y	
	City Wakefield	State RI	Zip Code 02879					-		180749 ceipt th	91 is Peric	d	
	FEC ID number of contributing federal political committee.	С						7		7	ξ	33.30	
	Name of Employer	Occupation			1								
	Narragansett Bay Anesthesia Receipt For:	,	Anesthesiologist		-								
	Primary General Other (specify) V	Aggregale	Year-to-Date ▼ 66	6.40									
в.	Full Name (Last, First, Middle Initial) Scott E. Ashcraft M.D.					ate of	Re	ceipt					
	Mailing Address 8900 Indian Creek Parkway Suite 500					м м 08	/	D	29	/ Y	2012	Y	
	City Overland Park	State KS	Zip Code 66210							181652 ceipt th	2 5 is Peric	d	
	FEC ID number of contributing federal political committee.	С]				7	Ξ	7	100	0.00	
	Name of Employer Midwest Anesthesia Associates	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000	0.00									
с.	Full Name (Last, First, Middle Initial) Noah A. Babins M.D.					ate of	Re	ceipt	:				
	Mailing Address 100 S Virginia Ave Unit 320 #320					м м 08	/		02	/ Y	2012	Y	
	City Winter Park	State FL	Zip Code 32789-4344							180237 ceipt th	73 iis Peric	d	
	FEC ID number of contributing federal political committee.	С]				7	Ξ	7	50	00.00	
	Name of Employer	Occupation			1								
	Sheridan Healthcorp	Anesthesio	logist										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 50	0.00									
s	UBTOTAL of Receipts This Page (optional)							1			158	3.30	
	OTAL This Period (last page this line number of				Ī			,		,			

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			Detailed Summary Page		11a 13	\vdash	11b 14	11c		12 16	17
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	Ay not be sold or used by any ddress of any political committ	person t	for the	pur ntrih	pose of	soliciting	J CO h CC	ntribut	tions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio										
A.	Full Name (Last, First, Middle Initial) Kristy Z. Baker M.D. Mailing Address 1810 Bridgewater Drive				Date of	_	· .				
					08		29		2	012	Y
	City Heathrow	State FL	Zip Code 32746					C181657 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					3		_	250	.00
	Name of Employer JLR Medical group	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Frank A. Bakke M.D. Mailing Address 3501 E Via Colonia Del Sol				Date of	f Re	eceipt	(Y	v	Y	V
		01-1-1	7'- 0-1-		08	Í	15		20	012	T
	City Tucson	State AZ	Zip Code 85718					C180770 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					3	- 7	_	1200	.00
	Name of Employer Southern Arizona Anesthesia Dept of An	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00								
C.	Full Name (Last, First, Middle Initial) Shawn E. Banks M.D.				Date of	Re	eceipt				
	Mailing Address 601 NE 36th St Apt 3407				м м 08	1	25			y)12	Y
	City Miami	State FL	Zip Code 33137					C18145 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7		_		.30
	Name of Employer	Occupation									
	University of Miami Receipt For:	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 583.10								
s	UBTOTAL of Receipts This Page (optional)						7			1533.	30
т	OTAL This Period (last page this line number	only)		•			7	,			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b 11c	12	
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or for commercial purposes, other than usin	ng the name and a	ddress of any political committe	e to solicit contrib	utions from such	n committe	e.
American Society of Anesth	esiologists P	olitical Action Committ	ee			
Full Name (Last, First, Middle Initial) A. Carolyn F. Bannister M.D.			Date of Re	ceipt		
Mailing Address 5102 Chastleton Drive			08 /	21 / Y	ү ү 2012	Y
City	State	Zip Code		ion ID : C181176		
Stone Mountain	GA	30087	Amount of	Each Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C			7 7	83.	30
Name of Employer	Occupation					
Emory University School of Medicine	Medical Do	ctor				
Receipt For:	Aggregate	Year-to-Date ▼	_			
Other (specify)		, 666.40				
Full Name (Last, First, Middle Initial) B. David K. Barclay M.D.			Date of Re	ceipt		
Mailing Address 8080 Barony Point			08	09 / Y	2012	Y
City	State	Zip Code	Transacti	on ID : C180526		
Mattawan	MI	49071	Amount of	Each Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C			7 7	500.	00
Name of Employer Kalamazoo Anesthesiology	Occupation					
Receipt For:	Anesthesiol	5				
Primary General	Aggregate	Year-to-Date ▼ 500.00	1			
Other (specify)		, , , , , , , , , , , , , , , , , , , ,				
Full Name (Last, First, Middle Initial) C. Andrew M. Barnett M.D.			Date of Re	ceipt		
Mailing Address 2000 Kehrsdale Ct.			08 /	10 / Y	2012	Y
City	State	Zip Code	Transacti	ion ID : C18053		
Chesterfield	MO	63005	Amount of	Each Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C			7 7	250.	00
Name of Employer	Occupation					
Western Anesthesiology Associates, Inc	anesthesiol	ogist				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		250.00				
SUBTOTAL of Receipts This Page (option	al)			3 5	833.3	30
TOTAL This Period (last page this line num	mber only)		· L	yy		

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\backslash	NAME OF COMMITTEE (In Full) American Society of Anesthesic	Nogiata D	olitical Action Committ	~~								
/	American Society of Amesthesic			ee								
	Full Name (Last, First, Middle Initial) Renee A. Baugh M.D.					_						
Α.	0			_	Date of		· ·					
	Mailing Address 3173 Chestnut Run Dr				м м 08	1 '	31	D / Y		012	Y	
	City	State	Zip Code	_		act		C181730		,12		
	Bloomfield	MI	48302-1112	_	Amount	of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	250.	00	
	Name of Employer	Occupation	I									
	Anesthesia Services	ANESTHES	SIOLOGIST									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
В.	Full Name (Last, First, Middle Initial) Michael L. Beaudrie D.O.				Date of	Re	eceipt					
	Mailing Address 1101 W Clairemont Ave Ste 20 Eau Claire Anes	С			M M 08	/	30)12	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C181682	20			
	Eau Claire	WI	54701-6161		Amount	of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	500.	00	
	Name of Employer	Occupation										
	Eau Claire Anes	Anesthesio	ogist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00	4								
C.	Full Name (Last, First, Middle Initial) Charles R. Beckenstein M.D.				Date of	Re	eceipt					
	Mailing Address 610 S Rome Ave Apt 602				м м 08	/	D 13			y)12	Y	
	City	State FL	Zip Code					C180556				
	Tampa	L.	33606-2589	_	Amount	of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	41.	60	
	Name of Employer	Occupation										
	UniCom Anesthesia Associates, P.A. Receipt For:	Anesthesio	-									
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		291.20	4								
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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions
$\overline{\}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Roderick W. Beer M.D.				Date of	Re	eceipt				
	Mailing Address 3966 Holden Dr.				м – м 08	/	20) / Y	Y 20) 12	Y
	City	State	Zip Code		Trans	act	ion ID :	C181124	19		
	Ann Arbor	MI	48103		Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	7			250.	00
	Name of Employer	Occupation									
	Anesthesia Associates of Ann Arbor	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
В.	Full Name (Last, First, Middle Initial) Eileen V. Begin M.D.				Date of	Re	eceipt				
	Mailing Address 110 Irving St. NW #G-226				M M 08	1	25	/ Y	20)12	Y
	City	State	Zip Code		Trans	acti	ion ID :	C181454	8		
	Washington	DC	20010-3017		Amount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	,		_	41.	60
	Name of Employer Washington Hospital Center	Occupation Anesthesiol									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		291.20								
C.	Full Name (Last, First, Middle Initial) Terry Bejot M.D.				Date of	Re	eceipt				
	Mailing Address 6911 Van Dorn, #2	_			м м 08	/	08) / Y		ү)12	Y
	City Lincoln	State NE	Zip Code 68506					C18046		Oriod	
	FEC ID number of contributing				mount	. 01		eceipt th	115 P		_
	federal political committee.	С				-	7		-	500	.00
	Name of Employer	Occupation									
	Assoc. Anes.	Anesthesio	-	_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		500.00								
s	UBTOTAL of Receipts This Page (optional)			•			· · ·			791.	60
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		for each category of the Detailed Summary Page	X	11a 13		11b 14		11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using the				or the		pose d			g contrib	utions
American Society of Anesthes	iologists Po	olitical Action Committe	ее							
Full Name (Last, First, Middle Initial) Jeffrey P. Bellefleur M.D. Mailing Address 5195 Vincennes Ct				Date of	_	D		/ Y	Y Y	Y
City	State	Zip Code	_ !	08 Trans	acti	2: ion ID		181270	2012 60	
Bloomfield Hills	MI	48302	A	mount	t of	Each	Red	ceipt th	nis Perio	d
FEC ID number of contributing federal political committee.	С					,		7	50	0.00
Name of Employer SOAA	Occupation Physician									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) B. <u>Richard E. Belmont Jr., D.O.</u> Mailing Address E4155 Nicole Ct				Date of	f Re	ceipt	D	/ Y	Y Y	Y
	0 1 1		41	08		3	0		2012	_
City Eleva	State WI	Zip Code 54738-9446				-		181682	21 nis Perio	4
FEC ID number of contributing federal political committee.	С			inoun		1	nec	5 J		0.00
Name of Employer Self	Occupation Anesthesiolo	ogist								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Scott M. Berger M.D.				Date of	f Re	ceipt				
Mailing Address 1053 Century Dr., #209				м м 08	/	D 0	D 5	/ Y	2012	Ŷ
City Louisville	State CO	Zip Code 80027	A					18025 ceipt th	56 nis Perio	d
FEC ID number of contributing federal political committee.	С					7		J		0.00
Name of Employer	Occupation									
Colorado Permanente Medical Group	Anesthesiol	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00								
SUBTOTAL of Receipts This Page (optional)		••••••				,		7	150	0.00
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SCHEDULE A (FEC Form 3X) _ _ _ _

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Commit	ee
Full Name (Last, First, Middle Initial) A. Mordechai Bermann M.D.			Date of Receipt
Mailing Address 7 Plymouth Ln.			M M / D D / Y Y Y Y Y 08 16 2012
City East Brunswick	State NJ	Zip Code 08816	Transaction ID : C1808532 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.60
Name of Employer University Medicine & Dentistry of NJ Receipt For:	Occupation Anesthesio		
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 332.80]
Full Name (Last, First, Middle Initial) B. Aaron P. Betel M.D.			Date of Receipt
Mailing Address 34488 Old Timber	2		M = M / D = D / Y = Y = Y Y 08 31 2012
City Farmington	State MI	Zip Code 48331	Transaction ID : C1817310 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer AAKC	Occupation ANESTHES	n SIOLOGIST	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) C. Joel L. Bez D.O.			Date of Receipt
Mailing Address 3806 Viceroy Dr.			08 23 2012
City Okemos	State MI	Zip Code 48864	Transaction ID : C1812792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
Lansing Anesthesiologist P.C. Receipt For:	Anesthesio	logist Year-to-Date ▼	_
Primary General Other (specify) ▼		500.00	1
SUBTOTAL of Receipts This Page (optional)			791.60
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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check on	ly one)			
			Detailed Summary Page	X 11a	11b	11c	12	
	n copied from such Reports and cial purposes, other than using the							
	COMMITTEE (In Full) an Society of Anesthesi	iologists P	olitical Action Committe	e				
A. Anila Bh Mailing Add City Bloomfield FEC ID nu	mber of contributing	State MI	Zip Code 48302	08 Tran	of Receipt	C181277		
Name of E South Oakl Receipt Fo	and Anesthesia Associates	Occupation Anesthesiol						
B. Julian S	(Last, First, Middle Initial) Bick M.D. dress 4100B Oriole PI	State	Zip Code	M N 08	11		2012	Y
Nashville FEC ID nu federal poli Name of E Vanderbilt I Receipt Fo	Iniv Med Ctr r: ary General	TN C Occupation Physician	37215-3514 Year-to-Date ▼		saction ID : nt of Each F		nis Period	.30
Full Name Paul C. Mailing Add	r (specify) ▼ (Last, First, Middle Initial) Bicket M.D. dress 13074 S Santa Fe Ave	State	Zip Code	08 Tran	24 saction ID	: C18145′		Ŷ
federal poli Name of E Affiliated A Receipt Fo	nesthesiologists r:	Occupation ANESTHES		Amour	nt of Each F	Receipt th	500	.00
	of Receipts This Page (optional) Period (last page this line numbe		· · ·		· · ·	7	833.	30

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
American Society of Anesthes	siologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial) David J. Biel A.AC Mailing Address 2929 Edgehill Rd			Date of Receipt
City	State	Zip Code	08 21 2012
Cleveland Heights	OH	44118	Transaction ID : C1811764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.60
Name of Employer University Hospitals of Cleveland	Occupation Anesthesiol	ogist Assistant	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 331.00	
Full Name (Last, First, Middle Initial) B. Robert F. Birch M.D.			Date of Receipt
Mailing Address 582 Summit Ave.			08 11 2012
City St. Paul	State MN	Zip Code 55102	Transaction ID : C1805374 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.60
Name of Employer Fairview Ridges Hospital	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.80	
Full Name (Last, First, Middle Initial) C. Timothy M. Bittenbinder M.D.			Date of Receipt
Mailing Address 2401 South 31st St., Dept. MS - 20 - D304			M M / D / Y
City Temple	State TX	Zip Code 76508	Transaction ID : C1814549 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.30
Name of Employer	Occupation		
Scott and White Hospital	Anesthesiol	ogist	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		416.50	
SUBTOTAL of Receipts This Page (optional).		••••••	166.50
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\land	NAME OF COMMITTEE (In Full)									
	American Society of Anesthesi	ologists P	olitical Action Committe	ee						
<u> </u>	Full Name (Last, First, Middle Initial)									
Α.				_	Date of	f Recei	pt			
	Mailing Address 33 E 26th St				м м 08	/ [15	/ Y	2012	Y
	City	State	Zip Code			action		80750		
	Tulsa	OK	74114	_	Amoun	t of Ead	ch Rec	eipt thi	is Period	
	FEC ID number of contributing federal political committee.	С				7		7	1000	0.00
	Name of Employer	Occupation								
	Associated Anesthesiologist Inc	Anesthesio	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		1000.00							
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B.					Date of	f Receij	pt			
	Mailing Address 2215 viewmont way w				M	/ 0		/ Y	Y Y	Y
	City	State	Zip Code		08 Trans	action	25 ID · C1	81/5/	2012 5	
	Seattle	WA	98199						s is Period	
	FEC ID number of contributing federal political committee.	C						7	50	.00
	Name of Employer	Occupation								
	swedish medical group	anesthesiol	ogist							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		400.00							
с.	Full Name (Last, First, Middle Initial) Carol A. Blum M.D.	1			Date o	f Receij	pt			
	Mailing Address 16608 NE 113th St				м м 08	/ [30	/ Y	ү 2012	Y
	City	State MO	Zip Code			saction				
	Liberty	IVIO	64068	_	Amoun	t of Ead	ch Rec	eipt th	is Period	
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	Name of Employer	Occupation								
	self	anesthesio								
	Receipt For:	Aggregate	Year-to-Date ▼	_						
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5	SUBTOTAL of Receipts This Page (optional)			•				7	1300	.00
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NAME OF COMMITTEE (In Full)											
American Society of Anesthe	esiologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Robert A. Blumberg D.O.				Date o	f Re	eceipt					
Mailing Address 31677 Mountain View Rd				м м 08	/	D 31	D /		y y 2012	Υ]
City	State	Zip Code		Trans	sact	ion ID	: C1817	7311			
Franklin	MI	48025-1244	'	Amoun	t of	Each	Receipt	this	Period	l	
FEC ID number of contributing federal political committee.	C					,	,		250	0.00)
Name of Employer	Occupation										
Anesthesia Services, P.C. Receipt For:		SIOLOGIST	_								
Primary General	Aggregate	Year-to-Date ▼	_								
Other (specify) ▼		250.00									
Full Name (Last, First, Middle Initial) B. Kenneth J. Bochenek M.D.	I			Date o	f Re	eceipt					
Mailing Address 2000 Spruce Dr				M M	/	D	D /		Y Y	Y	1
City	Ctoto	Zin Codo		08		13			2012	_	
City Lafayette	State IN	Zip Code 47905-3944	-				: C1806		Darias		
*		47303-3344		Amoun	τοι	Each	Receipt	this	Period		_
FEC ID number of contributing federal political committee.	C					7			50	0.00	
Name of Employer Anesthesiology Associates, P.C.	Occupation ANESTHES										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		750.00	1								
Full Name (Last, First, Middle Initial) C. Kenneth J. Bochenek M.D.	I			Date o	f Re	eceipt					
Mailing Address 2000 Spruce Dr				м м 08	/	D 20			y y 2012	Y	1
City Lafayette	State IN	Zip Code 47905-3944					: C181 Receipt		Period		
FEC ID number of contributing federal political committee.	С					7).00)
Name of Employer	Occupation		_								
Anesthesiology Associates, P.C.	ANESTHE	SIOLOGIST									
Receipt For:		Year-to-Date ▼									
Primary General											
Other (specify)		750.00									
SUBTOTAL of Receipts This Page (optiona	l)					,			350	.00	
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TIEMIZED RECEIPTS		for each category of the		11a		11b	11c	1	12	
		Detailed Summary Page		13		14	15		16	17
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NAME OF COMMITTEE (In Full)										
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Kenneth J. Bochenek M.D.				Date o	f Re	eceipt				
Mailing Address 2000 Spruce Dr				м м 08	/	31	D / Y	201	ү 12	Y
City	State	Zip Code		Trans	sact	ion ID	: C18173	46		
Lafayette	IN	47905-3944	/	Amoun	t of	Each I	Receipt th	nis Pe	riod	
FEC ID number of contributing federal political committee.	С					7		_	50.	00
Name of Employer	Occupation									
Anesthesiology Associates, P.C.	ANESTHES	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		750.00	11							
Other (specify)		750.00								
Full Name (Last, First, Middle Initial) B. Baher N. Boctor M.D.			[Date o	f Re	eceipt				
Mailing Address 15112 La Sabana Dr				м м 08	/	31	D / Y	201	Y 2	Y
City	State	Zip Code		Trans	acti	ion ID :	: C18173 [,]			
La Mirada	CA	90638-1425	#	Amoun	t of	Each I	Receipt th	nis Pe	riod	
FEC ID number of contributing federal political committee.	С					, ,			250.0	00
Name of Employer Self	Occupation Anesthesiol									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	, igg. ogato		11.							
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) C. Neal M. Bodner M.D.				Date o	f Re	eceipt				
Mailing Address 13152 SW 40th St				м м 08	/	09		201		Y
City	State	Zip Code		Trans	sact	ion ID	: C18052	48		
Davie	FL	33330	/	Amoun	t of	Each I	Receipt th	nis Pe	riod	
FEC ID number of contributing federal political committee.	С					7		_	250.	.00
Name of Employer	Occupation									
Sheridan Healthcare	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11							
Other (specify)		250.00	4							
SUBTOTAL of Receipts This Page (optional)			•			7			550.0	00
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TIEMIZED RECEIPTS		Detailed Summary Page	X	11a		11b	11c	1	2	
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NAME OF COMMITTEE (In Full)										
American Society of Ane	sthesiologists P	olitical Action Commit	tee							
Full Name (Last, First, Middle Initial A. Jason A. Boehm D.O.)			Date c	of Re	eceipt				
Mailing Address 4208 E Whitehall D	r			M N		D	D / Y	(Y	Y
				08		05		201		
City	State	Zip Code		Tran	sact	ion ID :	C18025	42		
Springfield	MO	65809-2348	/	Amour	nt of	Each F	Receipt t	his Pei	riod	
FEC ID number of contributing federal political committee.	C					7			83.3	30
Name of Employer	Occupation	1								
St. Johns Clinic Anesthesiology	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		666.40	1							
Other (specify)		666.40	- 1							
Full Name (Last, First, Middle Initial B. Peter J. Boosalis M.D.)			Data a	f Da	acint				
Mailing Address 515 S. Broadway S			_ '	Date c		ceipt		·	14	
Maining Address 515 S. Broadway S				08		04	D / Y	201:	ייי 2	
City	State	Zip Code			sact		C18025			
Stillwater	MN	55082					Receipt t		riod	
FEC ID number of contributing federal political committee.	С					7			250.0)0
Name of Employer	Occupation	1								
Valley Anesthesiology Consultants P	A Physician									
Receipt For:	Agaregate	Year-to-Date ▼								
Primary General	55 - 5 - 5		1.							
Other (specify)		, 250.00								
Full Name (Last, First, Middle Initial C. John P Borrego M.D.)			Date c	of Re	eceipt				
Mailing Address 8332 E. Heatherbra	e Dr.			M N 08	/	21		201		Y
City	State	Zip Code		Tran	sact	ion ID	: C18117	' 7 9		
Scottsdale	AZ	85251	/	Amour	nt of	Each F	Receipt t	his Pei	riod	
FEC ID number of contributing federal political committee.	C					7			500.0	00
Name of Employer	Occupation	1								
Valley Anesthesiology Consultants	anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	55 - 5 - 5		1							
Other (specify)		500.00								
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Any information copied from such Reports a or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Gregory W. Bouska M.D.				Date of	Re	ceipt				
Mailing Address 3000 Bogey Cir SE				м м 08	/	28) / Y	2012		Y
City	State	Zip Code		Trans	acti	on ID :	C18163	95		
Owens Cross Roads	AL	35763	A	Amount	of	Each F	leceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С				_	,	7	1(000.0	00
Name of Employer	Occupation									
Comprehensive Anesthesia Associate	Anesthesio	ogist								
	Aggregate	Year-to-Date ▼								
Other (specify)		1000.00								
Full Name (Last, First, Middle Initial) B. Daniel J. Bowman M.D.				Date of	Re	ceipt				
Mailing Address 1101 W Clairemont Ave Eau Claire Anes	Ste 2C			м м 08	/	30	/ Y	y 2012	Y Y	Y
City	State	Zip Code		Trans	acti	on ID :	C181682	23		
Eau Claire	WI	54701-6161	A	mount	of	Each F	leceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	C					7	7	5	500.0	00
Name of Employer Eau Claire Anes	Occupation Anesthesio									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Frances Boyette M.D.				Date of	Re	ceipt				
Mailing Address 8225 Marsh Pointe Dr.				м м 08	/	D 17	/ Y	2012		Y
City	State	Zip Code		Trans	acti	ion ID :	C18112	41		
Montgomery	AL	36117	A	Mount	of	Each F	leceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С				_	,	7	1(000.0	00
Name of Employer	Occupation									
Self	ANESTHE	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		1000.00]							
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check	only	one)			
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American Society of Anesthe	esiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. James R. Bradford M.D.			Dat	e of F	Receipt			
Mailing Address 900 Peeler Street PO Box 4095)8	30		2012	Y
City	State	Zip Code		-		C18166		
Kalamazoo	MI	49003	Am	ount a	of Each F	Receipt th	nis Period	d
FEC ID number of contributing federal political committee.	С				7	7	25	0.00
Name of Employer	Occupation	I						
Kalamazoo Anesthesiology, P.C. Receipt For:	Physician							
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		250.00						
Full Name (Last, First, Middle Initial) B. John G. Brock-Utne M.D., Ph.D			Dat	e of F	Receipt			
Mailing Address 300 Pasteur Drive Anes. I	Dept.			м 08	/ D 14		у у 2012	Y
City	State CA	Zip Code				C18074		
Stanford FEC ID number of contributing federal political committee.	C	94305	Am	ount o	of Each F	Receipt th		d 0.00
Name of Employer Stanford Univ. Med. Ctr.	Occupation Professor							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		250.00	1					
Full Name (Last, First, Middle Initial) C. Richard Brouillard A.A.			Dat	e of F	Receipt			
Mailing Address 57 Executive Park S Dept of Anes				м 08	/ D 08		y y 2012	Y
City Atlanta	State GA	Zip Code 30322-0001				C18042	-	
FEC ID number of contributing federal political committee.	C		Am	ount o	of Each F	Receipt th		a 3.30
					7		-	
Name of Employer Emory University School of Medicine	Occupation	logist Assistant						
Receipt For:		Year-to-Date ▼						
Primary General	, iggi oguto		1					
Other (specify)		499.80						
SUBTOTAL of Receipts This Page (optiona	l)				7	7	583	3.30
TOTAL This Period (last page this line num	ber only)				7	,		

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y on	e)				
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	ny information copied from such Reports and S for commercial purposes, other than using the				for the		ose of		g contrib		าร
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Curtis C. Brown M.D.				Date of	Re	ceipt				
	Mailing Address 457 Holly Berry Cir				м – м 08	/	14	/ Y	у у 2012		1
	City	State SC	Zip Code 29016		Trans		on ID : (C180743	33		
	Blythewood	30	29010		Amount	of	Each Re	eceipt th	is Peric	bd	
	FEC ID number of contributing federal political committee.	С					,		100	00.00)
	Name of Employer	Occupation									
	Anes. Consultants of Columbia	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
в.	Full Name (Last, First, Middle Initial) Kurt T. Budenbender D.O.				Date of	Re	ceipt				
	Mailing Address 1850 N. Central Ave Ste 1600 Valley Anes. Consultants, LTD)			м м 08	/	16	/ Y	2012	Y]
	City	State	Zip Code		Trans	actio	on ID : (C180853	3		_
	Phoenix	AZ	85004		Amount	of	Each Re	eceipt th	is Peric	bd	
	FEC ID number of contributing federal political committee.	С					7	7	8	33.30	
	Name of Employer Valley Anesthesia Consultants, LTD	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		666.40								
с.	Full Name (Last, First, Middle Initial) Frederick W. Burgess M.D., Ph.D				Date of	Re	ceipt				
	Mailing Address 569 Fruit Hill Ave				м м 08	/	25	/ Y	2012	Y	1
	City	State	Zip Code		Trans	acti	on ID :	C181454	16		
	North Providence	RI	02911		Amount	of	Each Re	eceipt th	is Peric	bd	
	FEC ID number of contributing federal political committee.	С					7	7	1(00.00)
	Name of Employer	Occupation									
	Providence VAMC	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		800.00								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7	7	118	33.30	
т	OTAL This Period (last page this line number	only)					,	,			

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ידו			Use separate schedule(s)	(ch	neck only	/ or	ne)			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12	
	y information copied from such Reports and St		y not be sold or used by any po							
or	for commercial purposes, other than using the	name and a	doress of any political committee	e to s	olicit con	itrid	utions	from suci	n commit	tee.
	American Society of Anesthesio	logists Po	olitical Action Committe	ee						
A.	Full Name (Last, First, Middle Initial) James Burkman M.D.				Date of	Re	ceipt			
	Mailing Address 601 Belmont Ave E Apt A12				м м 08	1	13		ү ү 2012	Y
	City Seattle	State WA	Zip Code 98102-4801		Trans		ion ID :	C180556	60	
		WA	30102-4001	_	Amount	of	Each F	Receipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	С				_	7	- 1	4	.60
	Name of Employer	Occupation								
	Physicians Anesthesia Service	Anesthesiol	ogist							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_						
	Other (specify) ▼		332.80							
	Full Name (Last, First, Middle Initial) Troy Caldwell M.D.				Data of	De	agint			
D.	Mailing Address 1704 NW 179th Ter				Date of	Re		D / Y	Y Y	Y
					08		20		2012	
	City Edmond	State OK	Zip Code 73012				-	C181173		
			13012		Amount	OT	Each F	Receipt th	lis Period	_
	FEC ID number of contributing federal political committee.	С			L.	-	7	7	1000	0.00
	Name of Employer Affiliated Anesthesiologists LLC	Occupation	:							
	Receipt For:	Anesthesiol	-	_						
	Primary General	Ayyreyale	Year-to-Date ▼	11						
	Other (specify) ▼		1000.00	4						
с.	Full Name (Last, First, Middle Initial) Frederick Campbell III, M.D.				Date of	Re	ceipt			
	Mailing Address 4100 Park Forest Dr Ste 210				м м 08	/	16		2012	Y
	City	State	Zip Code		Trans	act	ion ID :	: C18085 [,]	18	
	Traverse City	MI	49684-7306		Amount	of	Each F	Receipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	С					7	7	8	3.30
	Name of Employer	Occupation								
	Traverse Anesthesia Associates, PC	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		, 666.40							
s	UBTOTAL of Receipts This Page (optional)			•					1124	.90
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			Detailed Summary Page		< 11a		11b	11c		12	
A .	information partial form with Daris in	Otatama anta			13		14	15		16	17
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p address of any political committe	erson e to s	for the olicit cor	pur ntrib	pose of outions f	soliciting	j coi h co	mmitte	ions ee.
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	American Society of Anesthes	iologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Stephen D. Campbell M.D.				Date of	Re	eceipt				
	Mailing Address 545 Beverly Dr.				м м 08	/	08) / Y	Y 20	ү 012	Y
	City	State	Zip Code		Trans	act	ion ID :	C180420)3		
	Summerville	SC	29485	_	Amount	of	Each R	leceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7		_	250.	00
	Name of Employer	Occupation	1								
	anesthesia associates of charleston	anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		250.00								
в.	Full Name (Last, First, Middle Initial) Daniel Campos III, M.D.				Date of	Re	eceipt				
	Mailing Address 48 Schooner Ridge Rd				м м 08	1	28	/ Y	Y 20)12	Y
	City	State	Zip Code		Trans	acti	ion ID :	C181630)0		
	Cumb Foreside	ME	04110		Amount	of	Each R	leceipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	500.	00
	Name of Employer Spectrum Medical Group	Occupation Physician	1								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 500.00	1							
C.	Full Name (Last, First, Middle Initial) Keith A. Candiotti M.D.				Date of	Re	eceipt				
	Mailing Address 940 S Shore Dr				м м 08	/	D D 10) / Y		ү)12	Y
	City Miami	State FL	Zip Code					C18052			
			33141	_	Amount	of	Each R	leceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С				_	,		_	250	00
	Name of Employer	Occupation	1								
	University of Miami Miller School of M	Anesthesio	logists								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		250.00								
s	UBTOTAL of Receipts This Page (optional)						7			1000.	00
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only	y one)	_		
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NAME OF COMMITTEE (In Full)		, p					
American Society of Anesthesi	ologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Nicholas Capone D.O.			Date of	Receipt			
Mailing Address 9146 Bay Point Drive			M M M	/ D D 01	/ Y	ү ү 2012	Y
City Orlando	State FL	Zip Code 32819		action ID : (
FEC ID number of contributing federal political committee.	С		Amount	of Each Re	eceipt th		.00
Name of Employer	Occupation	1					
JLR Medical Group	Physician						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify)		328.00					
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Full Name (Last, First, Middle Initial)							
B. James Carlsen M.D. Mailing Address 1958 Common Way Rd			Date of	Receipt	/ V	vv	V
Maning Address 1958 Common Way Ru			08	27	/ т	2012	Ť
City	State	Zip Code	Trans	action ID : C	2181624		
Orlando	FL	32814	Amount	of Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					500	.00
Name of Employer	Occupation	1					
JLR Medical Group Receipt For:	Anesthesio	-					
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		500.00					
Full Name (Last, First, Middle Initial) C. Craig L. Carlson M.D.	1		Date of	Receipt			
Mailing Address 5500 S Spy Glass Cir			м м 08	/ D D 24	/ Y	у у 2012	Y
City Signer Follo	State SD	Zip Code		action ID :			
Sioux Falls	30	57108-6406	Amount	of Each Re	eceipt th	is Period	
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Name of Employer	Occupation						
ANESTH ASSOC	ANESTHE	SIOLOGIST					
Receipt For:	Aggregate	Year-to-Date ▼					
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		7 7 7 7					
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American Soc		iologists Po	olitical Action Committe	ee						
Full Name (Last, Fir A. John Carney M.					Date of	Red	ceipt			
Mailing Address 534	4 Ridgeview Drive				м м 08	/	01	/ Y	ү ү 2012	Y
City Erie		State PA	Zip Code 16505					C180858		_
FEC ID number of of federal political com	Ũ	C					,			.00
Name of Employer North American Part	ners in Anesthesia	Occupation Anesthesiol	ogist							
Receipt For: Primary Other (specify	General		Year-to-Date ▼ 664.00]						
Full Name (Last, Fir B. Corey M. Carpe	enter M.D.				Date of	Rec	ceipt			
Mailing Address 845	5 Secret Garden Dr	21.1			08	/	01	/ Y	2012	Y
City Chattanooga		State TN	Zip Code 37421-7440					<u>C180853</u> eceipt th	9 is Period	
FEC ID number of of federal political com	Ũ	С					y	7	41	.00
Name of Employer Anesthesia Associate	es	Occupation Anesthesiol	ogist							
Receipt For:	General	Aggregate	Year-to-Date ▼							
Other (specify) 🗸		328.00							
Full Name (Last, Fir c. Shawn M. Car					Date of	Red	ceipt			
Mailing Address 21	39 Auburn Avenue				м м 08	/	07	/ Y	y y 2012	Y
City Cincinnati		State OH	Zip Code 45219					C180417 eceipt th	'0 is Period	
FEC ID number of of federal political com	Ũ	С			<u> </u>		y	-	250	.00
Name of Employer		Occupation								
AAC Dept of Anesth	esia	Anesthesiol	ogist	_						
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 500.00]						
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Alvin R Castillo M.D. Mailing Address 40 Jamestown Rd			_	Date of		ceipt	/ Y	Y Y	Y Y	1
	City Charleston	State WV	Zip Code 25314					C18166 eceipt ti			_
	FEC ID number of contributing federal political committee.	С					7	- 7	2	50.0	0
	Name of Employer General Anesthesia Services, Inc Receipt For: Primary General Other (specify) ▼	Occupation anesthesiolo Aggregate	ogist Year-to-Date ▼ 250.00								
В.	Full Name (Last, First, Middle Initial) Chun K. Chan M.D. Mailing Address 1354 Island PI E				Date of	f Re	ceipt	/ Y	Ý	Y Y	
	City Memphis	State TN	Zip Code 38103-9023				-	C18162 eceipt t			
	FEC ID number of contributing federal political committee.	С					,	,		41.60)
	Name of Employer Medical Anesthesia Group	Occupation Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.20								
С.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 1253 Citadel Dr. NE				м м 08	/	D D 15	/ Y	2012		
	City Atlanta	State GA	Zip Code 30324					C18074 eceipt tl		od	
	FEC ID number of contributing federal political committee.	С					3	7		83.3	0
	Name of Employer	Occupation									
	Emory Receipt For: Primary General Other (specify)		ogist Assistant Year-to-Date ▼ 666.40								
s	UBTOTAL of Receipts This Page (optional)		•••••				,		37	74.90)
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NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. John C. Chatelain M.D.				Date of	Re	eceipt					
Mailing Address 1319 S.9th St.		7.0.1		м м 08	/		8)12	Y
City Fargo	State ND	Zip Code 58103						181115 ceipt th		eriod	
FEC ID number of contributing federal political committee.	С					7		7		41.	60
Name of Employer Sanford Health	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.60]								
Full Name (Last, First, Middle Initial) B. John C. Chatelain M.D.				Date of	Re	eceipt					
Mailing Address 1319 S.9th St.				м м 08	/	D 1	D 8	/ Y	201	ү 12	Y
City Fargo	State ND	Zip Code 58103						181115 ceipt th		eriod	
FEC ID number of contributing federal political committee.	С					,		7	_	369.0	00
Name of Employer Sanford Health	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.60]								
Full Name (Last, First, Middle Initial) C. Jack J. Chavez M.D.				Date of	Re	ceipt					
Mailing Address 7319 Lorimar PI.				м м 08	1	2	D 20	/ Y	20 ²	ү 12	Y
City Knoxville	State TN	Zip Code 37919						: 18113 1 ceipt th		eriod	
FEC ID number of contributing federal political committee.	C					,				500.	00
Name of Employer	Occupation										
University of Tennessee Department of	physician										
Receipt For:	Aggregate	Year-to-Date ▼	1								
Other (specify)		500.00									
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	EMIZED RECEIPTS		Detailed Summary Page		1 1a] 11b	b	11c		12	
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	y information copied from such Reports and for commercial purposes, other than using t											
\backslash	NAME OF COMMITTEE (In Full)											
	American Society of Anesthes	IOIOGISTS P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) Wen J. Chen M.D.				Date of	Re	eceip	ot				
	Mailing Address 550 Gene Friend Way Apt 6	608			м м 08	1	D	21	/ Y		012	Y
	City	State	Zip Code		Trans	acti	ion l	ID : C	181176	52		
	San Francisco	CA	94158		Amount	of	Eac	ch Red	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		7	_	41.	60
	Name of Employer	Occupation										
	University of California - San Franci	Resident										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		332.80	1								
B.	Full Name (Last, First, Middle Initial) Bayer P. Cheng M.D.				Date of	Re	eceip	ot				
	Mailing Address 1118 Ross Clark Cir., #700				м м 08	/	D	26	/ Y	20)12	Y
	City	State	Zip Code		Trans	acti	ion I	ID : C'	181461	0		
	Dothan	AL	36301		Amount	of	Eac	ch Red	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		3	_	1000.	00
	Name of Employer Anesthesia Consultants Medical Group	Occupation physician										
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		1000.00	1								
с.	Full Name (Last, First, Middle Initial) Hao Cheng M.B.,B.S.				Date of	Re	eceip	ot				
	Mailing Address 2400 Haverford Dr.				M M 08	/	D	31	/ Y)12	Y
	City Troy	State MI	Zip Code 48098-2378		Trans Amount				18173 1 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,			_	250.	.00
	Name of Employer	Occupation		_								
	Anesthesia Services, P.C.	ANESTHE	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 23 44		11.								
	Other (specify)		250.00	4								
s	UBTOTAL of Receipts This Page (optional).			•			7		7		1291.(60
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				Summary Page		11a 13		11b	11c		12 16	17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	ay not be so	old or used by any p	erson f	or the	purp purp	pose of	soliciting] COI	ntribut	ions
	NAME OF COMMITTEE (In Full) American Society of Anesthesio											
Α.	Full Name (Last, First, Middle Initial) Pramod K. Chetty M.D. Mailing Address 750 NE 13th St Ste 200					Date of	Re	ceipt		V	V	V
	City	State	Zip Co	de		08	acti	08	C180464		012	T
	Oklahoma City FEC ID number of contributing	ок	73104			Amount	of	Each R	eceipt th	nis P	eriod 250.	00
	federal political committee. Name of Employer	Occupation			_		-	3	7	-	200.	
	Oklahoma University Health Sciences Ce	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	250.00]							
B.	Full Name (Last, First, Middle Initial) Elie J. Chidiac M.D.					Date of	Re	ceipt				
	Mailing Address 1612 Apple Ln.	State	Zip Co	do		м м 08	/	31)12	Y
	Bloomfield Hills	MI	48302-						C181731 eceipt th		eriod	
	FEC ID number of contributing federal political committee.	C						1			250.	00
	Name of Employer Wayne State University School of Medic	Occupation ANESTHES										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	250.00]							
C.	Full Name (Last, First, Middle Initial) Jeffrey K. Clark M.D.					Date of	Re	ceipt				
	Mailing Address 1835 Lakeview Ct	01-1-	7:0.00			м м 08	/	31	JL	20)12	Y
	City Bloomfield Hills	State MI	Zip Co 48304-						C18173		eriod	
	FEC ID number of contributing federal political committee.	С						7		_	250	00
	Name of Employer	Occupation			_							
	Detroit Medical Center	ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date	9 ▼	_							
	Other (specify) ▼		·	250.00								
s	UBTOTAL of Receipts This Page (optional)							5			750.	00
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Society of Anesthesiolc	gists Political Action Committe	e
Self /	State Zip Code WI 54701 C Dccupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Stacy A. Coffin M.D. Mailing Address 404 Hawthorne Rd., N. City Duluth FEC ID number of contributing federal political committee. Name of Employer St Lukes Hospital of Duluth Receipt Fer:	State Zip Code MN 55812 C Dccupation mesthesiologist Aggregate Year-to-Date ▼	Date of Receipt 08 25 2012 Transaction ID : C1814551 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) C. David J. Cohen M.D. Mailing Address 32630 Bingham Rd City Bingham Farms FEC ID number of contributing federal political committee. Name of Employer South Oakland Anesthesia Associates	State Zip Code MI 48025 C Decupation Physician Aggregate Year-to-Date ▼ 787.00	Date of Receipt 08 01 2012 Transaction ID : C1808579 Amount of Each Receipt this Period 41.00
SUBTOTAL of Receipts This Page (optional)		1041.00

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		Detailed Summary Page	X	11a	·	11b	11c	-	12					
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Any information copied from such Reports and a or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full)														
American Society of Anesthesi	ologists P	olitical Action Committe	ее											
Full Name (Last, First, Middle Initial) A. John M. Collins M.D.				Date of	f Rec	ceipt								
Mailing Address 12012 Timberlake Dr			08 12 2012 Transaction ID : C1805541											
City	State	Zip Code		Trans	actio	on ID :	C180554	1						
Cincinnati	OH	45249	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		500.00											
Name of Employer	Occupation													
Anesthesia Assoc. of Cincinnati	Anesthesio	ogist, Pain specialist												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General		500.00												
Other (specify)		500.00												
Full Name (Last, First, Middle Initial) B. Craig M. Combs M.D.				Date of	f Rec	eipt								
Mailing Address 1924 Alcoa Hwy # U109				M M	/	DD	/ Y	Y	Y	Y				
				08		06		201	2					
City	State	Zip Code		Trans	actio	on ID :	C180316	3						
Knoxville	TN	37920	A	mount	t of E	Each R	eceipt th	is Pe	eriod					
FEC ID number of contributing federal political committee.	С		500.00											
Name of Employer Univ of TN Medical Center Anesm Dept	Occupation Anesthesiol													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General	33 - 3													
Other (specify)		, 500.00												
Full Name (Last, First, Middle Initial) C. Robert M. Coon M.D.				Date of	f Rec	ceipt								
Mailing Address 5339 S. Toledo				м м	/	D D D	/ Y	201		Y				
City	State	Zip Code		Trans	actic	on ID :	C180550							
Tulsa	OK	74135	A	mount	t of E	Each R	eceipt th	is Pe	eriod					
FEC ID number of contributing	0				-			-		00				
federal political committee.	С					,		-	500.	.00				
Name of Employer	Occupation													
Associated Anesthesiologists Inc	Physician													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General		500.00												
Other (specify)		300.00												
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	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	solicitin	g contr	ributio	ons	
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	ogists Po	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Lisa T. Cooper M.D. Mailing Address 7134 Buena Vista Ct.			[Date o		D I I	у / с		Y		
	City West Bloomfield	State MI	Zip Code 48322					C18173 Receipt t				
	FEC ID number of contributing federal political committee.	С					7	3		250.0	0	
	Name of Employer AAKC Receipt For:	Occupation ANESTHES										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
B.	Full Name (Last, First, Middle Initial) Charles A. Cotton M.D.				Date o	f Re	ceipt					
	Mailing Address 2605 SE 6th St	State	Zip Code		м м 08	/	21		2012	2 2		
	Moore	OK	73160					C18117 Receipt t		riod		
	FEC ID number of contributing federal political committee.	С					7			000.0	0	
	Name of Employer Affiliated Anesthesiologists	Occupation MD										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
С.	Full Name (Last, First, Middle Initial) Cheryl G. Cowens M.D.				Date o	f Re	ceipt					
	Mailing Address 3801 Wilderness Trl.		7. 0. 1		м м 08	/	07		2012			
	City Louisville	State KY	Zip Code 40299					C18032 Receipt t		riod		
	FEC ID number of contributing federal political committee.	С					,	, ioconpr 1		250.0	00	
	Name of Employer	Occupation										
	Williams and Wagner PSC	Anesthesiol	ogist	_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
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	ny information copied from such Reports and S for commercial purposes, other than using the												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	эе									
A .	Full Name (Last, First, Middle Initial) Grant T. Cravens M.D. Mailing Address 2900 Thomas Ave S Apt 2130				Date of		ceipt	/ Y	Y Y	Y			
	City Minneapolis	State MN	Zip Code 55416					C18146	2012 34 nis Period				
	FEC ID number of contributing federal political committee.	С					7			0.00			
	Name of Employer Midwest Anesthesiologists, P.A. Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate											
B.	Full Name (Last, First, Middle Initial) Robert A. Crone M.D. Mailing Address 124 E. Cherry Dr.				Date of	F Re	ceipt	/ Y	YYY	Y			
	City Memphis	State TN	Zip Code 38117					C18105	2012 16 nis Perior	d			
	FEC ID number of contributing federal political committee.	С					9		50	0.00			
	Name of Employer Medical Anesthesia Group, PA	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
c.	Full Name (Last, First, Middle Initial) Brian L. Cross M.D.				Date of	Re	ceipt						
	Mailing Address P.O. Box 3010				M M 08	/	D D D 12	/ Y	ууу 2012	Y			
	City Tustin	State CA	Zip Code 92781					C18055	39 nis Perio	d			
	FEC ID number of contributing federal political committee.	С					,		50	0.00			
	Name of Employer self	Occupation MD											
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00										
s	UBTOTAL of Receipts This Page (optional)			•			7		1500	0.00			
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Ar	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma	ay not be sold or used by any p ddress of any political committe	Derson	13 for the olicit c	e pu ontri	Jrpo	14 ose of tions f	15 solicitii from su	 າg cc ch co	16 ontribu ommitt	tions ee.		
	NAME OF COMMITTEE (In Full) American Society of Anesthes													
<u> </u>	Full Name (Last, First, Middle Initial) Susan G. Curling M.D.				Date	of F	Rec	eipt						
	Mailing Address 2727 Kirby Dr Apt 11D				08	M	/	17	7		2012	Y		
	City Houston	State TX	Zip Code 77098-1152	Transaction ID : C1810592 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,				83	.30		
	Name of Employer North Houston Anesthesiologists	Occupation Anesthesio												
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 749.40]										
в.	Full Name (Last, First, Middle Initial) Stephan R. Curry M.D.				Date	of F	Rec	eipt						
	Mailing Address 292 Cumberland Head Rd				M 08	Μ	/	03) /		012	Y		
	City	State NY	Zip Code 12901						C1802					
	Plattsburgh FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period											
	Name of Employer Champlain Valley Physicians Hospital M	Occupation Anesthesiol												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.80]										
<u>с</u> .	Full Name (Last, First, Middle Initial) David E. Cutting M.D.				Date	of F	Rec	eipt						
	Mailing Address 1889 Fish Hatchery Court				M 08		/	30			012	Y		
	City Palm Harbor	State FL	Zip Code 34684-1628						C1816 Receipt		Period			
	FEC ID number of contributing federal political committee.	С					,			_	250	.00		
	Name of Employer	Occupation												
	AAPC Anesthesia	ANESTHE	SIOLOGIST											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
s	UBTOTAL of Receipts This Page (optional).			▶			,		1	-	374.	90		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any p the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Commit	tee
Full Name (Last, First, Middle Initial) Armando D'Arduini M.D. Mailing Address 259 1st St Dept of Anes City Mineola FEC ID number of contributing federal political committee. Name of Employer Nassau Anesthesia Assoc. Receipt For: Primary General	State Zip Code NY 11501 C Occupation Occupation Cardiothoracic Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Danic M.D. Mailing Address 14726 Fox	300.00	Date of Receipt
City Redford FEC ID number of contributing federal political committee.	State Zip Code MI 48239	08 13 2012 Transaction ID : C1805562 Amount of Each Receipt this Period 83.30
Name of Employer Great Lakes Anesthesia Associates Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 583.10]
Full Name (Last, First, Middle Initial) Sharon D. Darrow D.O. Mailing Address 1916 NW 159th Pl City Edmond FEC ID number of contributing federal political committee. Name of Employer Northwest Anesthesia Receipt For:	State Zip Code OK 73013-1432 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 08 27 2012 Transaction ID : C1814685 Amount of Each Receipt this Period 83.30
)ber only)	366.60

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
American Society of Anesthesiolo	gists Political Action Committe	ee
Name of Employer C St. Joseph Valley Anesthesia A	State Zip Code IN 46615 C C Decupation	Date of Receipt 08 / 29 / 2012 Transaction ID : C1816504 Amount of Each Receipt this Period 41.60
Name of Employer C N.A.P. A	State Zip Code GA 30312 C Decupation ssociate Chair Aggregate Year-to-Date ▼	Date of Receipt Model 23 2012 Transaction ID : C1812835 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) James K. DelloRusso M.D. Mailing Address 18815 Rockinghorse Ln.	250.00	Date of Receipt
City Huntington Beach FEC ID number of contributing federal political committee.	State Zip Code CA 92648 C	08 06 2012 Transaction ID : C1803184 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		1291.60

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ITEMIZED RECEIPTS	Use separate schedule(s)		(check or	nly one)			-	
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NAME OF COMMITTEE (In Full)								
American Society of Anesth	esiologists P	olitical Action Committe	ee					
Full Name (Last, First, Middle Initial) A. Allen Dennis M.D.			Date	of Receip	ot			
Mailing Address 14857 Holly Leaf Dr			08	M / C	29)12	Y
City Frisco	State TX	Zip Code 75035			ID : C1816 ch Receipt	6503		
FEC ID number of contributing federal political committee.	С				,		83.3	30
Name of Employer Baylor Center for Pain Management	Occupation Physician							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.40						
Full Name (Last, First, Middle Initial) B. Abhijit Desai M.D.			Date	of Receip	ot			
Mailing Address 74 Clairmont St			08	M / D	01	Y Y 20'	12	Y
City	State	Zip Code	Tran	saction	ID : C1808	3564		
Longmeadow	MA	01106	Amou	nt of Ead	ch Receipt	this Pe	eriod	
FEC ID number of contributing federal political committee.	C			7	,		41.0	00
Name of Employer Milford Anesthesia Associates, Inc Ane	Occupation Anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.00						
Full Name (Last, First, Middle Initial) C. Louis J. DeWild M.D.			Date	of Receip	ot			
Mailing Address 1215 Pleasant St., #400			08		07	Y Y 20	ү 12	Y
City Des Moines	State IA	Zip Code 50309			ID : C180: ch Receipt		eriod	
FEC ID number of contributing federal political committee.	С		Γ.		,		500.	00
Name of Employer	Occupation							
Associated Anesthesiologists	Anesthesio	logist						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
SUBTOTAL of Receipts This Page (optional	al)					_	624.3	30

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TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17 y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Comm	ittee
Full Name (Last, First, Middle Initial) John F. Di Capua M.D. Mailing Address 74 Byram Ridge Road City Armonk	Date of Receipt 08 22 2012 Transaction ID : C1812095 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer North Shore University Hospital Anesth Receipt For:	C Occupation Anesthesiology Aggregate Year-to-Date ▼ 3333.20	83.30
Full Name (Last, First, Middle Initial) B. Christina D. Diaz M.D. Mailing Address 2433 N Lefeber Ave		Date of Receipt 08 17 2012
City Milwaukee FEC ID number of contributing federal political committee.	State Zip Code WI 53213-1219	Transaction ID : C1810596 Amount of Each Receipt this Period 41.60
Name of Employer Medical College of WisconsinChildrens Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 332.80	
Full Name (Last, First, Middle Initial) Christian Diez M.D. Mailing Address 7915 SW 55 Avenue		Date of Receipt
City Miami FEC ID number of contributing federal political committee. Name of Employer University of Miami Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33143 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 666.40	Transaction ID : C1808519 Amount of Each Receipt this Period 83.30
SUBTOTAL of Receipts This Page (optional)		208.20

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		Detailed Summary Page		(11a		11b	11c		12		
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\backslash	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Gary J. DiLisio				Date o	f Re	eceipt				
	Mailing Address 324 Gannett Dr Ste 200				м м 08	/	01	D /		2012	Y
	City South Portland	State ME	Zip Code 04106-3266					C1808 Receipt		Period	
	FEC ID number of contributing federal political committee.	С					7	7		83	.00
	Name of Employer Spectrum Medical Management	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		664.00								
в.	Full Name (Last, First, Middle Initial) Hannah M. Dillon M.D.				Date o	f Re	eceipt				
	Mailing Address 317 E. Canyon View Dr.				м м 08	/	13		γ γ 2 [,]	012	Y
	City	State	Zip Code		Trans	acti	ion ID :	C18066	58		
	Tucson	AZ	85704	·	Amoun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С				250.	00				
	Name of Employer Old Pueblo Anesthesia	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) Cain E. Dimon M.D.				Date o	f Re	eceipt				
	Mailing Address 48380 Burntwood Ct.				м м 08	/	25			012	Y
	City Novi	State MI	Zip Code 48374					C1814 Receipt		Period	
	FEC ID number of contributing federal political committee.	С					7			1000	.00
	Name of Employer	Occupation		-							
	South Oakland Anesthesia Associates, P	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
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		Detailed Summary Page	113	14	15	12	17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements make he name and a	ay not be sold or used by any p address of any political committee	erson for the e to solicit cor	purpose of s tributions fro	oliciting om such	contribut committ	tions ee.
NAME OF COMMITTEE (In Full)							
American Society of Anesthes	iologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. John M. Dinger M.D.			Date of	Receipt			
Mailing Address 246 Cedar Heights Dr				/ D D 30	/ Y	ууу 2012	Y
City	State	Zip Code	Trans	action ID : C	181681		
Duncansville	PA	16635-4627	Amount	of Each Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				7	250	.00
Name of Employer	Occupation	1					
SPRING COVE MED SER	PHYSICIA	N					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		250.00					
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Full Name (Last, First, Middle Initial)				D			
B. Timothy J. Doles M.D.				Receipt			
Mailing Address 9149 Brenham Ct			M M M	/ D D	/ Y	2012	Y
City	State	Zip Code		action ID : C	181125 [,]		_
Montgomery	AL	36117-0923		of Each Re			
FEC ID number of contributing federal political committee.	С				7	1000.	.00
Name of Employer	Occupation	1					
Montgomery Anesthesia Associates	ANESTHES	SIOLOGIST					
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		1000.00]				
Full Name (Last, First, Middle Initial) C. Thomas A. Dosland M.D.			Date of	Receipt			
Mailing Address 9780 Hidden Glade Rd.			08	/ D D 25	/ Y	y y 2012	Y
City	State	Zip Code	Trans	action ID : C	181459		
St. Paul	MN	55110	Amount	of Each Re	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				7	250	.00
Name of Employer	Occupation	1					
Associated Anesthesiologists, PA	Physician						
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		250.00	1				
		7	1				
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ITEMIZED RECEIPTS	MIZED RECEIPTS for each category of the Detailed Summary Page				
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American Society of Anesthesiol	ogists Political	Action Committe	96		
Full Name (Last, First, Middle Initial) Kolleen C. Dougherty M.D. Mailing Address 30 Richards St. City South Portland FEC ID number of contributing federal political committee. Name of Employer Spectrum Medical Group Receipt For: Primary General Other (specify) ▼	State Zip ME 041 C Occupation Anesthesiologist Aggregate Year-to-E		Date of Receipt 08 30 2012 Transaction ID : C1816609 Amount of Each Receipt this Period 250.00		
Full Name (Last, First, Middle Initial) Donald D. Downs M.D. Mailing Address 7351 Oliver Woods Dr SE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Anesthesia Practice Consultants Receipt For: Primary General Other (specify) ▼	State Zip MI 495 C Occupation Anesthesiologist Aggregate Year-to-I		Date of Receipt 08 / 22 / 2012 Transaction ID : C1812093 Amount of Each Receipt this Period 83.30		
Full Name (Last, First, Middle Initial) John J. Doyle M.D. Mailing Address 120 N River Dr City St Augustine FEC ID number of contributing federal political committee. Name of Employer Anesthesia Associates of Clay County Receipt For: Primary General Other (specify) ▼	State Zip FL 320 C Occupation Cardiac Anesthesiol Aggregate Year-to-E	ogist	Date of Receipt Model 23 2012 Transaction ID : C1813492 Amount of Each Receipt this Period 500.00		
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee								
<u> </u>	Full Name (Last, First, Middle Initial) John Draper M.D.				Date of	Re	ceipt					
	Mailing Address 10616 Casador Del Oso NE				ү 012	Y						
	City	State NM	Zip Code		Trans	acti	on ID :	C181185	54			
	Albuquerque	INIVI	87111	_ /	Amount	of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				_	7		_	250	00	
	Name of Employer	Occupation		-								
	University of New Mexico Department of	Physician										
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		500.00									
В.	Full Name (Last, First, Middle Initial) Zoran Drmanovic M.D.				Date of	Re	ceipt					_
	Mailing Address 5600 SW Bellflower Ct.				м м 08	/	01	У / Y) 12	Y	
	City	State	Zip Code		Trans	acti	on ID :	C180856				
	Palm City	FL	34990	/	Amount	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,		_	41.	00	
	Name of Employer Sheridan Healthcorp	Occupation Anesthesiol										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		328.00									
C.	Full Name (Last, First, Middle Initial) Wendy W. Duchene M.D.				Date of	Re	ceipt					
	Mailing Address 5512 Aberdeen St.				м м 08	/	26)12	Y	
	City Shownon Minging	State KS	Zip Code					C181461			_	
	Shawnee Mission	N3	66205	_ /	Amount	of	Each F	Receipt th	is P	eriod		
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	Name of Employer	Occupation	I	-								
	Truman Medical Center	anesthesiol	ogist									
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American Society of Anesthe	siologists Political Action Committe	ee
A. Full Name (Last, First, Middle Initial) Roman Dudaryk M.D. Mailing Address Ryder Traum Center 1800 T-239	NW 10th st	Date of Receipt
City	State Zip Code	Transaction ID : C1805569
Miami FEC ID number of contributing federal political committee.	FL 33136	Amount of Each Receipt this Period
Name of Employer Ryder Trauma Center Receipt For: Primary General Other (specify)	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAnn Duesterhoeft M.D. Mailing Address 5227 Glenbrook Dr		Date of Receipt
City Vienna FEC ID number of contributing	State Zip Code WV 26105-3169	08 15 2012 Transaction ID : C1807578 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer United Anesthesia, Inc Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. David L. Dugan M.D. Mailing Address 14207 Independence Ct		Date of Receipt
City Basehor FEC ID number of contributing federal political committee. Name of Employer St. John Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼	State Zip Code KS 66007 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	08 09 2012 Transaction ID : C1804693 Amount of Each Receipt this Period
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NAME OF COMMITTEE (In Full)											
American Society of Anest	nesiologists Political Action Commit	tee									
Full Name (Last, First, Middle Initial) Christopher J. Dunkerley M.D.		Date of Receipt									
Mailing Address 49 McCormack Rd		M M / D D / Y Y Y Y 08 09 2012									
City	State Zip Code	Transaction ID : C1805258									
Slingerlands	NY 12159	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	250.00									
Name of Employer	Occupation	—									
AGA	Anesthesiologist										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	250.00]									
Full Name (Last, First, Middle Initial) B. Steve A. Dunn M.D.		Date of Receipt									
Mailing Address 194 Boulder Dr.											
City	State Zip Code	Transaction ID : C1814532									
Muskegon	MI 49444	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	250.00									
Name of Employer Lakeshore Anesthesia Associates	Occupation anesthesiologist										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]									
Full Name (Last, First, Middle Initial) C. Jeffrey W. Dyer-Smith M.D.		Date of Receipt									
Mailing Address 6320 Muir Woods Dr N		08 31 2012									
City Mobile	State Zip Code AL 36693	Transaction ID : C1817623 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	350.00									
Name of Employer											
University of Alabama Med Ctr. Dept of	Anesthesiologist										
Receipt For:	Aggregate Year-to-Date ▼										
Primary General											
Other (specify)	350.00										
SUBTOTAL of Receipts This Page (optio	nal)	▶ 850.00									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such cor NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee A. Jane Easdown M.D. Mailing Address 5106 Conwall Dr Date of Receipt City State Zip Code Transaction ID: C1808543 Brentwood TN 37027-5119 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Occupation Assistant Professor of Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Occupation Date of Receipt B. Anthony L. Edelman M.D. Mailing Address 1309 Baldwin Ave Occupation Anesthesiologist Receipt for: Aggregate Year-to-Date ▼ Occupation Anount of Each Receipt this P FEC ID number of contributing federal political committee. C Transaction ID: C1808543 Mailing Address 1309 Baldwin Ave C Transaction ID: C1808543 Amount of Each Receipt this P FEC ID number of contributing federal political committee. C Amesthesiologist Amount of Each Receipt this P FEC ID number of contribut	12										
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Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name (Last, First, Middle Initial) 225.00 C. David J. Egli M.D. Date of Receipt Mailing Address 120 Red Oak Ln. City State Zip Code Mankato MN 56001 FEC ID number of contributing federal political committee. C Name of Employer Occupation MANKATO ANES ASSOC ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼											
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Full Name (Last, First, Middle Initial) Date of Receipt C. David J. Egli M.D. Date of Receipt Mailing Address 120 Red Oak Ln. 08 / 24 / 20 City State Zip Code Mankato MN 56001 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation MANKATO ANES ASSOC ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼											
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Other (specify)	1										
SUBTOTAL of Receipts This Page (optional)	766.00										

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only o	ne)		
ILLIVIIZED NEVEIFIJ		Detailed Summary Page	X 11a	11b 11c	12	17
Any information copied from such Reports or for commercial purposes, other than us	s and Statements ma sing the name and a	ay not be sold or used by any p address of any political committe	erson for the put	rpose of soliciting	g contributio	ons
NAME OF COMMITTEE (In Full) American Society of Anest	hesiologists P	olitical Action Commit	ee			
Full Name (Last, First, Middle Initial) A. Beth A. Elliott M.D.			Date of R	eceipt		
Mailing Address Anesthesia Dept. 200 First St. S.W.			M M M	/ D D / Y 22	2012	ľ
City Rochester	State MN	Zip Code 55905		tion ID : C18120 f Each Receipt th		
FEC ID number of contributing federal political committee.	C			7 7	250.0)0
Name of Employer Mayo Clinic	Occupation physician	1				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1			
Full Name (Last, First, Middle Initial) B. Sean L. Elliott D.O.			Date of R	eceipt		
Mailing Address 535 N and South Roa	d		М М Л	/ D D / Y 22	2012	
City University City	State MO	Zip Code 63130	Transact Amount of	08	_	
FEC ID number of contributing federal political committee.	С			л	250.0	10
Name of Employer WAAI	Occupation Anesthesio					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) C. Kenneth Elmassian D.O.			Date of R	eceipt		
Mailing Address 2399 Pine Hollow Dr.			M M M	/ D D / Y 03	2012	r
City East Lansing	State MI	Zip Code 48823		tion ID : C18024 f Each Receipt th	-	
FEC ID number of contributing federal political committee.	C			7 7	83.3	30
Name of Employer	Occupation	1				
Ingham Regional Medical Center	Anesthesio	logist				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40	1			
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$\left \right\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee										
/	Full Name (Loot First Middle Initial)			1										
Α.	Full Name (Last, First, Middle Initial) Steven W. Emmons M.D.			[Date of	Re	eceipt							
	Mailing Address 6508 Cypress Hollow				M M	/	D	D	/ Y	Y	Y	Y		
				_	08		2	3		20	012			
	City Edmond	State OK	Zip Code 73034	Transaction ID : C1813480 Amount of Each Receipt this Period										
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	Name of Employer	Occupation		-										
	OUHSC	Anesthesio	ogist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00											
	Full Name (Last, First, Middle Initial)													
	Lawrence Epstein M.D.				Date of	Re	· ·		_					
	Mailing Address Dept. Of Anesthesiology Box 1 One Gustave Levy Place	192			м м 08	1	1	7	/ Y	_20	12	Y		
	City	State NY	Zip Code		Trans	acti	on ID	: C	181059					
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	federal political committee.			-	-	7		7	-					
	Name of Employer	Occupation												
	Mount Sinai School of Medicine	Physician												
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	Primary General Other (specify) ▼		332.80											
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	Full Name (Last, First, Middle Initial)													
	Gregory L. Erb M.D. Mailing Address 14905 W. 60th St				Date of	ке		P	1		- V	V		
	14903 W. DUIT St				08		0		/ Y)12	·		
	City	State	Zip Code		Trans	acti	ion ID	: C	180245	59				
	Shawnee	KS	66216	A	mount	t of	Each	Re	ceipt th	is P	eriod			
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	Name of Employer													
	Midwest Anesthesia Associates	ogist												
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c			17	
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American Society of Anesthesio	logists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) Luis Esparza M.D. Mailing Address 2810 N Swan Rd Ste 100				Date of	f Re	ceipt		Y Y			
City	State	Zip Code	-		acti		: C1811	201 1 259	2		
Tucson	AZ	85712-6300	A	Amount	t of	Each I	Receipt	this Per	iod		
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Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHES										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 435.00]								
Full Name (Last, First, Middle Initial) B. Monique Espinosa M.D.				Date of	Re	ceipt					
Mailing Address Department of Anesthesiology Ryder Trauma Center Room T		M M 08	/	D 01		Y Y 2012					
City Miami									iod		
FEC ID number of contributing federal political committee.					7			83.30			
Name of Employer University of Miami	Occupation Anesthesiol										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90]								
Full Name (Last, First, Middle Initial) C. Eric D. Etzel D.O.				Date of	Re	ceipt					
Mailing Address 3701 Timber Creek Ct				м м 08	/	D 30		y y 2012			
City Eau Claire	State WI	Zip Code 54701-5633					: C1816 Receipt	6 825 this Per	iod		
FEC ID number of contributing federal political committee.	С					7			500.00		
Name of Employer	Name of Employer Occupation										
Self	Anesthesio	logist									
Receipt For:	Aggregate	Year-to-Date ▼	_								
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			Detailed Summary Page	2	< 11a		11b	11c		12	<u> </u>		
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	for commercial purposes, other than using the												
\setminus	NAME OF COMMITTEE (In Full)												
/	American Society of Anesthesio	logists P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Forest L. Evans Jr., M.D.				Date of	Re	eceipt						
	Mailing Address PO Box 1928			08 06 2012									
	City	State	Zip Code		Trans	act	ion ID :	C18026	572				
	Columbia	SC	29202-1928	_	Amount	t of	Each F	Receipt	this F	Period			
	FEC ID number of contributing federal political committee.	С					,			41.	60		
	Name of Employer	Occupation											
	Anesthesiology Consultants of Columbia	Anesthesiol	ogist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		291.20										
в.	Full Name (Last, First, Middle Initial) James C. Evans D.O.				Date of	Re	eceipt						
	Mailing Address 8765 Clark rd				M M	/	DD		Y Y	Y	Y		
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	City	State MI	Zip Code 48837	-				C18085					
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	Name of Employer	Occupation											
	Ingham Regional Medical Center Anesthe	Anesthesiol	ogist										
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_	Full Name (Last, First, Middle Initial)												
C.	John M. Evans M.D.			_	Date of	Re	eceipt						
	Mailing Address 625 Shoreline Ct.				м м 08	/	30			012	Y		
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	Eau Claire	WI	54703					Receipt		Period			
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	Name of Employer	Occupation		_									
	Eau Claire Anes	Anesthesio	oaist										
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	American Society of Anesthesio	logists Po	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Olawale A. Fadugba M.B.,Ch.B.				Date of	Receip	ıt				
	Mailing Address 423 E Whispering Ln				M M		D /		y y y	Y	
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	Galloway	NJ	08205	_	Amount	of Eac	h Receip	ot this	Period		
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	Name of Employer	Occupation									
	Atlanticare regional medical center	Co-Chair -A	nesthesiology								
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	Other (specify) ▼		250.00								
	Full Name (Last, First, Middle Initial) Rhesa S. Farmer M.D.				Date of	Bosoin	.+				
D.	Mailing Address 5370 E. Camino Francisco Soz	a					D /		YY	Y	
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	Tucson	AZ	85718				h Receip	-	Period		
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	Name of Employer Southern Arizona Anesthesia	Occupation									
	Receipt For:	Anesthesiol	0								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
с.	Full Name (Last, First, Middle Initial) Rita Fattouch Saikali M.D.				Date of	Receip	ot				
	Mailing Address 52 Prince of Wales Court				м м 08	/ D	D / 29		2012	Y	
	City	State	Zip Code			action	ID : C18				
	Williamsville	NY	14221		Amount	of Eac	h Receip	ot this	Period		
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	Name of Employer	Occupation									
	Wagdy Ghaly MD PC	Resident									
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	Other (specify) ▼		350.00								
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	ME OF COMMITTEE (In Full) merican Society of Anesthesio	logists Po	olitical Action Committe	e							
	l Name (Last, First, Middle Initial) na M. Faus M.D.				Date o	f Re	eceipt				
Ma	iling Address 7330 E. Bayaud Ave.				м м 08	/	22) / Y	2012		1
City De	/ enver	State CO	Zip Code 80230					C18127		od	
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	me of Employer tro Denver Anesthesia	Occupation physician									
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	iling Address 3906 W Obispo St						06	/ Y	2012	Y	1
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	me of Employer lfcoast Anesthesia Partners	Occupation	esthesiologist								
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	I Name (Last, First, Middle Initial) cott D. Fielden M.D.				Date o	f Re	eceipt				
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City	/ s Vegas	State NV	Zip Code 89140-1805					C18085 leceipt th		od	_
	C ID number of contributing eral political committee.	С					,	,		83.0	0
	me of Employer	Occupation									
	esthesiology Consultants, Inc. Crede ceipt For:	physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00								
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\backslash	NAME OF COMMITTEE (In Full)											
\sum	American Society of Anesthesi	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Ralph Fillmore M.D.				Date o	f Re	ecei	pt				
	Mailing Address 1118 Ross Clark Cir., #700				м м 08	/	Ľ	29	/ Y	20 ²		Y
	City	State	Zip Code		Trans	sacti	ion	ID : C	181652	23		
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	ACMG	Physician										
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В.	Full Name (Last, First, Middle Initial) Sheldon P. Fineman M.D.				Date o	f Re	ecei	pt				
	Mailing Address 2269 Kendall St.			м м	/		08	/ Y	201	12	Y	
	City	State	Zip Code		Trans	acti	ion	ID : C	180464	2		
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	Name of Employer Atlantic Anesthesia, Inc.	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
с.	Full Name (Last, First, Middle Initial) Cherie F. Fisher M.D.	l			Date o	f Re	ecei	pt				
	Mailing Address 11058 Canary Island Ct				м м 08	/		01	/ Y	201		Y
	City	State FL	Zip Code						179904			-
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	Cleveland Clinic	Anesthesio	logist									
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Mailing Address 3947 E Ina Rd 08 26 2012 City State Zip Code Transaction ID : C1814627 Tucson AZ 85718 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 83.30 Name of Employer Old Pueblo Anesthesia Occupation physician anesthesiologist Aggregate Year-to-Date ▼ 916.60 Full Name (Last, First, Middle Initial) C Richard M. Flowerdew M.D. Date of Receipt Mailing Address 38 Hedgerow Dr 0 010 15 2012 City State Zip Code ME 04105 15 2012 FEC ID number of contributing federal political committee. C 08 15 2012 City State Zip Code ME 04105 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 83.30 Name of Employer Occupation Anesthesiologist Aggregate Year-to-Date ▼ 83.30 Name of Employer General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.40	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
American Society of Anesthesiologists Political Action Committee American Society of Anesthesiologists Political Action Committee Aname (Last, First, Middle Initial) Aname (Last, First, Middle Initial) Mailing Address OKC Name of Employer Antified Anesthesiologist Receipt For: Primary Gly State Zip Code Mailing Address 3947 E Ina Rd City State Zip Code Action Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Aggregate Year-to-Date ▼ Anount of Each Receipt Mailing Address 384 Edgerow Dr City City State Zip Code Mailing Address 38 Hedgerow Dr Cite 44627 City State Zip Code <td>or for commercial purposes, other than using</td> <td></td> <td></td> <td>erson for the purpose of soliciting contributions</td>	or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
A. Larren L. Fitzgerald M.D. Mailing Address 4200 W. Memorial Rd. Suite 703 Date of Receipt City State Zip Code OKC OK 73120 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Atliated Amethesiologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Receipt For: Aggregate Year-to-Date ▼ Primary General Date of Receipt Other (specify) ▼ State Zip Code Receipt For: Aggregate Year-to-Date ▼ Transaction ID : C1814627 Amount of Each Receipt Ibits Prinary Date of Receipt Receipt For: Ophysician anesthesiologist Priod Receipt For: Occupation Aggregate Year-to-Date ▼ Transaction ID : C1814627 Amount of Each Receipt Ibits Prinary General Date of Receipt Ibits Primary General Object Sig 2012 Transaction ID : C1814627 Amount of Each Receipt Ibits Aggregate Year-to-Date ▼ Transaction ID : C1814627		siologists P	olitical Action Committ	ee								
City OK OK 73120 FC 10 number of contributing federal political committee. C Amount of Each Receipt this Period Affiliated Anesthesilogist, LLC Anesthesiologist Ageregate Year-to-Date ▼ Primary General Occupation Other (specify) General Z50.00 Full Name (Last, First, Middle Initial) Ageregate Year-to-Date ▼ Transaction ID : C1814627 Mailing Address 3947 E Ina Rd Z012 Transaction ID : C1814627 City State Z1p Code Tucson AZ 85718 FEC ID number of contributing federal political committee. C Name of Employer Occupation Other (specify) ▼ General Occupation Primary General Primary S16.60 Full Name (Last, First, Middle Initial) C Aggregate Year-to-Date ▼ Transaction ID : C180486 Receipt For: Primary General Occupation S15.6 2012 Mailing Address 38 Hedgerow Dr C Aggregate Year-to-Date ▼ Transaction ID : C180486 Amount of Each Receipt this Period Gity State Z1p Code<	A. Lauren L. Fitzgerald M.D.			Date of Receipt								
OKC OK 73120 FEC. ID number of contributing federal political committee. C Amount of Each Receipt this Period Affiliated Anesthesiologist, LLC Anesthesiologist Aggregate Year-to-Date ▼ Primary Ceneral Occupation Affiliated Anesthesiologist, LLC Aggregate Year-to-Date ▼ Date of Receipt B. Gerhard W. Flacke M.D. Mailing Address 3947 E ha Rd Date of Receipt City State Zip Code FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Old Puebo Anesthesia Physician anesthesiologist Receipt For: Option of Alegagete Year-to-Date ▼ Primary General Other (specify) ▼ State City State Pail Name (Last, First, Middle Initial) C. Richard M. Flowerdew M.D. Mailing Address 38 Hedgerow Dr City State City State FeC ID number of contributing federal political committee. Name of Employer Occupation Name of Employer			7. 0.4	08 26 2012								
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Affiliated Anesthesilogist. Anesthesilogist. Receipt For: Aggregate Year-to-Date ▼ Dither (specify) General Other (specify) General B. Gerhard W. Flacke M.D. Date of Receipt Mailing Address 3947 E Ina Rd Date of Receipt City State Zip Code Tucson AZ 85718 FEC ID number of contributing tederal political committee. Occupation Physician anesthesiologist Aggregate Year-to-Date ▼ Other (specify) General Other (specify) State Zip Code Receipt For: Aggregate Year-to-Date ▼ General Other (specify) State Zip Code Rilling Address 38 Hedgerow Dr Gity State Zip Code Fairouth State Zip Code Transaction ID : C1807486 Amount of Each Receipt this Period B 15 2012 Transaction ID : C1807486 Amount of Each Receipt this Period B 15 2012 Transaction ID : C1807486 Amount of Each Receipt this Period B 33.30 Pale of Receipt Aggregate Year-t	8	С		250.00								
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American Society of Anest	hesiologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Barry G. Foley M.D.				Date of	f Re	eceipt	:				
Mailing Address P.O. Box 940127				м – м 08	1		D 07	/ Y		ү 012	Y
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Full Name (Last, First, Middle Initial) B. Patrick Foster M.D.				Date of	f Re	eceipt	:				
Mailing Address 3945 South Atherton				M M 08	/		28	/ Y)12	Y
City	State	Zip Code		Trans	acti	ion IC) : C	181641	17		
State College	PA	16801	/	Amount	t of	Each	n Re	ceipt th	is P	eriod	
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Full Name (Last, First, Middle Initial) C. Deanna K. Fox M.D.				Date of	f Re	eceipt					
Mailing Address 8513 Rosehill Rd				м м 08	/		о 30	/ Y)12	Y
City Lenexa	State KS	Zip Code 66215-2837						18168			
		00210 2007	-	Amount	t of	Each	n Re	ceipt th	iis P	eriod	
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University of Kansas Medical Center	Anesthesio	logist									
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		ay not be sold or used by any p	13 14 15 16 17 person for the purpose of soliciting contributions 1
	g the name and a	address of any political committe	e to solicit contributions from such committee.
American Society of Anesthe	esiologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) G. Craig Fox M.D.			Date of Receipt
Mailing Address 21 Melrose Ln			M M / D D / Y
City Green Village	State NJ	Zip Code 07935	Transaction ID : C1806717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.30
Name of Employer	Occupation		
Self Receipt For:	Anesthesio	-	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40	1
Full Name (Last, First, Middle Initial) B. Stuart W. Fraley M.D.			Data of Descript
Mailing Address 8253 Glengarry Ct.			Date of Receipt 08 24 2012
City Indianapolis	State IN	Zip Code 46236	Transaction ID : C1814247
FEC ID number of contributing federal political committee.	C	40230	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	1	
Community Physicians Network	Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1
		3	1
Full Name (Last, First, Middle Initial) C. James M. Frankland M.D.			Date of Receipt
Mailing Address 3640 Mossy Creek Ln			M / D / Y
City Tallahassee	State FL	Zip Code 32311	Transaction ID : C1799760 Amount of Each Receipt this Period
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Name of Employer	Occupation	1	
Anesthesia Assoc. of Tallahassee	anesthesio	logist	
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
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Full Name (Last, First, Middle Initial) Samir F. Fuleihan M.D. Mailing Address Harper Hosp., Anes. Dept	t.			Date o		ceipt) / Y	Y Y	Y
3990 John R City	State	Zip Code	-	08 Trans	acti	31 ion ID :	C18173	2012 18	
Detroit	MI	48201	A	moun	t of	Each R	leceipt tl	his Period	ł
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Name of Employer AAKC	Occupation ANESTHES	SIOLOGIST							
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Full Name (Last, First, Middle Initial) B. Bennett E. Fuller M.D.				Date o	f Re	ceipt			
Mailing Address 4200 W Memorial Rd Ste	703			м м 08	/	30	/ Y	2012	Y
City Oklahoma City	State OK	Zip Code 73120-8359					C18168 leceipt tl	08 his Period	1
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Name of Employer Affiliated Anesthesiologists, Inc.	Occupation Physician	1							
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Full Name (Last, First, Middle Initial) C. Wayne A. Fuller M.D.				Date o	f Re	ceipt			
Mailing Address 1269 E. Giles Rd.				м м 08	/	06) / Y	y y 2012	Y
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	American Society of Anesthesio	iogists P		<u>ee</u>								
Α.	Full Name (Last, First, Middle Initial) Wayne A. Fuller M.D.				Date of	Re	eceipt					
	Mailing Address 1269 E. Giles Rd.				м м 08	/		D 06	/ Y)12	Y
	City	State	Zip Code			acti		_	180317			
	Muskegon	MI	49445	A	Amount	of	Each	Re	ceipt th	is P	eriod	
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В.	Full Name (Last, First, Middle Initial) Brantley Gaitan M.D.			[Date of	Re	eceipt					
	Mailing Address 5777 E Mayo Blvd - Anesthesio	ology			м м 08	1		29	/ Y	20	Y 12	Y
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	Phoenix	AZ	85054	A	Amount	of	Each	Re	ceipt th	is P	eriod	
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	Name of Employer Mayo Clinic Arizona Hospital	Occupation Anesthesiol										
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С.	Full Name (Last, First, Middle Initial) Emilio B. Gallo M.D.				Date of	Re	eceipt					
	Mailing Address 8930 Southern Breeze Dr.				м м 08	1		D 24	/ Y) 12	Y
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NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Michael A. Garcia M.D.				Date of	f Re	ceipt	t			
Mailing Address 3231 Fountain Blvd.	Chata	Zin Onda		м – м 08			D 01	/ Y	у у 2012	Y
City Tampa	State FL	Zip Code 33609						179976	69 nis Period	4
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Name of Employer All Childrens Specialty Physicians	Occupation Anesthesio									
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Full Name (Last, First, Middle Initial) B. Brett L. Gardner M.D.				Date of	f Re	ceipt	t			
Mailing Address 3703 Freedom Dr.				м м 08	/		30	/ Y	2012	Y
City Eau Claire	State WI	Zip Code 54703-1378	A					181682 ceipt th	27 nis Period	ł
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Full Name (Last, First, Middle Initial) C. Jeffrey C. Gardner M.D.				Date of	f Re	ceipt	t			
Mailing Address 935 Oaklawn Ave				м м 08	/		D 22	/ Y	2012	Y
City Winston Salem	State NC	Zip Code 27104						181274		
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Name of Employer	Occupation	I	_							
Wake Forest University Dept of Anesthe	Physician									
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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	ee								
Full Name (Last, First, Middle Initial) A. Charles J. Garrett M.D. Mailing Address 1617 kansas ave City San Angelo	State TX	Zip Code 76904			/ sacti	2 ion ID	9 : C	/ Y 181650 ceipt th		2	
FEC ID number of contributing federal political committee.	С					,				83.3	30
Name of Employer Emory University Hospital Anesthesiolo Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 666.40]								
Full Name (Last, First, Middle Initial) B. Phillip Geiger M.D. Mailing Address 1908 W Berkshire Ln				Date of	f Re	D		/ Y	Y		
City Hanford FEC ID number of contributing federal political committee.	State CA	Zip Code 93230-9158				on ID	-	<u>180856</u> ceipt th	is Peri		0
Name of Employer Naval Hospital Lemoore Receipt For: Primary General Other (specify)	Occupation Anesthesiol Aggregate					,		,			
Full Name (Last, First, Middle Initial) Phillip Geiger M.D. Mailing Address 1908 W Berkshire Ln	Chate	Zie Oode	_	Date of	/	D)4		y 2012		ſ
City Hanford FEC ID number of contributing federal political committee. Name of Employer Naval Hospital Lemoore Receipt For:	State CA Occupation Anesthesiol Aggregate							:180251 ceipt th		iod 83.3	30
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A.	Full Name (Last, First, Middle Initial) Tony George M.D.			[Date of	Re	ceipt				
	Mailing Address 7 Layer Dr.				м м 08	/	26	 / Y) 12	Y
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	Name of Employer Summit Anesthesia Assoc.	Occupation Physician									
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	Full Name (Last, First, Middle Initial) Wisam M. George D.O.				Date of	Re	ceipt				
	Mailing Address 4775 Driftwood Dr				м м 08	/	D 31	 / Y	ү 20	ү 12	Y
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	Name of Employer Self	Occupation Anesthesiol									
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C.	Full Name (Last, First, Middle Initial) Timothy R. Gerry M.D.				Date of	Re	ceipt				
	Mailing Address 3024 Coltman Ln.				м м 08	/	30	 / Y	ү 20	ү 12	Y
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A.	Full Name (Last, First, Middle Initial) William W. Gezzar M.D.				Date of	Re	eceipt									
	Mailing Address 1820 Whitecap Circle				м м 08	/	D 0		/ Y		ү 012	Y				
	City	State	Zip Code		Trans	acti	ion ID	: C	180250)4						
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В.	Full Name (Last, First, Middle Initial) Philip M. Gilberstadt M.D.				Date of	Re	eceipt									
	Mailing Address 1101 W Clairemont Ave Ste Eau Claire Anes	2C			м м 08	/	D 3		/ Y	20)12	Y				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00													
с.	Full Name (Last, First, Middle Initial) Marilyn J. Goldstein M.D.				Date of	Re	eceipt									
	Mailing Address 412 Ridgepoint Court				м м 08	/	D 1		/ Y		ү)12	Y				
	City Piney Flats	State TN	Zip Code 37686						180550 ceipt th		Period					
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A.	Full Name (Last, First, Middle Initial) Maria A. Gomez M.D.				Date of	Re	ceipt				
	Mailing Address 617 E. Desert Park Ln.				M M	/		/ Y		Y Y	1
	City	State	Zip Code	-	08 Transa	acti	25 on ID : (C181460	201 7	2	
	Phoenix	AZ	85020	_	Amount	of	Each R	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С					,		;	300.0	0
	Name of Employer	Occupation		1							
	Valley Anesthesiology Consultants, Ltd	physician									
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼								
	Other (specify)		300.00								
B.	Full Name (Last, First, Middle Initial) Santiago L. Gomez M.D.				Date of	Re	ceipt				
	Mailing Address 13 Chateau Pontet Canet Dr				08	/	15	/ Y	2012		1
	City	State	Zip Code		Transa	acti	on ID : (C180748			
	Kenner	LA	70065-2035	_	Amount	of	Each R	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С					,	7		41.6	0
	Name of Employer Tulane Hospital	Occupation									
	Receipt For:	Doctor	Year-to-Date ▼	-							
	Primary General	Aggregate									
	Other (specify)		, 332.80								
c.	Full Name (Last, First, Middle Initial) Dale A. Gonzales M.D.				Date of	Re	ceipt				
	Mailing Address 441 S. Livernois Rd., #190				м м 08	/	31	/ Y	2012		1
	City	State	Zip Code			acti		C181732			
	Rochester	MI	48307-2591	_	Amount	of	Each R	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С					7	,		250.0	0
	Name of Employer	Occupation									
	Self Receipt For:	Anesthesiol	0	_							
	Primary General	Aggregate `	Year-to-Date ▼								
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)		•				,	- 7	5	591.6)
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	EMIZED RECEIPTS		Detailed Summary Page		K 11a		11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Paul M. Greaves M.D.				Date of	Re	ceipt				
	Mailing Address 1165 Linnwood Dr NE				м м 08	/	10	/ Y		ү 012	Y
	City	State	Zip Code		Trans	acti	on ID :	C18053	56		
	Albany	OR	97322	_	Amount	of	Each R	eceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С				_	7		_	501.	00
	Name of Employer	Occupation									
	self	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		501.00								
в.	Full Name (Last, First, Middle Initial) Dara A. Green M.D.				Date of	Re	ceipt				
	Mailing Address 13657 Glynshel Drive				м м 08	/	01	/ Y)12	Y
	City	State	Zip Code		Trans	acti	on ID :	C180854	18		
	Winter-Garden	FL	34787	_	Amount	of	Each R	eceipt th	າis P	'eriod	
	FEC ID number of contributing federal political committee.	С				_	7	,	_	208.	00
	Name of Employer	Occupation									
	Arnold Palmer Hospital for Children	Pediatric Ar	nesthesiologist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1664.00	4							
с.	Full Name (Last, First, Middle Initial) Ryan B. Green M.D.,Ph.D.				Date of	Re	ceipt				
	Mailing Address 3621 Shukla Ct				м м 08	/	26	/ Y)12	Y
	City Walnut Creek	State CA	Zip Code 94598					C18146			
		UA	94390	-	Amount	: of	Each R	eceipt th	າis P	'eriod	_
	FEC ID number of contributing federal political committee.	С				_	,		_	250	.00
	Name of Employer	Occupation									
	Medical Anesthesia Consultants Receipt For:	Anesthesio	logist								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)			•					Ξ	959.	00
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TEMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12	2	
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NAME OF COMMITTEE (In Full)											
American Society of Anesthes	iologists P	olitical Action Committe	e								
Full Name (Last, First, Middle Initial) A. Ralph Gregg M.D.			[Date o	f Re	eceip	t				
Mailing Address 18400 Pioneer Rd				м м 08	/		D 23	/ Y	201:		Y
City	State	Zip Code		Trans	acti	ion I	D : C	181346	5		
Fort Myers	FL	33908	A	Amoun	t of	Each	h Red	ceipt th	is Per	iod	
FEC ID number of contributing federal political committee.	С					7	_	7	Ę	500.0	00
Name of Employer	Occupation										
Medical Anesthesia Pain Management	M.DAnest	hesiologist									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		500.00									
Full Name (Last, First, Middle Initial) B. CAROLYN GREGORIUS				Date o	f Re	eceip	t				
Mailing Address 2220 THE KNOLLS				м м 08	/		D 17	/ Y	y 2012		Y
City	State	Zip Code		Trans	acti	ion II	D : C'	181125			
LINCOLN	NE	68512	A	Amoun	t of	Each	h Red	eipt th	is Per	iod	
FEC ID number of contributing federal political committee.	С					7		7	2	250.0	00
Name of Employer Sef-Employed	Occupation Souse of As										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		250.00									
Full Name (Last, First, Middle Initial) C. Stephen C. Grice M.D.				Date o	f Re	eceip	t				
Mailing Address 9175 Old Southwick Pass				м м 08	/		D 28	/ Y	y 2012		Y
City	State	Zip Code		Trans	sacti	ion I	D : C	181642	25		
Alpharetta	GA	30022	A	Amoun	t of	Each	h Red	ceipt th	is Per	iod	
FEC ID number of contributing federal political committee.	С					7		3		500.0	00
Name of Employer	Occupation		_								
Northside Hospital Northside Anesthesi	Anesthesio	logist									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		500.00									
Other (specify)		500.00									
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17	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck only	y or	ıe)				
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	y information copied from such Reports and St for commercial purposes, other than using the				or the		oose of	soliciting	g contri	bution	s
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee							
A.	Full Name (Last, First, Middle Initial) Alina M Grigore M.D.				ate of	Re	ceipt				
	Mailing Address 8 Deep Run Ct				м м 08	/	29	/ Y	2012		
	City Cockeysville	State MD	Zip Code 21030					C181657 eceipt th	70		
	FEC ID number of contributing federal political committee.	С					9		5	00.00	
	Name of Employer	Occupation									
	University of Maryland Medical School Receipt For:		esthesiologist	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
— B.	Full Name (Last, First, Middle Initial) Francisco Grinberg M.D.				ate of	Re	ceipt				
	Mailing Address 41 Pinnacle Dr			_	м м 08	/	20	/ Y	2012	Y	
	City South Burlington	State VT	Zip Code 05403					C181172			
	South Burlington FEC ID number of contributing federal political committee.	С		A	moun	OT		eceipt th		50.00	
	Name of Employer University of Vermont	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Other (specify) ▼		250.00								
С.	Full Name (Last, First, Middle Initial) Andrew M Gross M.D.				ate of	Re	ceipt				
	Mailing Address 6801 LAKE DEVONWOOD DF	2		11	м м 08	/	D D 04	/ Y	2012		
	City Fort Myers	State FL	Zip Code 33908-7202					C18025			_
	FEC ID number of contributing federal political committee.	С		A	moun	t of	Each R	eceipt th		od 41.60	
	Name of Employer	Occupation		_							
	Orthopedic Center of Florida	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60	1							
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т	OTAL This Period (last page this line number of	only)					7				

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	MIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	47
	nformation copied from such Reports and St				for the		oose of			
	ME OF COMMITTEE (In Full) merican Society of Anesthesio	logists P	olitical Action Committe	эе						
A . J	II Name (Last, First, Middle Initial) ustin A. Gulledge M.D. ailing Address 5508 NW 108th Ter				Date of	f Re	ceipt		- Y - Y	V
Cit	-	State	Zip Code		08	acti	24	C181451	2012	_
0	klahoma City	OK	73162-5819		Amoun	t of	Each R	eceipt th	is Period	k
	C ID number of contributing deral political committee.	С					7		50	0.00
	ame of Employer JHSC, Dept of Anes	Occupation Resident								
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
	II Name (Last, First, Middle Initial) Ilen N. Gustin M.D.				Date of	f Re	ceipt			
Ma	ailing Address 653 W Briar PI Apt 1				м м 08	/	D D D 13	/ Y	у у 2012	Y
Cit Cł	ty nicago	State IL	Zip Code 60657-8406				-	C180612 eceipt th		ł
	C ID number of contributing deral political committee.	С					7		5(0.00
	ame of Employer iversity of Chicago Department of An	Occupation ANESTHES								
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
	II Name (Last, First, Middle Initial) /Ielanie J. Guthrie A.AC,M.S				Date of	f Re	ceipt			
Ma	ailing Address 2411 Holmes Street MG-200				м м 08	/	04	/ Y	у у 2012	Y
Cit Ki	ty ansas City	State MO	Zip Code 64108					C180252 eceipt th		ł
	C ID number of contributing deral political committee.	С					7	7	4	1.60
Na	ame of Employer	Occupation	I	-						
	niversity of Missouri - Kansas City	Anesthesio	logist Assistant							
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		208.00							
SUB	TOTAL of Receipts This Page (optional)						7		591	.60
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	only o	one)										
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NAME OF COMMITTEE (In Full)		, see e, pendour committee													
American Society of Anesthe	esiologists P	olitical Action Committ	ee												
Full Name (Last, First, Middle Initial) A. Halim D. Haber M.D.			Date	of R	eceipt										
Mailing Address 19 Nantucket Dr			08		/ D 31		ү ү 2012	Y							
City Bloomfield Hills	State MI	Zip Code 48304-3342				: C181732 Receipt th									
FEC ID number of contributing federal political committee.	С				7		250	.00							
Name of Employer	Occupation														
Anesthesia Services PC	Anesthesio	ogist													
Receipt For:	Aggregate	Year-to-Date ▼	_												
Other (specify) ▼		, 250.00													
Full Name (Last, First, Middle Initial) B. Osama I. Hafez M.D.			Date	of R	eceipt										
Mailing Address 26637 Castleview Way			08		01		y y 2012	Y							
City	State	Zip Code				C179910									
Wesley Chapel	FL					Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			_	7		300	.00							
Name of Employer MOFFITT CANCER CENTER	Occupation														
ANESTHESIOLOGY Receipt For:	Anesthesiol	5													
Primary General	Aggregate	Year-to-Date ▼													
Other (specify) ▼		600.00													
Full Name (Last, First, Middle Initial) C. Norman J. Halliday M.D.			Date	of R	eceipt										
Mailing Address 660 N.E. 105 Street			0		/ D 27		үүү 2012	Y							
City Miami Shores	State FL	Zip Code 33138				: C181497									
		33130	Amo	unt of	f Each F	Receipt th	is Period	_							
FEC ID number of contributing federal political committee.	С				7	1.1	100	.00							
Name of Employer	Occupation														
Univ of Miami Sch of Med Receipt For:	medical pra		_												
Primary General	Aggregate	Year-to-Date ▼													
Other (specify)	L	275.00													
SUBTOTAL of Receipts This Page (optiona	l)				7	- 7	650.	00							
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	y information copied from such Reports and St for commercial purposes, other than using the			erson for	r the		ose of	solicitin	g contrib	utions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) Malik A. Hamid M.D.			Da	ate of	Red	ceipt				
	Mailing Address Anes Dept 3901 Rainbow Blvd	Ototo	Zip Code	4 L	08	/	08		2012	Y	
	City Kansas City	State KS	66103					C18041 Receipt t	93 his Perio	d	
	FEC ID number of contributing federal political committee.	С					,	7	50	0.00	
	Name of Employer University of Kansas Medical Center	Occupation Staff Anesth									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
B.	Full Name (Last, First, Middle Initial) Aaron Hammond D.O.				ate of	Red	ceipt				
	Mailing Address 3390 N. Campbell Ave., Ste. 1 City	10 State	Zip Code	4 L	08 7205] [/]	06		2012	Y	
	Tucson	AZ	85719						his Perio	d	
	FEC ID number of contributing federal political committee.	С					,		8	3.30	
	Name of Employer Southern Arizona Anesthesia	Occupation Anesthesiol		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40								
с.	Full Name (Last, First, Middle Initial) Chad E. Harbin D.O.			Da	ate of	Red	ceipt				
	Mailing Address 16495 Timberlane Dr				и м 08	/	30		2012	Y	
	City Athens	State AL	Zip Code 35613					: C18167 Receipt t	'81 his Perio	d	
	FEC ID number of contributing federal political committee.	С					,			0.00	
	Name of Employer	Occupation									
	Anesthesia Services of Decatur Receipt For:	Anesthesio	-	_							
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 500.00								
s	UBTOTAL of Receipts This Page (optional)		•				,		1083	3.30	
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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17 / person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	are name and address of any political commu	to contributions norm such committee.
	siologists Political Action Comm	ittee
Full Name (Last, First, Middle Initial) A. Nancy J. Haring M.D.		Date of Receipt
Mailing Address PO Box 235019		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Montgomery	State Zip Code AL 36123-5019	Transaction ID : C1811242
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Montgomery Anesthesia Associates, PC	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) B. Jeanette A. Harrington M.D.		Date of Receipt
Mailing Address 200 Hawkins Dr Department of Anesthesiol	ogy	08 17 2012
City	State Zip Code	Transaction ID : C1810597
Iowa City	IA 52242-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.30
Name of Employer University of Iowa Hospitals and Clini	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40	
Full Name (Last, First, Middle Initial) C. James A. Harris D.O.		Date of Receipt
Mailing Address 3238 Gallows Rd		08 10 / Y Y Y Y Y 2012
City Fairfax	StateZip CodeVA22031	Transaction ID : C1805352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
US Army	Resident	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	per only)	1333.30

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and a or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Society of Anesthesi	Statements may not be sold or used by any pe name and address of any political committee ologists Political Action Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Ronald L. Harter M.D. Mailing Address 7825 Holiston Ct City Dublin FEC ID number of contributing federal political committee. Name of Employer Ohio State University Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code OH 43016-8659 C Occupation Physician Aggregate Year-to-Date ▼ 666.40 666.40	Date of Receipt 08 17 2012 Transaction ID : C1810590 Amount of Each Receipt this Period 83.30
Full Name (Last, First, Middle Initial) B. Steven J. Hauck M.D. Mailing Address 714 September Chase City Wellford FEC ID number of contributing federal political committee. Name of Employer Spartanburg Regional Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code SC 29385 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M 0 D D Y Y Y Y Y 08 07 2012 Transaction ID : C1803249 Amount of Each Receipt this Period 500.00 500.00
Full Name (Last, First, Middle Initial) C. Joy L. Hawkins M.D. Mailing Address 12631 E 17th Ave, MS 8203 City Aurora FEC ID number of contributing federal political committee. Name of Employer University of Colorado School of Medic Receipt For: Primary General Other (specify) ▼	State CO Zip Code 80045 C C Occupation Anesthesiologist C Aggregate Year-to-Date ▼ 500.00	Date of Receipt
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NAME OF COMMITTEE (In Full) American Society of Anesthes											
Full Name (Last, First, Middle Initial) A. Robert E. Heflin M.D. Mailing Address 6 Fairview Hts City Parkersburg	State WV	Zip Code 26101		Date of 08 Trans	act	21 ion ID	1 : C1 8		20 5	012 eriod	Ŷ
 FEC ID number of contributing federal political committee. Name of Employer United Anesthesia Inc. Receipt For: Primary General Other (specify) ▼ 	C Occupation Anesthesio Aggregate]			<i>y</i>				500.	00
Full Name (Last, First, Middle Initial) Thomas D. Heiman M.D. Mailing Address 3670 E 1st St Apt B City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State CA C Occupation Physician Aggregate	Zip Code 90803-2712 Year-to-Date ▼ 300.00		Date of 08 Trans	acti	07 ion ID	7 : C18				У 00
Full Name (Last, First, Middle Initial) Stephen W. Heimbach M.D. Mailing Address 1105 Camelot Drive City Yukon FEC ID number of contributing federal political committee. Name of Employer Oklahoma University Health Sciences Ce Receipt For: Primary General Other (specify) ▼	State OK C Occupation Anesthesio Aggregate			Date of 08 Trans	/ sact	20 tion ID	0 : C1	81130	20 9	12 eriod 250.	
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	y information copied from such Reports and St for commercial purposes, other than using the				for th		rpose	of soli	citing	cont	ributi	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Com	mittee									
A.	Full Name (Last, First, Middle Initial) Michael R. Hejtmanek M.D. Mailing Address 2222 40th St. City Bellingham FEC ID number of contributing federal political committee. Name of Employer Bellingham Anesthesia Associates	State WA C Occupation Anesthesiol			08 Trai	M Isac	tion ID	21 21 n Rece		201 <u>3</u> is Per		У 00]
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.0	0									
B.	Full Name (Last, First, Middle Initial) Peter L. Hendricks M.D. Mailing Address 1590 Panorama Dr.				М	M	eceipt	D /	Y		Y	Y	
	City Vestavia Hills FEC ID number of contributing federal political committee.	State AL	Zip Code 35216			sac	tion ID	15 <u>) : C18</u> n Rece				30]
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate		0									
C.	Full Name (Last, First, Middle Initial) Richard L. Henry M.D. Mailing Address 3046 Obrien Dr City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Anesthesiology Associates of Tallahass Receipt For: Primary General Other (specify) ▼	State FL Occupation Physician Aggregate	Zip Code 32309-2751 Year-to-Date ▼ 249.6	50	08 Tra	™) tion II	06 D : C18 n Rece			2	ч 60]
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		Detailed Summary Page		-		11b		1c	12	
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NAME OF COMMITTEE (In Full)	–									
American Society of Anesth	esiologists P	olitical Action Commit	ee							
Full Name (Last, First, Middle Initial) A. Michelle J. Herman M.D.				Date of	Re	eceipt				
Mailing Address 7460 W. Ina Road				м м 08	1	29		Y	y y 2012	Y
City	State	Zip Code			acti	ion ID		16527		
Tucson	AZ	85743		Amount	of	Each I	Recei	pt this	8 Period	
FEC ID number of contributing federal political committee.	С					7		7	250	.00
Name of Employer	Occupation	1								
southern Arizona anesthesiology	physiciam									
	Aggregate	Year-to-Date ▼								
Other (specify) ▼		250.00								
Full Name (Last, First, Middle Initial) B. Peter G. Hild M.D.				Date of	Re	eceipt				
Mailing Address 3901 Rainbow Blvd. 2467 Bell Mem. Hosp.				м м 08	1	07			y y 2012	Y
City	State	Zip Code		Trans	acti	ion ID :	: C18			
Kansas City	KS	66160		Amount	t of	Each I	Recei	pt this	Period	
FEC ID number of contributing federal political committee.	C					7		7	500	.00
Name of Employer KU Anesthesiology Foundation	Occupation physician	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Full Name (Last, First, Middle Initial) C. Vernon C. Hill M.D.				Date of	Re	eceipt				
Mailing Address 1621 Stanford Drive				м м	/	06			y y 2012	Y
City	State	Zip Code				ion ID				
Anchorage	AK	99508	/	Amount	t of	Each I	Recei	pt this	8 Period	
FEC ID number of contributing federal political committee.	С					7		7	250	.00
Name of Employer	Occupation	1								
Providence Anchorage Anesthesia Grp	Physician	- Anesthesiologist								
Receipt For:	Aggregate	Year-to-Date V								
Primary General		250.00	11							
Other (specify)		230.00								
SUBTOTAL of Receipts This Page (option	nal)					7		7	1000.	.00
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	EMIZED RECEIPTS		Detailed Summary Page		1 1a		11b	11c		12	
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Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any penderess of any political committee	erson e to so	for the plicit cor	purp ntribu	ose of utions f	soliciting	cor 1 co	ntribut mmitte	ions ee.
\backslash	NAME OF COMMITTEE (In Full)	_									
$\Big/$	American Society of Anesthesi	ologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Jonathan G. Hisghman D.O.				Date of	f Red	ceipt				
	Mailing Address 650 Poinsettia Rd				м м 08	1	01	О / Ү)12	Y
	City	State	Zip Code		Trans	actio	on ID :	C180854	5		
	Belleair	FL	33756-1525	_	Amount	t of I	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7			41.	00
	Name of Employer	Occupation	1	-							
	Self Employed	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		328.00								
В.	Full Name (Last, First, Middle Initial) Maggie M. Ho D.O.				Date of	f Red	ceipt				
	Mailing Address 9 Carleys Way				08	/	27			Y 12	Y
	City	State	Zip Code		Trans	actio	on ID :	C181641	0		
	Rockaway	NJ	07866-4530		Amount	t of I	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,			250.	00
	Name of Employer Morris Anest. Group/St. Clares Hosp.	Occupation ANESTHES									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
C.	Full Name (Last, First, Middle Initial) Stephen Q. Hoang M.D.				Date of	f Red	ceipt				
	Mailing Address 5930 Royal Ln # E-171				м м 08	/	D 29			۲ 12	Y
	City Dallas	State TX	Zip Code 75230					C181657 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,			500	.00
	Name of Employer	Occupation	l								
	Childrens Medical Center Dallas	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00	11							
	Other (specify)		500.00								
s	UBTOTAL of Receipts This Page (optional)			•			,			791.	00
т	OTAL This Period (last page this line number	only)	•	•			,				

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	MIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c 15		12 16	17
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe ddress of any political committee	ersor to s	n for the	purpo	ose of	solicitin	g con	tributio	ons
<u> </u>	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
	Full Name (Last, First, Middle Initial) Joyce L. Hoatson M.D.				Date o	f Rec	eipt				
M	Mailing Address 2127 S Terrace Blvd				м м 08	/	D D D	/ Y	20	ү 12	ſ
Ċ	City	State	Zip Code		Trans	sactio	on ID :	C18127	72		
_	Longwood	FL	32779	_	Amoun	t of E	Each R	eceipt tl	his Pe	eriod	
	EC ID number of contributing ederal political committee.	С				. ,		7		250.0	00
1	Name of Employer	Occupation		-							
j	Ir medical	physician									
F	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)	L	250.00								
	Full Name (Last, First, Middle Initial) Dag Holmsen M.D.				Date o	f Rec	eipt				
Ν	Mailing Address 73 Oxen Dr				м м 08	/	D D 13	/ Y	201	12	
(City	State	Zip Code		Trans	actio	n ID : (C18066	61		
_	Oakland	ME	04963	_	Amoun	t of E	Each R	eceipt tl	his Pe	eriod	
	FEC ID number of contributing ederal political committee.	С				,		7		250.0	0
	Name of Employer	Occupation									
	Kennebec Anesthesia Associates	Anesthesiol	ogist								
F	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		250.00								
	Full Name (Last, First, Middle Initial) Andrew Houlton M.D.				Date o	f Rec	eipt				
Ν	Mailing Address 3300 Oakdale Avenue North				M M 08	/	23	/ Y	201	12	ſ
	City	State	Zip Code		Trans	sactic	on ID :	C18128	36		
-	Robbinsdale	MN	55422	_	Amoun	t of E	Each R	eceipt tl	his Pe	eriod	
	FEC ID number of contributing ederal political committee.	С				. ,		7		500.0	00
1	Name of Employer	Occupation									
	North Memorial Medical Center	Anesthesio	ogist								
F	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00								
	Other (specify)		500.00								
su	IBTOTAL of Receipts This Page (optional)		····· •	- I					1	1000.0	0

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	Political Action Committ	ee
Full Name (Last, First, Middle Initial) Timothy W. Houseman M.D. Mailing Address PO Box 1025			Date of Receipt
City Fairhope	State AL	Zip Code 36533	08 18 2012 Transaction ID : C1811149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.30
Name of Employer Eastern Shore Anesthesia Receipt For: Primary General Other (specify)	Occupation anesthesio Aggregate]
Full Name (Last, First, Middle Initial) B. <u>Jeffrey Huang M.D.</u> Mailing Address 2699 Lee Rd Ste 510	1		Date of Receipt
City Winter Park FEC ID number of contributing federal political committee.	State FL	Zip Code 32789	Transaction ID : C1813475 Amount of Each Receipt this Period 250.00
Name of Employer AGO Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Hayden R. Hughes M.D. Mailing Address 1941 21st Ave S City	State	Zip Code	Date of Receipt
Birmingham FEC ID number of contributing federal political committee. Name of Employer University of Alabama Medical Center D Receipt For: Primary General Other (specify) ▼	AL Occupation physician	35209	Transaction ID : C1808563 Amount of Each Receipt this Period 83.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · · ·		416.30
TOTAL This Period (last page this line numbe	r only)		

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		Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the	purp	ose of	soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) American Society of Anesthes							Sin Suci		
Full Name (Last, First, Middle Initial) A. Hayden R. Hughes M.D.				Date of	f Red	ceipt			
Mailing Address 1941 21st Ave S				м м	/	21	/ Y	ү ү 2012	Y
City Birmingham	State AL	Zip Code 35209	A				C181176 eceipt th	55 iis Period	
FEC ID number of contributing federal political committee.	С					,		83	8.30
Name of Employer University of Alabama Medical Center D	Occupation physician	1							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 498.60]						
Full Name (Last, First, Middle Initial) B. Lewis A. Hunt M.D.				Date of	f Red	ceipt			
Mailing Address 36 Foxchase	-			м м 08	/	D D D	/ Y	у у 2012	Y
City Dothan	State AL	Zip Code 36305					C180922 eceipt th	26 lis Period	
FEC ID number of contributing federal political committee.	С					,	7	1000	.00
Name of Employer Anesthesia Consultants Medical Group	Occupation anesthesiol								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]						
Full Name (Last, First, Middle Initial) C. James M. Hunter Jr., M.D.			C	Date of	f Red	ceipt			
Mailing Address University of Alabama at B 619 S. 19th Street JT926C	:			м м 08	/	01	/ Y	2012	Y
City Birmingham	State AL	Zip Code 35249	A				C180855 eceipt th	57 iis Period	
FEC ID number of contributing federal political committee.	C		[,		41	.00
Name of Employer	Occupation								
University of Alabama at Birmingham Receipt For:	Anesthesio	logist Year-to-Date ▼							
Primary General Other (specify) ▼		328.00]						
SUBTOTAL of Receipts This Page (optional)						1		1124	.30
TOTAL This Period (last page this line numb	per only)					,	,		

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anes	thesiologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. John M. Hunter M.D.			Date of Receipt
Mailing Address 46-133 Punalei Pl			08 21 2012
City Kaneohe	State HI	Zip Code 96744	Transaction ID : C1811736 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
The Anesthesia Medical Group, Inc. Receipt For:	Anesthesio	-	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) B. John H. Huntington M.D.			Date of Receipt
Mailing Address 3333 Evergreen Dr., N	IE		08 01 2012
City Crond Denide	State MI	Zip Code 49525	Transaction ID : C1808547
Grand Rapids FEC ID number of contributing federal political committee.	C	49525	Amount of Each Receipt this Period
Name of Employer Anesthesia Medical Consultants, PC	Occupation Physician	1	_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		328.00]
Full Name (Last, First, Middle Initial) C. Robert W. Hurley M.D., Ph.I	D		Date of Receipt
Mailing Address PO Box 100254- Hurl	еу		M = M / D = D / Y = Y = Y = Y Y 08 10 2012
City Gainesville	State FL	Zip Code 32610-0254	Transaction ID : C1805297
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 41.60
Name of Employer	Occupation	1	—
Univ of FL Med Ctr Anes Dept	Pain Physic	cian	
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 332.80	1
SUBTOTAL of Receipts This Page (opti	onal)		582.60
TOTAL This Period (last page this line i	number only)		

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TIEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12					
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Any information copied from such Repo or for commercial purposes, other than	rts and Statements mains the name and a	ay not be sold or used by any p ddress of any political committe	person f	or the icit co	pur ntrib	pose o outions	f solicitin from suc	ig coi ch co	ntribut mmitte	ions ee.				
NAME OF COMMITTEE (In Full)														
American Society of Anes	sthesiologists P	olitical Action Committ	tee											
Full Name (Last, First, Middle Initial) A. Robert Impastato M.D.			[Date o	f Re	eceipt								
Mailing Address 19 Barrett Hill Rd.			08 15 2012											
City	State	Zip Code		Trans	sact	ion ID	: C18074	76						
Hopewell Junction	NY	12533	A	Amoun	t of	Each I	Receipt t	his P	'eriod					
FEC ID number of contributing federal political committee.	C					, .	7	_	83.	.30				
Name of Employer	Occupation	1												
Vassar Brothers Hospital Anes. Dept.	ANESTHE	SIOLOGIST												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		666.40												
Full Name (Last, First, Middle Initial) B. Thomas F. Ingersoll M.D.				Date o	f Re	eceipt								
Mailing Address 8600 N. Route 91, S	uite #250			м м	/	27	D / 1)12	Y				
City	State	Zip Code		Trans	acti	on ID :	: C18162	:42						
Peoria	IL	61615	A	Amoun	t of	Each I	Receipt t	his P	'eriod					
FEC ID number of contributing federal political committee.	С					7		_	250.	00				
Name of Employer Associated Anesthesiologists, S.C.	Occupation Anesthesio													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
Full Name (Last, First, Middle Initial) C. Susan N. Iovan M.D.				Date o	f Re	eceipt								
Mailing Address 6640 Valley Spring				м м 08	/	D 27)12	Y				
City Bloomfield Township	State MI	Zip Code 48301					: C18162							
· · ·	IVII	40301	A	Amoun	t of	Each I	Receipt t	his P	'eriod					
FEC ID number of contributing federal political committee.	С					<u></u>			500	.00				
Name of Employer	Occupation	1												
South Oakland Anesthesia Associates	Anesthesio	logist												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General		500.00	11											
Other (specify)		500.00												
SUBTOTAL of Receipts This Page (op	tional)					7			833.	30				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Po	olitical Action Committe	ee
Full Name (Last, First, Middle Initial) Matthew J. Irwin M.D. Mailing Address 3317 Evergreen Lanen City Eau Claire FEC ID number of contributing federal political committee. Name of Employer University of Wisconsin Dept of Anesth Receipt For: Primary General Other (specify)	State WI C Occupation Resident Aggregate	Zip Code 54701 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Mark T. Isaac D.O. Mailing Address 1459 Lexington Ontario Ro City Mansfield FEC ID number of contributing federal political committee. Name of Employer Anesthesia Associates of Mansfield Receipt For: Primary General Other (specify) ▼	State OH Occupation Anesthesiole		Date of Receipt 08 / 29 / 2012 Transaction ID : C1816501 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) John C. Jabour M.D. Mailing Address 10571 Greenbelt Dr. City Clive FEC ID number of contributing federal political committee. Name of Employer Assoc. Anes., P.C. Receipt For: Primary General Other (specify)	State IA C Occupation Anesthesiol Aggregate		Date of Receipt 08 04 2012 Transaction ID : C1802532 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line numl	ber only)		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a	11b	11c	12		ا
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NAME OF COMMITTEE (In Full)			0 00						
American Society of Anesthesi	ologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Jeffrey S. Jacobs M.D.				Date of	Receipt				
Mailing Address 11041 Pine Lodge Trail				м – м 08	/ D	р / ү 6	у у 2012	Y	
City	State	Zip Code) : C18085			
Davie	FL	33328	_	Amount	of Each	Receipt th	nis Perio	d	
FEC ID number of contributing federal political committee.	С				7	7	8	3.30	
Name of Employer	Occupation								
Cleveland Clinic Florida	Anesthesiol	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		666.40							
Full Name (Last, First, Middle Initial) B. Aurelia D. Jamerson M.D.	1			Data of	Receipt				
Mailing Address 5434 Avalon Ct.					/ D	D / Y	2012	Y	
City	State	Zip Code				: C181732			i .
West Bloomfield	MI	48323		Amount	of Each	Receipt th	nis Perio	d	
FEC ID number of contributing federal political committee.	С				. ,	7	25	0.00	
Name of Employer	Occupation								
AAKC	ANESTHES	IOLOGIST							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		, 250.00							
Full Name (Last, First, Middle Initial) C. Amber L. Jandik M.D.	1			Date of	Receipt				
Mailing Address 5251 Westminster Dr				м м 08		р / ү)5	20 <u>1</u> 2	Y	
City	State	Zip Code) : C18025			
Fort Myers	FL	33919		Amount	of Each	Receipt th	nis Perio	d	
FEC ID number of contributing federal political committee.	С					- 7	50	0.00	
Name of Employer	Occupation		_						
Medical Anesthesia and Pain Management	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		500.00							
SUBTOTAL of Receipts This Page (optional)			<u> </u>			- 1	83	3.30	
TOTAL This Period (last page this line number	[.] only)		•	_	,	7			

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			for each category of the Detailed Summary Page		X 11a		11b	11c		12 16	17
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\square	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	American Society of Anesthes	iologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Daniel J. Janik M.D.				Date o	f Re	ceipt				
	Mailing Address 15605 E Prentice Dr				м м 08	/	D D 15	/ Y	y 201	12	
	City Centennial	State CO	Zip Code 80015-4264	_			i <mark>on ID :</mark> Each Re			riod	
	FEC ID number of contributing federal political committee.	C					7			83.3	80
	Name of Employer University of Colorado Denver	Occupation Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		666.40	ų							
В.	Full Name (Last, First, Middle Initial) J. Lawrence Jayne Jr., M.D.	1			Date o	f Re	ceipt				
	Mailing Address 350 Blountville Hwy Ste 207				м м 08	/	08	/ Y	y 201	2 2	
	City	State	Zip Code				on ID : (
	Bristol	TN	37620	_	Amoun	t of	Each Re	eceipt tl	his Pe	riod	
	FEC ID number of contributing federal political committee.	С					3	,	1	000.0	0
	Name of Employer Bristol Regional Medical Center	Occupation Physician									
	Receipt For:	1 .	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Curby D. Jenkins D.O.				Date o	f Re	ceipt				
	Mailing Address 654 Emily Ln.				M M 08	/	D D 01	/ Y	201		
	City Haslett	State MI	Zip Code 48840-9600				i on ID : Each Re			riod	
	FEC ID number of contributing federal political committee.	С					3			83.0	00
	Name of Employer	Occupation									
	Self - Lansing Anesthesiologists, PC	Anesthesio	logist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		581.00								
s	UBTOTAL of Receipts This Page (optional)		•	<u> </u>	Ľ.		7		1	166.3	0

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	EMIZED RECEIPTS	Detailed Summ			11a		11b	11c		12			
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	y information copied from such Reports and St for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)			•									
	American Society of Anesthesio	logists P	olitical Action	Committe	e								
Α.	Full Name (Last, First, Middle Initial) William M. Jenkins M.D.				(Date of	f Re	ceipt					
	Mailing Address 3938 Blackstone Court					м м 08	1	06			ү 012	Y	
	City	State CA	Zip Code 94542		Transaction ID : C1803180 Amount of Each Receipt this Period								
	Hayward	UA.	94042		_ /	Amount	t of	Each I	Receipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					_	,		_	250	.00	I,
	Name of Employer	Occupation	1										
	William Jenkins, M.D.	physician											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		7 7	500.00									
В.	Full Name (Last, First, Middle Initial) Cynthia L. Jenson M.D.					Date of	f Re	ceipt					
	Mailing Address 434 Main St.					м м 08	1	03)12	Y	
	City	State	Zip Code			Trans	acti	on ID :	C180247				
	Waterville	ME	04901		/	Amount	t of	Each I	Receipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С						,		_	83.	30]
	Name of Employer	Occupation											
	Anesthesia Associates of Lewiston	Physician			_								
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼			832.40									
		L	, , , ,										
C.	Full Name (Last, First, Middle Initial) J. F. Jimenez M.D.				(Date of	f Re	ceipt					
	Mailing Address 116 Seven Iron Ct.					м м 08	/	D 14		20	ү)12	Y	
	City Ponte Vedra Beach	State FL	Zip Code 32082						: C18068 Receipt th		Pariod		
	FEC ID number of contributing federal political committee.	С						,	7		250	.00]
	Name of Employer	Occupation	1		_								
	Jacksonville Anesthesia Corporation, I	Anesthesiol											
	Receipt For:	1	Year-to-Date ▼										
	Primary General	, iggi oguto											
	Other (specify)	L	1) I I I	250.00									
s	UBTOTAL of Receipts This Page (optional)			•••••	.		1	,			583.	30]
т	OTAL This Period (last page this line number c	only)		•••••				,	- 7				1

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		Detailed Summary Page		11a		11b		11c		12	
Any information copied from such Reports and S	itatemente mo	y not be sold or used by any or	areon fr	13 or the		14 nose		15		16 tributi	17 ions
or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
American Society of Anesthesic	ologists P	olitical Action Committe	e								
Full Name (Last, First, Middle Initial) A. Denise C. Joffe M.D.				Date of	Re	ceipt	t				
Mailing Address 2222 78th Ave. SE				м м 08	1		22	/ Y	20 ⁻	ү 12	Y
City	State	Zip Code		Trans	acti	ion l	D : C	181185	55		
Mercer Island	WA	98040	A	mount	of	Eacl	h Re	ceipt th	nis Pe	əriod	
FEC ID number of contributing federal political committee.	С					7	_	7		250.	00
Name of Employer	Occupation		\neg								
seattle childrens hospital	MD										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		250.00									
Full Name (Last, First, Middle Initial) B. Adam S. Johnson M.D.				Date of	Red	ceipt	t				
Mailing Address 2810 N Swan Rd Ste 100 Old Pueblo Anesthesia][м м 08	/		16	/ Y	201	12	Y
City	State	Zip Code			actio			180922			
Tucson	AZ	85712-6300	A	mount	of	Eacl	h Re	ceipt th	nis Pe	əriod	
FEC ID number of contributing federal political committee.	С			_	_	7	_	- 7		250.0	00
Name of Employer Old Pueblo Anesthesia	Occupation Medical Doc										
Receipt For:		Year-to-Date ▼	\neg								
Primary General	Jagioguio										
Other (specify)		250.00			_						
Full Name (Last, First, Middle Initial) C. Brad N. Johnson D.O.				Date of	Ree	ceipt	t				
Mailing Address 303 W. Spring Meadows Land				м м 08	1		D 21	/ Y	y 201	12	Y
City Dewitt	State MI	Zip Code 48820						C181176			
	1911	TULU	A	mount	: of	Eacl	n Re	ceipt th	nis Pe	eriod	
FEC ID number of contributing federal political committee.	С					7			_	500.	00
Name of Employer	Occupation										
Lansing Anesthesiologist, P.C.	anesthesiol	•									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		500.00									
SUBTOTAL of Receipts This Page (optional)						7		_1	1	1000.0	00
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		for each category of the		11a		11b		11c		12		
		Detailed Summary Page		13		14		15		16	17	
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NAME OF COMMITTEE (In Full)												
American Society of Anesth	esiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Joseph M. Johnson M.D.				Date of	Re	ceipt						
Mailing Address 5007 Monica Rd NW				м м 08	/	D 3		/ Y	ү 20		Y	
City	State	Zip Code		Trans	acti	ion ID	: C	181689	95			
Huntsville	AL	35810	A	mount	t of	Each	Rec	ceipt th	is Pe	eriod		
FEC ID number of contributing federal political committee.	C											
Name of Employer	Occupation											
Huntsville Anesthesiology Consultants Receipt For:	Anesthesio	-	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify) ▼		1000.00										
Full Name (Last, First, Middle Initial) B. Paul W. Johnson M.D.				Date of	Re	eceipt						
Mailing Address 39 Woodmere Dr.				м м 08	/	D 0		/ Y	201	Y 12	Y	
City	State	Zip Code		Trans	acti	on ID	: C′	180430				
Dothan	AL	36305	A	mount	t of	Each	Rec	ceipt th	is Pe	eriod		
FEC ID number of contributing federal political committee.	C					7		7		500.0	00	
Name of Employer ACMG, PC	Occupation Anesthesiol											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
Full Name (Last, First, Middle Initial) C. Rushton M. Jones M.D.	I			Date of	Re	ceipt						
Mailing Address 1 Shire Cir				м м 08	/	2		/ Y	20 ²	12 12	Y	
City	State	Zip Code		Trans	acti	ion ID) : C	181184	17			
East Greenbush	NY	12061	A	mount	t of	Each	Rec	eipt th	is Pe	eriod		
FEC ID number of contributing federal political committee.	С					7		7	_	250.	00	
Name of Employer	Occupation		\neg									
Albany Med Ctr	Resident											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General												
Other (specify) 🔻		250.00										
SUBTOTAL of Receipts This Page (option	al)					,		1	1	750.0	00	
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ITEMIZED RECEIPTS			Use separate schedule(s)	(chec	k only	y on	ie)				
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12		17
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	ME OF COMMITTEE (In Full) merican Society of Anesthesio	logists Po	olitical Action Committe	ee							
A V	ll Name (Last, First, Middle Initial) /illiam M. Jordan M.D.			Da	ate of	Re	ceipt				
Ma	iling Address 1859 Ridge Ave				м м 08	1	D D D 17	/ Y	2012		1
Cit	y ontgomery	State AL	Zip Code 36106-1840		Trans		on ID :	C181124 eceipt th	45		_
FE	C ID number of contributing leral political committee.	С			noun	U	,			00.00)
Se		Occupation ANESTHES									
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1							
	II Name (Last, First, Middle Initial)			Di	ate of	Re	ceipt				
Ma	iling Address 682 Frick St				м м 08	1	28	/ Y	2012]
Cit Eli	y mont	State NY	Zip Code 11003					C181628 eceipt th		od	
	C ID number of contributing leral political committee.	С			nount		,	,		41.60	
	me of Employer netefiore Medical Center Albert Eins	Occupation Physician									
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60								
	II Name (Last, First, Middle Initial)			Di	ate of	Re	ceipt				
Ma	iling Address 1101 W Clairemont Ave Ste 20 Eau Claire Anesthesiologists	>			м м 08	/	30	/ Y	2012		1
Cit Ea	y au Claire	State WI	Zip Code 54701-6161					C18168 eceipt th		od	
	C ID number of contributing leral political committee.	С			nount		,			500.00)
Na	me of Employer	Occupation		_							
	u Claire Anesthesiologists ceipt For:	Anesthesio	•	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
SUB	TOTAL of Receipts This Page (optional)						7		15 [,]	41.60	
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports an or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)							
American Society of Anesthe	siologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Suzanne B. Karan M.D.			Date of	f Receipt			
Mailing Address 1410 Highland Ave			08	/ D D 01	/ Y	ү ү 2012	Y
City	State NY	Zip Code	Trans	action ID :		8	
Rochester		14620-1876	Amoun	t of Each R	eceipt this	; Period	
FEC ID number of contributing federal political committee.	С				,	41.	.60
Name of Employer	Occupation						
University of Rochester - Strong Memor	Anesthesio	ogist					
Receipt For:	Aggregate	Year-to-Date V					
Other (specify)		291.20					
Full Name (Last, First, Middle Initial) B. Vida R. Kasuba M.D.			Date of	f Receipt			
Mailing Address 1406 Elizabeth Ct			08	/ D D 30	/ Y	y y y 2012	Y
City	State	Zip Code	Trans	action ID :			
Coraopolis	PA	15108-8973	Amoun	t of Each R	eceipt this	Period	
FEC ID number of contributing federal political committee.	С					250.	00
Name of Employer PITTSBURGH ANES ASSOC	Occupation ANESTHES						
Receipt For:			_				
Primary General Other (specify) ▼	Aggregale	Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial)							
C. Tripti Kataria M.D. Mailing Address 130 S Canal St Apt 419				f Receipt			
			M M 08	/ D D 15	/ Y	2012	Ŷ
City Chicago	State IL	Zip Code 60606-3904		saction ID :			
	_		Amoun	t of Each R	eceipt this	; Period	
FEC ID number of contributing federal political committee.	C					83	.30
Name of Employer	Occupation						
University of Chicago	Physcian						
Receipt For:	Aggregate	Year-to-Date ▼	_				
Other (specify)		, 666.40					
SUBTOTAL of Receipts This Page (optional))					374.	90
TOTAL This Period (last page this line num	per only)				,		

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11a		11b	11c	1	2	
	y information copied from such Reports and Si					purp			g conti		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit co	ntribu	itions f	rom suc	h com	mittee	е.
	American Society of Anesthesio	logists Po	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Eric H. Katz M.D.				Date o	f Rec	ceipt				
	Mailing Address 10830 S. Tropical Trl.				м – м 08	/	01	/ Y	201	2	ſ
	City	State FL	Zip Code					C17991	14		
	Merritt Island	ΓL	32952	_	Amoun	t of E	Each R	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					,	7		250.0	00
	Name of Employer	Occupation									
	Melbourne Anesthesia, P.A.	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
в.	Full Name (Last, First, Middle Initial) John L. Keating M.D.				Date o	f Rec	ceipt				
	Mailing Address 514 W Pueblo St Fl 2				м м 08	/	26	/ Y	2012	Y ∎ Y 2	
	City	State	Zip Code			actio		C18146			
	Santa Barbara	CA	93105		Amoun	t of E	Each R	eceipt th	nis Pei	riod	
	FEC ID number of contributing federal political committee.	С					,	7		250.0	0
	Name of Employer Anesthesia Med Grp of Santa Barbara	Occupation									
	Receipt For:	Practice Ma	-	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
с.	Full Name (Last, First, Middle Initial) Eric R. Kelhoffer M.D.				Date o	f Rec	ceipt				
	Mailing Address 250 E 53rd St Apt 504				м – м 08	/	23	/ Y	2012		ſ
	City	State	Zip Code		Trans	sactio	on ID :	C18129	88		
	New York	NY	10022		Amoun	t of E	Each R	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					,	7	_	500.0	00
	Name of Employer	Occupation									
	Sloan-Kettering Cancer Center Anes. De	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
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	American Society of Anesthesiol	ogists Po	olitical Actior	n Committe	e													
Α.	Full Name (Last, First, Middle Initial) John A. Kellow M.D. Mailing Address 5683 Branford Dr					Date o	_	D		/ Y		Y	Y					
	City West Bloomfield	State MI	Zip Code 48322-1122) : C	: 181732 ceipt thi	6)12 eriod						
	FEC ID number of contributing federal political committee.	С						1		1		250.	00					
	Name of Employer Advances Anesthesia Assoc., P.C. Receipt For:	Occupation ANESTHES	IOLOGIST Year-to-Date ▼															
	Primary General Other (specify) ▼		, , , , , , , , , , , , , , , , , , ,	250.00														
B.	Full Name (Last, First, Middle Initial) James K. Kerr III, M.D.					Date o	f Re	eceipt										
	Mailing Address 2165 Herschel St	04-14-	7. 0.1		Max / D / Y													
	City Jacksonville	State FL	Zip Code 32204-3819															
	FEC ID number of contributing federal political committee.	С				Amoun		1	nec	,		83.	30					
	Name of Employer North Floraisa Anesthesia Consultants	Occupation anesthesiolo	ogst															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	666.40														
C.	Full Name (Last, First, Middle Initial) Rubin Kesner D.O.					Date o	f Re	eceipt										
	Mailing Address 35 Hearthstone Dr		7.0.1			м м 08			3	/ Y	20) 12	Y					
	City Gansevoort	State NY	Zip Code 12831-2505		_					180556 ceipt thi		eriod		_				
	FEC ID number of contributing federal political committee.	С						,		7		83	.30					
	Name of Employer	Occupation																
	Anesthesia Group of Albany Receipt For:	Anesthesiol	-		_													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	666.40														
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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only	/ one)	, , , , , , , , , , , , , , , , , , , ,		
		Detailed Summary Page	× 11a	11b	11c	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	I ay not be sold or used by any p address of any political committee	erson for the	purpose of so	bliciting co	ontributio	ons
NAME OF COMMITTEE (In Full)							
American Society of Anesthesi	iologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Edward N. Kim M.D.			Date of	Receipt			
Mailing Address 2967 Warner Dr.			м – м 08	/ D D 31		2012	Y
City West Bloomfield	State MI	Zip Code 48324-2450		action ID : C		Period	
FEC ID number of contributing federal political committee.	С			7		250.0	00
Name of Employer	Occupation	1					
ANESTHESIA SERVICES	ANESTHE	SIOLOGIST					
Receipt For:	Aggregate	Year-to-Date V					
Primary General		250.00	1				
Other (specify)		7 7					
Full Name (Last, First, Middle Initial) B. Michael S. Kincaid M.D.			Date of	Receipt			
Mailing Address 13029 NE 144th PI			08	/ D D 22		012	Y
City	State	Zip Code		action ID : C1			
Kirkland	WA	98034	Amount	of Each Rec	eipt this F	Period	
FEC ID number of contributing federal political committee.	С				7	100.0	00
Name of Employer Matrix Anesthesia - Evergreen Medical	Occupation Anesthesio		_				
Receipt For:		-					
Primary General	Aggregate	Year-to-Date ▼					
Other (specify) v		798.00					
Full Name (Last, First, Middle Initial) C. Collin K. King M.D.			Date of	Receipt			
Mailing Address 901 Persimmon PI			08	/ D D		012	Y
City	State	Zip Code	Trans	action ID : C	1816804		
Birmingham	AL	35226	Amount	of Each Rec	eipt this F	Period	
FEC ID number of contributing federal political committee.	С			3	7	250.0	00
Name of Employer	Occupation	1					
Pediatric Anesthesia Associates	Physician						
Receipt For:	Aggregate	Year-to-Date V					
Primary General		250.00					
Other (specify)		230.00					
SUBTOTAL of Receipts This Page (optional)					7	600.0	00
TOTAL This Period (last page this line numbe	r only)		. []		7		

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	EIMIZED RECEIPTS		Detailed Summary Page		11a		11	lb	11c	\square	12	
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	y information copied from such Reports and for commercial purposes, other than using the											
\rangle	American Society of Anesthesi	ologists P	olitical Action Committe	ee								
A.	Full Name (Last, First, Middle Initial) Benjamin M. Kline M.D.			[Date o	f Re	ecei	ipt				
	Mailing Address 9 Brookfield Ave.				м м 08	/	Ľ	D D 27	/ Y		12	Y
	City Sinking Spring	State PA	Zip Code 19608						181624			
	Sinking Spring FEC ID number of contributing federal political committee.	C		/	Amoun	t of	Ea	ach Re	ceipt th	iis Pe	eriod 500.	00
	Name of Employer Reading Anesthesia Associates	Occupation Anesthesio										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
В.	Full Name (Last, First, Middle Initial) Nicholas Koehler M.D.				Date o	f Re	ecei	ipt				
	Mailing Address 11807 Park Ave				м м 08	/		03	/ Y	201	ү 12	Y
	City Seffner	State FL	Zip Code 33584					-	180245			
	FEC ID number of contributing federal political committee.	С	33304		Amoun	t of	Ea	ich Re	ceipt th	IIS Pe	eriod 250.	00
	Name of Employer USF	Occupation board certifi	ed anesthesiologist and p									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00									
с.	Full Name (Last, First, Middle Initial) Rainer Kohrs M.D.				Date o	f Re	ecei	ipt				
	Mailing Address 6819 E 116th St				м м 08	/	Γ	20	/ Y	201	ү 12	Y
	City Bixby	State OK	Zip Code 74008						18117(ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		,		1000	00
	Name of Employer	Occupation	I	_								
	Associated Anesthesiologists Inc	MDA										
	Receipt For: Primary General Other (cpecify) -	Aggregate	Year-to-Date ▼ 1000.00									
	Other (specify)		7 7 7									
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			Detailed Summary Page		11a		11b	11c	12	
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or	for commercial purposes, other than using t	he name and a	ddress of any political committe	e to sol	icit cor	ntrib	outions fro	om such	1 commit	tee.
\backslash	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	American Society of Anesthes	iologists P	olitical Action Committ	ee						
۹.	Full Name (Last, First, Middle Initial) Vesela Kovacheva M.D., Ph.D				Date of	f Re	eceipt			
	Mailing Address 790 Boylston St				м м	/	D D 26	/ Y	у у 2012	Y
	City	State	Zip Code		Trans	acti	ion ID : C	181461	1	
	Boston	MA	02199	A	mount	t of	Each Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					7			0.00
	Name of Employer	Occupation	I							
	Brigham and Womens Hospital Receipt For:	attending								
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		500.00							
	Full Name (Last, First, Middle Initial) Wenzel Daniel Kovarik M.D.				Date of	f Re	eceipt			
	Mailing Address 51 Prospect St				м м 08	1	D D D 24	/ Y	2012	Y
	City	State	Zip Code		Trans	acti	ion ID : C	181453		
	Portland	ME	04103	A	mount	t of	Each Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					7		250	0.00
	Name of Employer Spectrum Medical Group	Occupation Physician	I							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
<u> </u>	Full Name (Last, First, Middle Initial) Susan D. Kreher M.D.				Date of	f Re	eceipt			
	Mailing Address 7719 Wynlakes Blvd.				м м	/	D D 17	/ Y	2012	Y
	City	State	Zip Code		Trans	act	ion ID : (C181124	13	
	Montgomery	AL	36117	A	mount	t of	Each Re	ceipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С					,	9	1000	0.00
	Name of Employer	Occupation	1							
	Self	ANESTHE	SIOLOGIST							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		1000.00	11						
	Other (specify)		1000.00							
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т	OTAL This Period (last page this line number	er only)					,			

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committe	96
Full Name (Last, First, Middle Initial) A. David M. Krhovsky M.D.			Date of Receipt
Mailing Address 2248 Shawnee Dr SE			08 04 _ 2012 _
City Grand Rapids	State MI	Zip Code 49506-5335	Transaction ID : C1802515 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.30
Name of Employer Anesthesia Medical Consultants	Occupation Anesthesio		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.40	
Full Name (Last, First, Middle Initial) B. Gopal Krishna M.D.	1		Date of Receipt
Mailing Address 8807 Jules ILane	Ctoto	Zin Code	08 / D D / Y Y Y Y 22 2012
City Indianapolis	State IN	Zip Code 46278	Transaction ID : C1812781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer IUHP, Indianapolis, IN	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Catherine M. Kuhn M.D.			Date of Receipt
Mailing Address 14 Kendall Drive Duke University Medical S	School		08 15 2012
City Chapel Hill	State NC	Zip Code 27517-5644	Transaction ID : C1807469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation	1	
Duke University Medical School Receipt For:		Professor of Anesthsiology	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)		433.30
TOTAL This Period (last page this line num	ber only)	••••••	

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions
\	sing the name and a	doress of any political committee	e to solicit contributions from such committee.
American Society of Anest	hesiologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) Scott M. Kuhnert M.D.			Date of Receipt
Mailing Address 4640 Hawk Hollow Dr.	Ε.		M = M / D = D / Y = Y = Y = Y 08 17 _ 2012 _
City	State	Zip Code	Transaction ID : C1811095
Bath	MI	48808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.30
Name of Employer	Occupation		
Lansing Anesthesiologists, P.C.	Anesthesio	ogist	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		249.30	
Full Name (Last, First, Middle Initial) B. John E. Kurtz M.D.			Date of Receipt
Mailing Address 929 Arboretum Dr.			08 31 2012
City	State	Zip Code	Transaction ID : C1817328
Saline	MI	48176-1352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		_
AAKC	ANESTHES	GIOLOGIST	_
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) C. Andre M. Kwa M.D.			Date of Receipt
Mailing Address 1859 Oakbrook Dr			08 22 2012
City	State	Zip Code	Transaction ID : C1812117
Longwood	FL	32779	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Anesthesiologists of Greater Orlando	Anesthesio	logist	_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optic	nal)		583.30
TOTAL This Period (last page this line n	umber only)		

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	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) George Kwitka M.D.				Date o	f Re	eceipt					
	Mailing Address 300 N 7th St				м м 08	1	20			ү 012	Y	
	City	State	Zip Code		Trans	acti	ion ID	: C181123	38			
	Bismarck	ND	58501-4439	_	Amoun	t of	Each I	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					, .	3	_	250	.00	
	Name of Employer	Occupation	l	_								
	Self	Anesthesiol	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial) Hung-Chi Kwok M.D.				Date o	f Re	eceipt					
	Mailing Address 2732 Muir Woods Dr., SE				M M	/	D	D / Y	Y	Y	Y	
					08		15	5	20	12		
	City	State	Zip Code					C180794				
	Hampton Cove	AL	35763	- 1	Amoun	t of	Each I	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					<u></u>	3	_	175.	00	
	Name of Employer Alabama Anes. of Huntsville, LLC	Occupation physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			1								
	Other (specify)		1400.00									
C.	Full Name (Last, First, Middle Initial) John E. La Gorio M.D.				Date o	f Re	eceipt					
	Mailing Address 1543 Forest Park Rd				м м 08	/	D 16			ү)12	Υ	
	City Norton Shores	State MI	Zip Code 49441-4642	-				: C180852				
			4344 I-4042	- 1	Amoun	t of	Each I	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		_	83	.30	
	Name of Employer	Occupation	l	_								
	Lakeshore Anesthesia	physician										
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General		666.40	1								
	Other (specify)		7 7 7									
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\rangle	American Society of Anesthesio	logists P	olitical Action Committe	e									
Α.	Full Name (Last, First, Middle Initial) Howard L. Lakritz M.D.				Date of	f Re	eceip	t					
	Mailing Address 21 Cornell Trl		7.0.		м м 08	/	L	01	/ Y	20	ү 012	Y	
	City Hillsborough	State NJ	Zip Code 08844-2217	-					C180854				
	FEC ID number of contributing federal political committee.	C			Amouni	t Of	Eac	n Re	eceipt th	nis P	eriod 41	.00	
	Name of Employer Anesthesia Consultants of New Jersey	Occupation ANESTHES											
	Receipt For:		Year-to-Date ▼	\neg									
	Primary General Other (specify) ▼	, iggi ogalo	328.00										
В.	Full Name (Last, First, Middle Initial) Benjamin A. Lampert M.D.				Date of	f Re	eceip	t					
	Mailing Address 4367 E. Bogey Ct.				м м 08	/		26	/ Y) 12	Y	
	City	State	Zip Code						C181467	74			
	Springfield	MO	65809	A	Amount	t of	Eac	h Re	eceipt th	nis P	eriod		
	FEC ID number of contributing federal political committee.	С					3		7		1000.	00	
	Name of Employer mercy clinic	Occupation physician											
	Receipt For:	Aggregate	Year-to-Date ▼ 1000.00										
с.	Full Name (Last, First, Middle Initial) Tanner Lang M.D.				Date of	f Re	eceip	t					
	Mailing Address N3292 Feather Ridge Dr				м м 08	1		21	/ Y)12	Y	
	City Appleton	State WI	Zip Code 54913	A					C18118: eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					,		7		500	.00	
	Name of Employer	Occupation	1	-									
	AAA anesthesia	Anesthesio	logist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.00										
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$\Big\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	ee							
Α.	¥				Date of	Re	ceipt				
	Mailing Address 1110 Gist St				м м 08	/	07) / Y	۲ 20	Y 12	ſ
	City	State SC	Zip Code 29201					C18041			
	Columbia	30	29201	-	Amount	t of	Each R	leceipt tl	nis Pe	riod	_
	FEC ID number of contributing federal political committee.	С				_	, .			500.0	00
	Name of Employer	Occupation									
	ACC	Anesthesiol	ogist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Nathan Lasiter M.D.				Date of	Re	ceipt				
	Mailing Address 18904 Shilstone Way				м м 08	/	01	/ Y	201	Y 2	
	City	State	Zip Code		Trans	acti	on ID :	C18085			
	Edmond	OK	73003	_	Amount	t of	Each R	leceipt tl	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					3	. ,		41.0	0
	Name of Employer	Occupation									
	Northwest Anesthesia	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		287.00								
с.	Full Name (Last, First, Middle Initial) Kathryn K. Lauer M.D.				Date of	Re	ceipt				
	Mailing Address 9200 W Wisconsin Ave				м м 08	/	23) / Y	ү 201	2	ſ
	City Milwaukee	State WI	Zip Code 53226					C18128			
		VVI	55220		Amount	t of	Each R	leceipt tl	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С				_	y			250.0	00
	Name of Employer	Occupation									
	Froedter Memorial Lutheran Hospital	Professor of	f Anesthesiology								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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s	UBTOTAL of Receipts This Page (optional)			•						791.0	0
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NAME OF COMMITTEE (In										
American Society of	f Anesthesiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle James S. Lawrence Jr.			D	ate of	Re	ceipt				
Mailing Address 2699 Lee Ro	d Ste 510			м м	/	D D D 21	/ Y	y 201	Y 2	Y
City	State	Zip Code		Trans	acti	ion ID :	C18118	18		
Winter Park	FL	32789	A	mount	t of	Each R	eceipt th	nis Per	riod	
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Name of Employer	Occupation									
Sheridan Healthcare Receipt For:	Anesthesic	-								
Primary Gene		Year-to-Date ▼								
Other (specify)		500.00								
Full Name (Last, First, Middle B. Gary Lawson-Boucher			D	ate of	Re	ceipt				
Mailing Address 5391 Hickor	/ Wood Dr			м м 08	/	01	/ Y	2012		Y
City	State	Zip Code			acti	on ID : (C180854			
Naples	FL	34119-1404	A	mount	tof	Each R	eceipt th	nis Per	riod	
FEC ID number of contributir federal political committee.	C					y		_	125.0	00
Name of Employer Griffin Anaesthesia Services, I	PA Occupation									
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 1000.00]							
Full Name (Last, First, Middle C. Phong H. Le D.O.	ə Initial)		D	ate of	Re	ceipt				
Mailing Address 3361 Hollow	r Spring Dr			м м 08		27	/ Y	2012		Y
City	State MI	Zip Code				ion ID :				
Dewitt		48820	A	mount	of	Each R	eceipt th	nis Per	riod	
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Name of Employer	Occupation	1	\neg							
Ingham Regional Med. Ctr.	anesthesio	logist								
Receipt For:		Year-to-Date V								
Other (specify) ▼	ral	1000.00	1							
SUBTOTAL of Receipts This F	l age (optional)					7		16	625.0	0
TOTAL This Period (last page	this line number only)		► L			7				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c		12		
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or for commercial purposes, other than using the r	name and ac	ddress of any political committee	to soli	cit co	ntrib	outions	from suc	ch cor	nmitte	e.	
American Society of Anesthesiol	ogists Po	olitical Action Committe	e								
Full Name (Last, First, Middle Initial) A. Jeffrey A. Lee M.D.			D	ate o	f Re	eceipt					
Mailing Address 6650 Pasture Lands Pl.			Т	м м 08	/	11	ר / כ		Y 12	Y	
City Winter Garden	State FL	Zip Code 34787		Trans		ion ID :	C18053	576			
FEC ID number of contributing federal political committee.	C			moun		,	Receipt t		41.6	60	
Name of Employer JLR Medical Group	Occupation anesthesiolo	ogist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60									
Full Name (Last, First, Middle Initial) Abhijit V. Lele M.B.,B.S. Mailing Address 9663 Cailler Dr				ate o	f Re	eceipt			Y	V	
City	State	Zip Code	44	08	ĺ	08		201			
Lenexa	KS	66220					C18041 Receipt t		eriod		
FEC ID number of contributing federal political committee.	С					7			250.0	00]
Name of Employer University of Kansas Medical Center	Occupation Anesthesiolo	ogist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
Full Name (Last, First, Middle Initial) C. J. Lance Lichtor M.D.			D	ate o	f Re	eceipt					
Mailing Address PO Box 4668 #8824			1	м м 08	/	D 18		201	ү 12	Y	
City New York	State NY	Zip Code 10163-4668					C18111 Receipt t		eriod		
FEC ID number of contributing federal political committee.	С								41.0	60]
Name of Employer	Occupation		_								
Univ. of Mass Med School Dept Anes	Physician										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.80									
SUBTOTAL of Receipts This Page (optional)						7 I	5		333.2	20]

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12	
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NAME OF COMMITTEE (In Full)										
American Society of Anesth	esiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Penny J. Lindgren M.D.				Date of	Re	eceipt				
Mailing Address 1720 Louisiana Blvd., N	E., #401			м м 08	/	05		/ Y	у у 2012	Y
City	State	Zip Code		Trans	acti	ion ID	: C1	80255	7	
Albuquerque	NM	87110		Amount	of	Each I	Rece	eipt thi	s Perio	d
FEC ID number of contributing federal political committee.	C					, .		7	50	0.00
Name of Employer	Occupation		_							
Anes. Assoc. of New Mexico, P.C.	anesthesiol	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00]							
Full Name (Last, First, Middle Initial) B. John L. Lindsey III, M.D.				Date of	Re	eceipt				
Mailing Address 3216 N 161st St				м м 08	/	05		/ Y	y y 2012	Y
City	State	Zip Code			acti	on ID :		802554		
Omaha	NE	68116		Amount	of	Each I	Rece	eipt thi	s Perio	d
FEC ID number of contributing federal political committee.	C					л. I		7	25	0.00
Name of Employer Anesthesia West PC	Occupation Anesthesiol									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		250.00	1							
Full Name (Last, First, Middle Initial) C. John E. Lindsey Jr., M.D.				Date of	Re	eceipt				
Mailing Address 2502 S. 186th Circle				м м 08	/	D 15		/ Y	y y 2012	Y
City	State	Zip Code		Trans	act	ion ID	: C1	80747	9	
Omaha	NE	68130	·	Amount	of	Each I	Rece	eipt thi	s Perio	d
FEC ID number of contributing federal political committee.	С					7		7	8	3.30
Name of Employer	Occupation	I								
Orthopaedic Anesthesia Specialists, L.	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		000.40	11.							
Other (specify)		666.40								
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	NAME OF COMMITTEE (In Full)											
$\Big)$	American Society of Anesthesiol	ogists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Joe Z. Liu M.D.				Date o	f Re	eceip	ot				
	Mailing Address 3456 Balfour Dr				м м 08	1		31	/ Y)12	Y
	City	State	Zip Code		Trans	sacti	ion I	D : C	181732	9		
	Troy	MI	48084-1400	- :	Amoun	t of	Eac	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	250.	00
	Name of Employer	Occupation										
	Anesthesia Service, PC	ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial) Rene A. Llera Jr., M.D.				Date o	f Re	ceip	ot				
	Mailing Address PO Box 235019				м м 08	/		D 17	/ Y	ү 20	ү 12	Y
	City	State	Zip Code		Trans	acti	on I	D : C	181124	7		
	Montgomery	AL	36123-5019	·	Amoun	t of	Eac	h Re	ceipt th	is P	eriod	
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	Name of Employer Self	Occupation ANESTHES										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		1000.00									
с.	Full Name (Last, First, Middle Initial) James Lodahl M.D.				Date o	f Re	ceip	ot				
	Mailing Address E2855 Hailey Ln				м м 08	1	D	о 30	/ Y	ү 20	Y 12	Y
	City	State WI	Zip Code						181683			
	Eau Claire	VVI	54701-8882	- 1	Amoun	t of	Eac	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	500	.00
	Name of Employer	Occupation	I	\neg								
	Eau Claire Anes	Anesthesio	logist									
	Receipt For:	Aggregate	Year-to-Date ▼									
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<u>)</u>	NAME OF COMMITTEE (In Full) American Society of Anesthesio											
A.	Full Name (Last, First, Middle Initial) Stephen P. Long M.D.				Date o	f Re	eceip	ot				
	Mailing Address 1501 Maple Ave Ste 301				м м 08	/	D	19	/ Y	2012		
	City Richmond	State VA	Zip Code 23226						C181117 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7		7		41.6	60
	Name of Employer Commonwealth Pain Specialists, LLC	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60									
В.	Full Name (Last, First, Middle Initial) Thomas D. Looke M.D.,Ph.D.				Date o	f Re	eceip	ot				
	Mailing Address 4609 Jetty St				м м 08	/	D	28	/ Y	2012	Y	
	City Orlando	State FL	Zip Code 32817	-					C181649 eceipt th		od	
	FEC ID number of contributing federal political committee.	С					7	7	5	00.0	0	
	Name of Employer Florida Hospital	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
с.	Full Name (Last, First, Middle Initial) Timothy Lorenz M.D.				Date o	f Re	eceip	ot				
	Mailing Address 2864 N.E. 25th Ct.				м м 08	/	D	07	/ Y	2012		ſ
	City Fort Lauderdale	State FL	Zip Code 33305						C180418 eceipt th		od	
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	Name of Employer	Occupation										
	Anesco North Broward LLC Receipt For:	anesthesiol	-	_								
Rece	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00									
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesth	-		
Full Name (Last, First, Middle Initial) A. Joshua L. Lumbley M.D.			Date of Receipt
Mailing Address 410 W 10th Ave N411 Doan Hall			08 20 _ 2012
City Columbus	State OH	Zip Code 43210-1240	Transaction ID : C1811213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.60
Name of Employer The Ohio State University Medical Cent Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	1
Uther (specify) ▼ Full Name (Last, First, Middle Initial)	L	332.80	
B. Anne M. Lynn M.D. Mailing Address 6049 51st Ave NE		7.0.1	Date of Receipt
City Seattle	State WA	Zip Code 98115	Transaction ID : C1803232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Univ WashingtonSeattle ChildrenHospita	Occupation Anesthesiol		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Sean C. Mackey M.D., Ph.D			Date of Receipt
Mailing Address 780 Welch Rd Ste 208F			M M / D D / Y Y Y Y Y 08 15 2012
City Palo Alto	State CA	Zip Code 94304	Transaction ID : C1808156
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Stanford Univ Med Ctr Dept of Anes	Physician		_
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
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	NAME OF COMMITTEE (In Full)										
	American Society of Anesthes	iologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Myrtice Macon M.D.				Date o	of Re	eceipt				
	Mailing Address 4343 Quarton				M M	/	27) / Y	2012		
	City Bloomfield Hills	State MI	Zip Code 48302					C18147 Receipt t		od	
	FEC ID number of contributing federal political committee.	С					7			50.00	D
	Name of Employer	Occupation									
	south oakland anesthesiologist associa	anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00								
	Other (specify)		250.00								
в	Full Name (Last, First, Middle Initial) Asif M. Malik M.D.				Date o	of Re	eceipt				
	Mailing Address 2760 Charnwood Dr				M M		D) / Y	Y Y	Y	
					08		24		2012		
	City	State	Zip Code		Trans	sact	ion ID :	C18135	22		
	Troy	MI	48098		Amoun	t of	Each F	Receipt t	his Perio	bc	
	FEC ID number of contributing federal political committee.	С					9	9		83.30)
	Name of Employer Henry Ford West Bloomfield Hospital An	Occupation Anesthesiol									
	Receipt For:		Year-to-Date ▼								
	Primary General										
	Other (specify)		749.10								
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael J. Manalo M.D.				Date o	of Re	eceipt				
	Mailing Address 6560 High Dr.				м м 08	/	D I I) / Y	2012		1
	City	State	Zip Code		Trans	sact	ion ID :	C18053	77		
	Mission Hills	KS	66208		Amoun	t of	Each F	Receipt t	his Perio	bd	
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	Name of Employer	Occupation	I	\neg							
	Midwest Anesthesia Associates	physician									
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		500.00								
	Other (specify)		7								
5	UBTOTAL of Receipts This Page (optional)		•	•			,		83	33.30)
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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Mark Mandabach M.D. Mailing Address Dept. of Anesthesiology 619 S. 19th St., JT845 City Birmingham FEC ID number of contributing federal political committee. Name of Employer Univ. of Alabama - Birmingham Receipt For: Primary General Other (specify)	State Zip Code AL 35249-6810 C Occupation Physician Aggregate Year-to-Date ▼ 664.00 664.00	Date of Receipt 08 / 01 / 2012 Transaction ID : C1808551 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) B. Philip A. Mandato D.O. Mailing Address 607 Fairway Dr City Telford	State Zip Code PA 18969	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Grandview Anesthesia Associates Receipt For:	C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Michael S. Mann M.D. Mailing Address 989 Innswood Ct. City Longwood FEC ID number of contributing federal political committee. Name of Employer JLR medical group Receipt For: Primary General Other (specify) ▼	State Zip Code FL 32779 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1083.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	and Statements may not be sold or used by any point of the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Frederick M. Mansfield M.D. Mailing Address 322 E. Central Blvd #712 City Orlando FEC ID number of contributing federal political committee. Name of Employer JLR Medical Group Receipt For: Primary General Other (specify)	State Zip Code FL 32801 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 08 / 24 2012 Transaction ID : C1814508 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. Westley T. Manske D.O. Mailing Address 2319 Rivers Edge Dr City Altoona FEC ID number of contributing	State Zip Code WI 54720-1496	Date of Receipt 08 08 08 2012 Transaction ID : C1816833 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mollyann G. March M.D. Mailing Address 6504 Greentree Rd. City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Associates Receipt For: Primary General Other (specify)	State Zip Code MD 20817 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 08 28 2012 Transaction ID : C1816269 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (option	al)	1250.00
TOTAL This Period (last page this line nur	nber only)	

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11			Detailed Summary Page		11a 13		11b 14	11c	12	r	17			
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Kurt W. Markgraf M.D. Mailing Address 3663 McKinley Ave			Date of Receipt										
					08 04 2012									
	City Fort Myers	State FL	Zip Code 33901				on ID : (Each Re			iod				
	FEC ID number of contributing federal political committee.	С					7			83.3	0			
	Name of Employer	Occupation		_										
	Medical Anesthesia	Anesthesiol	ogist											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.40											
в.	Full Name (Last, First, Middle Initial) Rhonda A. Marvar M.D.				Date o	f Re	ceipt							
	Mailing Address 43 Oxford			08 / D D / Y Y Y Y Y 22 2012										
	City Pleasant Ridge	State MI	Zip Code 48069				on ID : (Each Re		71					
	FEC ID number of contributing federal political committee.	С					7	7	2	250.0	0			
	Name of Employer South Oakland Anesthesia Associates	Occupation Anesthesiol												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
<u> </u>	Full Name (Last, First, Middle Initial) Pamela J. Masoud M.D.				Date o	f Re	ceipt							
	Mailing Address 2828 N Folkestone Loop				м м 08		25	/ Y	2012		1			
	City Hernando	State FL	Zip Code 34442				i on ID : (Each Re		-	iod				
	FEC ID number of contributing federal political committee.	С					7			250.0	0			
	Name of Employer	Occupation												
	Crystal River Anesthesia Receipt For:	Anesthesio	ogist	_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
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SCHEDULE A (FEC Form 3X) _____ _ _ _ _ _

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one)	L						
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NAME OF COMMITTEE (In Full)												
American Society of Anes	inesiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Rima Matevosian M.D.			Da	te of I	Receipt							
Mailing Address 1934 Rimcrest Dr.			M M / D D / Y Y Y Y Y 08 09 2012									
City	State	Zip Code	Т			: C180527						
Glendale	CA	91207	Am	nount	of Each I	Receipt th	is Period					
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Name of Employer	Occupation	I										
Olive View-UCLA Medical Center	Physician		_									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		1000.00										
Full Name (Last, First, Middle Initial) B. Brian G. McAllister M.D.			Da	te of I	Receipt							
Mailing Address 62 Kenwood St			M	м 08	/ 26		2012	Y				
City Portland	State ME	Zip Code 04102				C181466						
FEC ID number of contributing		04102	Am	iount (of Each I	Receipt th	ils Period	_				
federal political committee.	C					T	250	.00				
Name of Employer Spectrum Medical Group	Occupation											
Receipt For:	Anesthesiol	Year-to-Date ▼	_									
Primary General Other (specify) ▼	Aggregate	250.00	1									
Full Name (Last, First, Middle Initial)		9	-									
C. Russell K. McAllister M.D.			Da	te of I	Receipt							
Mailing Address 2401 S 31st St			M	м 08	/ D 07		2012	Y				
City	State TX	Zip Code	Т	ransa	ction ID	: C18032	ð 3					
Temple	17	76508-0001	Am	nount	of Each I	Receipt th	is Period					
FEC ID number of contributing federal political committee.	C						250	0.00				
Name of Employer	Occupation											
Scott and White Memorial Hospital Receipt For:	Physician											
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		250.00										
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	y information copied from such Reports and S for commercial purposes, other than using the								g cont						
$\overline{\}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	American Society of Anesthesio	logists Po	olitical Action Committe	ee											
Α.	Full Name (Last, First, Middle Initial) Maurice G. McCabe M.D.				Date of	Re	ceipt								
	Mailing Address 126 Appleton Ln			08 01 / Y Y Y Y Y											
	City Madison	State AL	Zip Code 35756-4161	_	Transaction ID : C1808581 Amount of Each Receipt this Period										
			33730-4101	_	Amount	of	Each R	leceipt th	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С			L		7			41.0	00				
	Name of Employer	Occupation													
	CAS OF HUNTSVILLE	M.D.													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		328.00												
	Full Name (Last, First, Middle Initial) Felicia M. McCreary M.D.				Date of	Po	agint								
Ь.	Mailing Address 4724 N. 69th St.				M M	1	DD	/ Y		Y 1					
	City	State	Zip Code	_	08 Trans	acti	21 on ID ·	C181176	201	2					
	Scottsdale	AZ	85251					leceipt th		riod					
	FEC ID number of contributing federal political committee.	С					,			100.0	0				
	Name of Employer Valley Anesthesiology Consultants	Occupation	the set of a set of												
	Receipt For:		esthesiologist	_											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		800.00												
с.	Full Name (Last, First, Middle Initial) Joel E. McCreary D.O.				Date of	Re	ceipt								
	Mailing Address 4724 N. 69th St.				м м 08	/	07) / Y	y 201						
	City	State	Zip Code		Trans	acti	ion ID :	C180322	26						
	Scottsdale	AZ	85251	_	Amount	of	Each R	leceipt th	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С					7			125.0	00				
	Name of Employer	Occupation													
	Pacific Anesthesia	Staff Anesth	nesiologist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		1250.00												
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	Ľ.		,			266.0	0				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
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NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists P	olitical Action Committe	e									
Full Name (Last, First, Middle Initial) Dennis L McCrery Jr., M.D. Mailing Address 1101 W Clairemont Ave Ste	20		Date of Receipt									
Eau Claire Anesthesiologists		Zip Code	08 30 2012 Transaction ID : C1816834									
Eau Claire	WI	54701-6161	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer Eau Claire Anesthesiologists	Occupation Anesthesio											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
Full Name (Last, First, Middle Initial) B. Michael G. McCue M.D.	I		Date of Receipt									
Mailing Address 881 Watkins St			08 01 / Y Y Y Y Y Y									
City Birmingham	State MI	Zip Code 48009-1633	Transaction ID : C1808555 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.00									
Name of Employer South Oakland Anesthesia Associates	Occupation Physician	1										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00										
Full Name (Last, First, Middle Initial) C. William A. McDade M.D., Ph.D			Date of Receipt									
Mailing Address 5401 S. Ingleside Ave.			08 / D D / Y Y Y Y 2012									
City Chicago	State IL	Zip Code 60615	Transaction ID : C1814684 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.60									
Name of Employer	Occupation	1										
Univ. of Chicago	Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		249.60										
SUBTOTAL of Receipts This Page (optional)			. 624.60									
TOTAL This Period (last page this line numbe	r only)	••••••										

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

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		Detailed Summary Page		< 11a		11b	11c		12					
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An or	y information copied from such Reports and a for commercial purposes, other than using th	Statements ma	ay not be sold or used by any puddress of any political committee	erson e to s	for the olicit cor	pur ntrib	pose of outions f	soliciting	j co h co	ntribut mmitte	ions ee.			
\setminus	NAME OF COMMITTEE (In Full)													
\sum	American Society of Anesthesi	ologists P	olitical Action Committ	ee										
Α.	Full Name (Last, First, Middle Initial) Brian P. McGlinch M.D.				Date of	Re	eceipt							
	Mailing Address 3364 Hidden Creek Lane, N.	Ε.			M M	/	15) / Y	2/	012	Y			
	City	State	Zip Code	Transaction ID : C1807488										
	Rochester	MN	55906	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		83.30										
	Name of Employer	Occupation	1											
	Mayo Clinic Anesthesiology	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1164.40	1										
в.	Full Name (Last, First, Middle Initial) Edward K. McGough M.D.				Date of	Re	eceipt							
	Mailing Address 120 S Bend Dr				м м 08	/	01) / Y	Y 20)12	Y			
	City	State	Zip Code		Trans	acti	ion ID :	C179911	16					
	Ponte Vedra Beach	FL	32082		Amount	of	Each F	Receipt th	nis P	'eriod				
	FEC ID number of contributing federal political committee.	С			500.00									
	Name of Employer	Occupation	1											
	Anesthesia Consultants	Anesthesio	ogist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		E00.00	11.										
	Other (specify)		500.00	4										
с.	Full Name (Last, First, Middle Initial) Richard R. McNeer M.D.				Date of	Re	eceipt							
	Mailing Address 18340 SW 122 St.				м м 08	/	01) / Y)12	Y			
	City	State	Zip Code		Trans	act	ion ID :	C18085	62					
	Miami	FL	33196		Amount	of	Each F	Receipt th	nis P	'eriod				
	FEC ID number of contributing federal political committee.	С					,			83	00			
	Name of Employer	Occupation	1											
	University of Miami Dept of Anesthesio	Anesthesio	logist											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		747.00	11.										
	Other (specify)		747.30	4										
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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a		lb	11c	12	
	y information copied from such Reports and St for commercial purposes, other than using the						se of			
	NAME OF COMMITTEE (In Full) American Society of Anesthesio									
Α.	Full Name (Last, First, Middle Initial) Richard R. McNeer M.D. Mailing Address 18340 SW 122 St.				Date of		ipt D D D 30	/ Y	y y 2012	Y
	City Miami	State FL	Zip Code 33196		Trans		ID :	C181661 eceipt th	2	d
	FEC ID number of contributing federal political committee.	С							8	3.30
	Name of Employer University of Miami Dept of Anesthesio Receipt For: Primary General Other (specify) ▼	Occupation Anesthesion Aggregate		30						
В.	Full Name (Last, First, Middle Initial) Jaideep H. Mehta M.D. Mailing Address UTHSC, Dept of Anesthesiolog	у			Date of		D D	/ Y	Y Y	Y
	6431 Fannin St., MSB 5.020 City Houston FEC ID number of contributing	State TX	Zip Code 77030					<u>C180267</u> eceipt th	is Perio	d 1.70
	federal political committee. Name of Employer University of Texas Health Science Cen	Occupation Anesthesiol				7	_	7		×
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.6	60						
C.	Full Name (Last, First, Middle Initial) Walter J. Merrell M.D.				Date of	Rece	ipt			
	Mailing Address 1450 Alabama Dr.		7.0.1		м м 08	L	D D 13		ү ү 2012	Y
	City Winter Park	State FL	Zip Code 32789					C180555		b
	FEC ID number of contributing federal political committee.	С						7	25	0.00
	Name of Employer	Occupation	l							
	JLR Medical Group	anesthesiol	ogist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0	00						
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			Detailed Summary Page	ļ	13		14	15	$\left \right $	16	17			
	y information copied from such Reports and S for commercial purposes, other than using the													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	American Society of Anesthesic	ologists P	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Eric J. Miano M.D.				Date of	Rec	ceipt							
	Mailing Address 12130 Sawhill Blvd				м м 08	/	07) / Y) 012	Y			
	City	State	Zip Code	Transaction ID : C1804159										
	Spotsylvania	VA	22553	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		1000.00										
	Name of Employer	Occupation	l											
	Spotsylvania Regional Medical Center	Anesthesio	logist											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		1000.00											
в.	Full Name (Last, First, Middle Initial) Douglas T. Miller M.D.				Date of	Rec	ceipt							
	Mailing Address 2699 Lee Rd Ste 510			08 27 2012										
	City	State	Zip Code		Transa	actio	on ID :	C181471	4					
	Winter Park	FL	32789	_	Amount	of	Each R	leceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С		500.00										
	Name of Employer sheridan	Occupation md	I											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		500.00											
C.	Full Name (Last, First, Middle Initial) James K. Miller M.D.				Date of	Rec	ceipt							
	Mailing Address 1924 Alcoa Hwy # U109 University of Tennessee Med	ical Ce			м м 08	/	01) / Y		ү)12	Y			
	City	State	Zip Code		Trans	acti	on ID :	C180857	77					
	Knoxville	TN	37920-1511	_	Amount	of E	Each R	leceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					,		_	41.	.00			
	Name of Employer	Occupation	I											
	University of Tennessee Medical Center	Assistant P	rofessor											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General		328.00											
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s	UBTOTAL of Receipts This Page (optional)		•	•			,		_	1541.	00			
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists Po	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Michael D. Miller M.D.				Date of	f Re	ceipt				
	Mailing Address 15936 Oak Park Ct				м м 08	1	06) / Y	2012	Y	1
	City Westfield	State IN	Zip Code 46074		Trans		on ID :	C18026 leceipt t		d	-
	FEC ID number of contributing federal political committee.	С					5		8	3.30)
	Name of Employer	Occupation		_							
	ACI-LLC	Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 624.10								
в.	Full Name (Last, First, Middle Initial) Christopher G. Millson M.D.				Date of	f Re	ceipt				
	Mailing Address 2400 Wimbledon Dr				м м 08	/	15	/ Y	2012	Y]
	City Las Vegas	State NV	Zip Code 89107					C18074 leceipt ti	89 his Perio	d	_
	FEC ID number of contributing federal political committee.	С					9	7	8	3.30	
	Name of Employer Desert Anesthesiologists	Occupation Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		666.40								
<u>с</u> .	Full Name (Last, First, Middle Initial) Michael Q. Milz M.D.				Date of	f Re	ceipt				
	Mailing Address 5211 Terre Bone Trail				м м 08	/	30) / Y	2012	Y	1
	City Eau Claire	State WI	Zip Code 54701					C18168			
		VVI	54701	- '	Amoun	t of	Each R	leceipt t	his Perio	d	_
	FEC ID number of contributing federal political committee.	C					7		50	0.00)
	Name of Employer	Occupation									
	Eau Claire Anes Receipt For:	Anesthesiol	-	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
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or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
American Society of Anesthesio	logists P		e							
Full Name (Last, First, Middle Initial) A. Mitchell F. Minana M.D.			[Date of	Re	ceipt				
Mailing Address 1306 E Welden Dr				м м 08	/	D 17	D / Y		у 012	Y
City	State	Zip Code		Trans	acti	ion ID :	C18112			
Spokane	WA	99223	A	Amount	of	Each F	Receipt th	nis P	Period	
FEC ID number of contributing federal political committee.	С					,			100.	.00
Name of Employer PHYSICIAN ANETHESIOLOGIST GROUP	Occupation ANESTHES									
Receipt For:		Year-to-Date ▼	-							
Primary General	Aggregate									
Other (specify)	L	800.00								
Full Name (Last, First, Middle Initial) B. Sharon D. Minott M.D.				Date of	Re	ceipt				
Mailing Address 2300 Haggerty Rd Ste 2100				м м	/	21		20	12	Y
City	State	Zip Code	1		acti	31 on ID ·	C181733)12	_
West Bloomfield	MI	48323-2191	A				Receipt th		eriod	
FEC ID number of contributing federal political committee.	С					,			250.	00
Name of Employer AAKC	Occupation ANESTHES									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) C. Barry Moody M.D.				Date of	Re	ceipt				
Mailing Address 216 Marengo St., Suite F				м м 08	/	21)12	Y
City Florence	State AL	Zip Code 35630					: C18117			_
	_			Amount	ot	⊨ach F	Receipt th	iis P	eriod	_
FEC ID number of contributing federal political committee.	C				_	7			500	.00
Name of Employer	Occupation		\neg							
Barry J. Moody, DMD,MD,PC	physician									
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional)									850.	00
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			Detailed Summary Page		< 11a 13		11b 14		11c 15	1	2 6	17
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose c		bliciting	conti	ributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Avijit Mookerjee M.D. Mailing Address 5150 Winlane City Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer	State MI Occupation				/ acti	31 ion ID	1 : C1	/ Y 1817347 seipt this	201 7 5 Per		Y 00
	AAKC Receipt For: Primary General Other (specify) ▼	ANESTHES Aggregate	Year-to-Date ▼ 250.00]								
В.	Full Name (Last, First, Middle Initial) Thomas A. Moore II, M.D. Mailing Address 1748 Vestwood Hills Dr City	State	Zip Code		Date of	/	0'	1	/	2012	2	Y
	Vestavia FEC ID number of contributing federal political committee.	AL C	35216-1366						eipt this	s Per	riod 125.0	00
	Name of Employer University of Alabama School of Medici Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00]								
C.	Full Name (Last, First, Middle Initial) George A. Moresea M.D. Mailing Address 1232 Ashwood Rd	1		_	Date of	F Re	eceipt		/ Y	2012	Y • 7 2	Y
	City Akron FEC ID number of contributing federal political committee. Name of Employer Stark County Anesthesia, Inc. Receipt For: Primary General Other (specify) ▼	State OH Occupation anesthesion Aggregate			Trans		ion ID	: C1	1816598 beipt this	3		30
	UBTOTAL of Receipts This Page (optional)			▶ -			<u>.</u>		3	2	458.3	0
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	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Robert R. Morrison M.D. Mailing Address 5801 Spinnaker Pointe				Date o		eceipt 07) / Y	y y 2012	Ŷ
	City Parkville	State MO	Zip Code 64152					C180325		
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each F	Receipt th		a 50.00
	Name of Employer Ad Vivum Anesthesiology, P.C. Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate								
В.	Full Name (Last, First, Middle Initial) Scott C. Morrow M.D. Mailing Address 8252 Tivoli Drive	Otata	7in Onde		Date o	/	25		2012	Y
	City Orlando	State FL	Zip Code 32836	-				C181459 Receipt th	-	d
	FEC ID number of contributing federal political committee.	С					,			0.00
	Name of Employer JLR Medical Group	Occupation Anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
C.	Full Name (Last, First, Middle Initial) Phillip J. Mosca M.D.				Date o	f Re	eceipt			
	Mailing Address 135 Sheffield Dr				M M	/	15		2012	Y
	City Freehold	State NJ	Zip Code 07728		Trans		ion ID :	C180746 Receipt th	62	d
	FEC ID number of contributing federal political committee.	С					,		2	50.00
	Name of Employer	Occupation								
	Phillip J. Mosca, M.D., LLC	Anesthesio	logist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		oose of	soliciting		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Frank Moya M.D. Mailing Address 5915 Ponce De Leon Blvd. Su	iite 19			Date of	Re	ceipt) / Y	Y	Y	Y
	City	State	Zip Code	_	08		13	0400044		012	
	Coral Gables	FL	33146-2435					C180612 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С			[.		7		_	500.	.00
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES	SIOLOGIST								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
в.	Full Name (Last, First, Middle Initial) Jianlong Mu M.D. Mailing Address 5 Harvest Ln.				Date of	Re	ceipt		V	Y	V
					08	Ĺ	25)12	
	City Hockessin	State DE	Zip Code 19707					C181453 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	250.	00
	Name of Employer Anesthesia Service, PA	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
С.	Full Name (Last, First, Middle Initial) Michael L. Mueller M.D.				Date of	Re	ceipt				
	Mailing Address 1520 Chandler Rd SE				м м 08	/	25)12	Y
	City Huntsville	State AL	Zip Code 35801					C18145		eriod	
	FEC ID number of contributing federal political committee.	С			[.		7	7	_	1000	.00
	Name of Employer	Occupation	1								
	Comprehensive Anesthesia Services Receipt For:	Anesthesio	-								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]							
s	UBTOTAL of Receipts This Page (optional)			•			7			1750.	00
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SCHEDULE A (FEC Form 3X) ___ ___

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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contri	butio	ns
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee							
A .	Full Name (Last, First, Middle Initial) Joel H. Mumford M.D.				Date of	f Re	· .				
	Mailing Address 221 Elm Hill Rd.				м м 08	/	16	/ Y	2012		
	City Springfield	State VT	Zip Code 05156					C180852 eceipt th	26		
	FEC ID number of contributing federal political committee.	С					7			83.3	D
	Name of Employer	Occupation									
	V A Medical Center	Anesthesiol	ogist	_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40								
в.	Full Name (Last, First, Middle Initial) Robert F. Murray III, M.D.				Date of	f Re	ceipt				
	Mailing Address 19 Elm Park Blvd.				м м 08	1	17	/ Y	2012]
	City Pleasant Ridge	State MI	Zip Code 48069-1106					C181059		1	
	FEC ID number of contributing federal political committee.	С			Amoun	l of	Each R	eceipt th		od 83.30)
	Name of Employer South Oakland Anesthesia Associates	Occupation Anesthesiol	oqist								
	Receipt For:		Year-to-Date ▼								
	Other (specify) ▼		666.40								
С.	Full Name (Last, First, Middle Initial) John D. Nachtigal M.D.				Date of	f Re	ceipt				
	Mailing Address 3901 Rainbow Blvd MS 1034				м – м 08	1	07	/ Y	2012]
	City Kansas City	State KS	Zip Code 66160					C18041		a al	
	FEC ID number of contributing federal political committee.	С			Amoun	l of	Each R	eceipt th		od 500.0	D
	Name of Employer	Occupation		_							
	University of Kansas Physicians	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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s	UBTOTAL of Receipts This Page (optional)			•			7		6	66.60	
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NAME OF COMMITTEE (In Full)		, see e, pennour committe						
American Society of Anesthe	siologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Mark Y. Nakajima M.D.			Date	e of R	leceipt			
Mailing Address PO Box 4918				M 8	/ D 24		2012	Y
City Orlando	State FL	Zip Code 32802				: C181452	23	
FEC ID number of contributing federal political committee.	С			unit o	1 Each r	Receipt th	500	.00
Name of Employer Wolverine Anesthesia Consultants	Occupation Anesthesio							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]					
Full Name (Last, First, Middle Initial) B. Balajee G. Nallamothu M.D.			Date	e of R	leceipt			
Mailing Address 2930 W Hickory Grove Rd	State	Zip Code		8	23		2012	Y
Bloomfield Hills	MI	48302				C181278 Receipt th		
FEC ID number of contributing federal political committee.	С				7		1000.	.00
Name of Employer SOAA	Occupation anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]					
Full Name (Last, First, Middle Initial) C. Norah N. Naughton M.D.			Date	e of R	leceipt			
Mailing Address 4270 Plymouth Road			C	м 8	/ 25		2012	Y
City Ann Arbor	State MI	Zip Code 48109				: C181454 Receipt th		
FEC ID number of contributing federal political committee.	С				7	,		.30
Name of Employer	Occupation	1						
University of Michigan	Physician							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.40]					
SUBTOTAL of Receipts This Page (optional)					7	7	1583.	30

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			Detailed Summer Dese		11a		11b	11c		12	
			Detailed Summary Page		13		14	15		16	17
			ay not be sold or used by any p ddress of any political committee					soliciting		ntributi	ions
	MITTEE (In Full)										
/	-	ologists P	olitical Action Committ	ee							
A. James E. Na					Date of	Re	ceipt				
	9288 E Mountain Spring Rd				м м 08	1	D D D 26	/ Y		ү 12	Y
City		State	Zip Code		Trans	acti	on ID :	C18146	50		
Scottsdale		AZ	85255	A	Amount	of	Each R	eceipt th	nis P	eriod	
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Name of Employ		Occupation									
Valley Anesthesi Receipt For:	ology Consultants, Ltd	Anesthesio	-								
Primary	General	Aggregate	Year-to-Date ▼								
Other (spe			500.00								
Full Name (Last, Kevin S. Nef	, First, Middle Initial) ff M.D.				Date of	Re	ceipt				
Mailing Address	4612 Chelsea Ln				м м 08	/	D D 31	/ Y	20	ү 12	Y
City		State	Zip Code		Trans	acti	on ID :	C18173			
Bloomfield Hills		MI	48301-3618	A	Amount	of	Each R	eceipt th	nis P	eriod	
FEC ID number federal political o	0	С					9			250.	00
Name of Employ AAKC	/er	Occupation ANESTHES									
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, C. Eric J. Nelle	, First, Middle Initial) er M.D.				Date of	Re	ceipt				
Mailing Address	9316 Autumn Road				м м 08	/	02	/ Y	ү 20	ү 12	Y
City		State	Zip Code		Trans	acti	ion ID :	C18024	40		
Oklahoma City		OK	73151	A	Amount	of	Each R	eceipt th	nis P	eriod	
FEC ID number federal political o	0	С					7			500.	00
Name of Employ	/er	Occupation	I								
Eric Neller MD P	LLC	Anesthesio	logist								
Receipt For:		Aggregate	Year-to-Date ▼								
Primary	General		500.00	1							
Other (spe	CIIY) 🔻		500.00								
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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Khanh Nguyen M.D.			Da	ite of	Rece	eipt			
Mailing Address 3 Northwood Pl			-N	08	/	0 07	/ Y	ү ү 2012	Y
City Colts Neck	State NJ	Zip Code 07722		ransa		n ID : C	:180418 ceipt thi		
FEC ID number of contributing federal political committee.	C				- 1			500	.00
Name of Employer Riverview Medical Center	Occupation Anesthesio								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]						
Full Name (Last, First, Middle Initial) B. Michael S. Nichols A.AC			Da	ite of	Rece	eipt			
Mailing Address 3681 Manor Brook Terrace			ĪV	08	/	D D D	/ Y	y y 2012	Y
City Atlanta	State GA	Zip Code 30319				-	180747 ceipt thi	1 is Period	
FEC ID number of contributing federal political committee.	С				,				.30
Name of Employer Case Western Reserve University MSA Pr	Occupation Anesthesiol	logist Assistant							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40]						
Full Name (Last, First, Middle Initial) C. William W. Nichols M.D.			Da	ite of	Rece	eipt			
Mailing Address 1515 37th Ave				08	1	20	/ Y	y y 2012	Y
City Seattle	State WA	Zip Code 98122					2181168 ceipt thi	2 is Period	
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Name of Employer	Occupation	1							
Physicians Anesthesia Service	Physician								
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00]						
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number					-7		7	833.	30

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			Detailed Summary Page	2	< 11a		11b	11c		12	
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or	for commercial purposes, other than using the	name and a	ddress of any political committee	to se	olicit con	ntribu	utions fr	om such	n co	mmitte	ee.
\backslash	NAME OF COMMITTEE (In Full)										
/	American Society of Anesthesiol	ogists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Daniel G. Nicoli M.D.				Date of	Red	ceipt				
	Mailing Address 5540 Tanglewood Dr.				м м 08	/	06	/ Y	Y 20	012	Y
	City	State	Zip Code		Trans	actio	on ID : (C180316			
	Ann Arbor	MI	48105	_	Amount	of E	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	- 7	_	500.	00
	Name of Employer	Occupation									
	Anesthesia Associates of Ann Arbor	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Craig A. Nordhues M.D.				Date of	Red	ceipt				
	Mailing Address 104 Inverness Dr				M M	/	D D	/ Y	Y	Y	Y
	01	01-11-	7 O i.e		08		11		20	12	_
	City Dothan	State AL	Zip Code 36305	-				C180550		oriod	
	FEC ID number of contributing				Amount			eceipt th	15 F	enou	_
	federal political committee.	С			L		9	- J	_	1000.	00
	Name of Employer Anesthesia Consultants Medical Grp	Occupation									
	Receipt For:	Staff Anesth		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
с.	Full Name (Last, First, Middle Initial) Patrick J. Noud M.D.				Date of	Red	ceipt				
	Mailing Address 6914 NW 126th Ave				м м 08	/	18	/ Y)12	Y
	City	State	Zip Code		Trans	acti	on ID :	C181115	3		
	Parkland	FL	33076	_	Amount	of E	Each Re	eceipt th	is P	eriod	
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	Name of Employer	Occupation									
	ANESCO North Broward	Physician									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	Political Action Committe	ee
A.				Date of Receipt
	Mailing Address 188 Santure St.	State	Zip Code	08 21 2012 Transaction ID : C1811819
	Monroe	MI	48162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer HARPER UNIVERSITY HOSPITAL	Occupation PHYSICIAI		
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify)		250.00	1
В.	Full Name (Last, First, Middle Initial) Richard P. O'Flynn M.D.			Date of Receipt
	Mailing Address 10 White Pine Ln.			08 12 2012
	City	State PA	Zip Code 19063	Transaction ID : C1805544
	Rose Valley FEC ID number of contributing federal political committee.	C	19003	Amount of Each Receipt this Period
	Name of Employer Society Hill Anesthesia Consultants at	Occupation Anesthesio		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Jerome F. O'Hara Jr., M.D.			Date of Receipt
	Mailing Address 2931 Hunters Woods Ln			08 30 2012
	City Willoughby Hills	State OH	Zip Code 44094	Transaction ID : C1816589 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Cleveland Clinic	Anesthesio	blogist	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
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			Detailed Summary Page		11a		11b	11c		12	
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	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
\sum	American Society of Anesthesic	logists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Oluwatosin Oladipupo M.D.				Date of	Re	eceipt				
	Mailing Address 1836 S Shores Dr				м м 08	/	23	/ Y		ү 012	Y
	City	State	Zip Code		Trans	acti	ion ID :	C18128	22		_
	Decatur	IL	62521		Amount	of	Each R	eceipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С					7	7		100	00
	Name of Employer	Occupation									
	Associated Anes. of Decatur Receipt For:	Anesthesio	5								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		966.00								
в.	Full Name (Last, First, Middle Initial) Thomas A. Olen D.O.				Date of	Re	eceipt				
-	Mailing Address 2141 N. Yasimin Ct.				M M 08	/	04	/ Y	20)12	Y
	City	State	Zip Code			acti		C18025			
	Midland	MI	48642	/	Amount	t of	Each R	eceipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С					7			41.	60
	Name of Employer Mid Michigan Anesthesia PC	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.80								
<u>с.</u>	Full Name (Last, First, Middle Initial) Bryan Orme M.D.				Date of	Re	eceipt				
	Mailing Address 10001 E 33rd Street				м м 08	/	26	/ Y) 12	Y
	City	State	Zip Code		Trans	act	ion ID :	C18146	57		
	Jones	OK	73049	/	Amount	of	Each R	eceipt tl	his F	Period	
	FEC ID number of contributing federal political committee.	С								500	.00
	Name of Employer	Occupation									
	Affiliated Anesthesiologists	anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00]							
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NAME OF COMMITTEE (In Full)									
American Society of Anesthesio	logists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Walid A. Osta M.D.				Date of	Rece	eipt			
Mailing Address 27222 Timber Trl				м м 08	/	D D 31	/ Y	ууу 2012	Y
City	State	Zip Code			actio		181733		
Dearborn Hts	MI	48127-3386	_	Amount	of Ea	ach Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	С							250	.00
Name of Employer	Occupation								
Self	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		, 250.00							
Full Name (Last, First, Middle Initial) B. James A. Ottevaere M.D.				Date of	Rece	eipt			
Mailing Address 8115 160th St				м м 08	1	D D D	/ Y	y y 2012	Y
City	State WI	Zip Code				-	181683		
Chippewa Falls	VVI	54729-8008	_	Amount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			L			7	500	.00
Name of Employer Eau Claire Anesthesiologists Ltd.	Occupation								
Receipt For:	Anesthesiol	5	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)	L	500.00	4						
Full Name (Last, First, Middle Initial) C. Lynn D. Owen D.O.				Date of	Rece	eipt			
Mailing Address 411 Laurel St., #3170				м м 08	1	D D D	/ Y	ү ү 2012	Υ
City Des Moines	State IA	Zip Code 50314					C181296		
		50514	_	Amount	of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-		250	0.00
Name of Employer	Occupation								
Medical Center Anesthesiologists, PC Receipt For:	Anesthesio	-	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)	L	250.00	4						
SUBTOTAL of Receipts This Page (optional)		,	•		. ,		7	1000.	.00
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т	EMIZED RECEIPTS		Use separate schedule(s)	(cheo	ck onl	y or	ne)				
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee							
A.	Full Name (Last, First, Middle Initial) Kevin A. Pace D.O. Mailing Address 231 Charleston Court, South				ate of		eceipt		- Y - Y	V	
					08	ĺ	17	7 1	2012		
	City Montgomery	State AL	Zip Code 36117					C18112 eceipt th		d	-
	FEC ID number of contributing federal political committee.	С					,		100	00.00	
	Name of Employer	Occupation									
	Montgomery Anesthesia Assoc.	ANESTHES	SIOLOGIST								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1							
В.	Full Name (Last, First, Middle Initial) Mansukhlal G. Padalia M.D.			D	ate of	f Re	eceipt				
	Mailing Address 2115 Orleans Dr.				м м 08	/	24	/ Y	y y 2012	Y	
	City Tallahassee	State FL	Zip Code 32308					C181349 eceipt th		d	
	FEC ID number of contributing federal political committee.	С					,		25	50.00	
	Name of Employer Anesthesiology Assoc. of Tallahassee	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
С.	Full Name (Last, First, Middle Initial) Juhan Paiste M.D.			D	ate of	f Re	eceipt				
	Mailing Address 1245 S. Cedar Crest Blvd. Suite 301				м м 08	/	25	/ Y	y y 2012	Y	
	City Allentown, PA	State PA	Zip Code 18103					C18145 eceipt th		d	
	FEC ID number of contributing federal political committee.	С					7	5	ξ	33.30	
	Name of Employer	Occupation									
	Allentown Anesthesia Associates, Inc.	Medical Do									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					-	7	- 7	133	3.30	

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A.	Full Name (Last, First, Middle Initial) Chol Y. Pak M.D.				Date of	Re	eceipt				
	Mailing Address 1431 NW Whitman St				м м 08	/	05) 12	Y
	City	State	Zip Code		Trans	acti	ion ID :	C180254	1		
	Camas	WA	98607-8401	_ /	Amount	of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	7		_	50	.00
	Name of Employer	Occupation	1								
	Columbia Anesthesia Group	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		400.00								
B	Full Name (Last, First, Middle Initial) Brian S. Pallohusky M.D.				Date of	Be	ceipt				
	Mailing Address 4255 E Ridgeview St				M M 08	/	01) / Y	Y 20	ү 12	Y
	City	State	Zip Code			acti		C180855			
	Springfield	MO	65809-3427	/	Amount	of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7		83	.00
	Name of Employer	Occupation	1								
	St Johns Clinic	Anesthesiol	logist								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		951.00]							
c.	Full Name (Last, First, Middle Initial) Parag Pandya M.D.				Date of	Re	eceipt				
	Mailing Address 210 Royal Vw				м – м 08	1	23		ү 20	ү 12	Y
	City	State NY	Zip Code					C181282			
	Pittsford	INT	14534	- '	Amount	of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	,		_	83	.30
	Name of Employer	Occupation	1								
	Geneva General Hospital Anesthesiology	Anesthesio	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		666.40								
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$\overline{)}$	NAME OF COMMITTEE (In Full)											
\sum	American Society of Anesthesi	ologists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Thomas J. Papadimos M.D.				Date o	f Re	eceipt	t				
	Mailing Address 2235 Hadleigh Rd.				м м 08	/		D 14	/ Y)12	Y
	City	State OH	Zip Code 43220						180672			
	Columbus	ОП	43220	_ ′	Amoun	t of	Each	n Red	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	41.	60
	Name of Employer	Occupation										
	Ohio State University Medical Center	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		332.80									
в.	Full Name (Last, First, Middle Initial) John L. Pappas M.D.	I			Date o	f Re	eceipt	t				
	Mailing Address 294 Barden Rd				M M 08	/		D 15	/ Y	20 ⁻	12	Y
	City	State	Zip Code		Trans	sacti	ion II	D : C	180748	0		
	Bloomfield Hills	MI	48304	_ /	Amoun	t of	Each	n Ree	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	83.	30
	Name of Employer William Beaumont Hospital Troy	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40									
С.	Full Name (Last, First, Middle Initial) Richard E. Park M.D.	1			Date o	f Re	eceipt	t				
	Mailing Address 11299 Ross Ct				M M 08	/		D 31	/ Y	ү 20) 12	Y
	City Union	State KY	Zip Code 41091						181689 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	500	.00
	Name of Employer	Occupation	I	_								
	SEMC Anes. Dept.	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 344										
	Other (specify)		500.00									
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committ	ee							
Α.					Date of	f Re	ceipt				
	Mailing Address 300 S. Arlington Ave.				м м 08	1	14	/ Y	2012		
	City Reno	State NV	Zip Code 89501					C18074		d	
	FEC ID number of contributing federal political committee.	С					7		50	00.00	
	Name of Employer	Occupation									
	Associated Anes. of Reno Receipt For:	anesthesiol	-	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
в.	Full Name (Last, First, Middle Initial) Harry G. Parr D.O.				Date of	f Re	ceipt				
	Mailing Address 4725 Tully Rd.				M M 08	/	D D 15	/ Y	y y 2012	Y	
	City Bloomfield Hills	State MI	Zip Code 48302					C180747		d	
	FEC ID number of contributing federal political committee.	С			Amouri			eceipt th		33.30	
	Name of Employer South Oakland Anesthesia Associates	Occupation Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40	1							
	Full Name (Last, First, Middle Initial)			-							
C.	Kathleen G. Parr M.D. Mailing Address 5008 Ilchester RD				Date of		ceipt	/ Y	Y Y	V	
		01-1-1	7. 0.1.		08		24		2012		
	City Ellicott City	State MD	Zip Code 21043				-	C181452 eceipt th	-	d	
	FEC ID number of contributing federal political committee.	С					,			50.00	
	Name of Employer	Occupation									
	Parkway Anesthesia Associates	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
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	COMMITTEE (In Full) can Society of Anesthesio	logists P	olitical Action Committe	ee						
A. Padma	(Last, First, Middle Initial) vathi Patel M.D.			D;	ate of	Rec	ceipt			
Mailing Ac	ldress 3990 John R				м м 08	/	31	/ Y	ү ү 2012	Y
City Detroit		State MI	Zip Code 48201					C18173: eceipt th		d
	umber of contributing litical committee.	С					,	7	25	50.00
Name of I		Occupation								
Receipt Fo	iv. Hospital	ANESTHES		_						
Prim		Aggregate	Year-to-Date ▼ 250.00]						
	(Last, First, Middle Initial)			Di	ate of	Rec	ceipt			
	ldress 1510 Surria Ct.			_	м м 08	/		/ Y	y y 2012	Y
City Bloomfield	1 Hills	State MI	Zip Code 48304					C181734 eceipt th		d
FEC ID nu	umber of contributing litical committee.	С			nount			eceipt ii		00.00
Name of I SOAA	Employer	Occupation Medical Doc								
Receipt Fo	or:		Year-to-Date ▼							
Prim Othe	ary General er (specify) ▼		500.00]						
	(Last, First, Middle Initial) A. Patterson M.D.			Di	ate of	Rec	ceipt			
Mailing Ac	ldress 972 Mc Donald Dr.				м м 08	/	D D D 25	/ Y	y y 2012	Y
City Northville		State MI	Zip Code 48167					C18145		
FEC ID nu	umber of contributing litical committee.	С			nount	of E	ach R	eceipt th		50.00
Name of I	Employer	Occupation		_						
	lercy Hospital	physician								
Receipt Fo		Aggregate	Year-to-Date ▼ 250.00]						
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NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. William J. Pekarske M.D. Mailing Address 1281 E. Calle De La Cabra			Date	of Receip	ot D /	Y Y Y	Y
City Tucson	State AZ	Zip Code 85718			30 I D : C1816 h Receipt		d
FEC ID number of contributing federal political committee.	С		Γ.	- 7	7	8	3.30
Name of Employer Southern Arizona Anesthesia Services Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 666.40]				
Full Name (Last, First, Middle Initial) B. Samuel Perov M.D. Mailing Address 5027 W. Bloomfield Lake Rd			M	of Receip	D /	Y Y Y	Y
City West Bloomfield	State MI	Zip Code 48323			31 D : C1817 h Receipt		d
FEC ID number of contributing federal political committee.	С			7		250	0.00
Name of Employer Detroit Receiving Hospital	Occupation ANESTHES						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1				
Full Name (Last, First, Middle Initial) C. Jeremie J. Perry M.D.			Date	of Receip	ot		
Mailing Address 2410 Whispering Oaks Ct.			08	M / D	01 /	y y y 2012	Y
City Abilene	State TX	Zip Code 79606-4366			ID : C1808 h Receipt		d
FEC ID number of contributing federal political committee.	С				,	8	3.00
Name of Employer	Occupation						
Hendrick Anesthesia Network	Anesthesio	logist					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 664.00	1				
SUBTOTAL of Receipts This Page (optional)				1 J) 1 J)		416	5.30

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	1b 11c	12
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NAME OF COMMITTEE (In Full) American Society of Anes	sthesiologists P	olitical Action Committ	ee		
Full Name (Last, First, Middle Initial) Theodore A. Peterson M.D. Mailing Address 3632 21st Ave. S. City St. Cloud FEC ID number of contributing federal political committee. Name of Employer	State MN C Occupation	Zip Code 56301-8935		ach Receipt th	
Anesthesia Associates of St. Cloud Receipt For: Primary General Other (specify)	Anesthesiol Aggregate	ogist Year-to-Date ▼ 250.00]		
B. Full Name (Last, First, Middle Initial) Lang-Ha T. Pham M.D. Mailing Address 10015 Petra Ct NE			Date of Rece	eipt 07	2012
City Albuquerque FEC ID number of contributing	State NM	Zip Code 87122		n ID : C180417 ach Receipt th	
federal political committee. Name of Employer Presbyterian Hospital, Albuquerque Receipt For: Primary General Other (specify) ▼	C Occupation MD Aggregate	Year-to-Date ▼ 250.00]	<u> </u>	250.00
C. Full Name (Last, First, Middle Initial) Keith N Phillippi M.D. Mailing Address 109 Shoreline Dr			Date of Rece	D D / Y	2012
City	State	Zip Code	08 Transaction	24 n ID : C18141	2012 80
Macon FEC ID number of contributing federal political committee.	GA	31211	Amount of Ea	ach Receipt th	his Period 500.00
Name of Employer	Occupation				
Anesthesia Associates of Macon Receipt For: Primary General Other (specify)	Physician Aggregate	Year-to-Date ▼ 500.00]		
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			Detailed Summary Page		-		11b	11c		12	□				
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or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to so	olicit co	ntrib	outions	from su	ch co	ommitte	ee.				
	NAME OF COMMITTEE (In Full)														
/	American Society of Anesthesic	logists P	olitical Action Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Amy M. Pichoff M.D.				Date of	f Re	eceipt								
	Mailing Address 3901 Rainbow Blvd MC 1034				M M	/	DI	D /	Y Y	Y	Y				
	Department of Anesthesiology				08	J.	13	_ L	2	012	_				
	City	State KS	Zip Code					C1805							
	Kansas City	ĸə	66103	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С								500	.00				
	Name of Employer	Occupation	 												
	University Kansas Medical Center	Anesthesio	ogist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		500.00	11.											
	Other (specify)		500.00	4											
в.	Full Name (Last, First, Middle Initial) Wesley V. Picolo Jr., M.D.				Date of	f Re	eceipt								
	Mailing Address 7401 SW 5th St.				M M	/	D I	D /	Y Y	Y	Y				
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	City	State	Zip Code		Trans	acti	ion ID :	C1813	504		_				
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	FEC ID number of contributing	С			- · · ·					250.	00				
	federal political committee.	U				-	7	J.	_	230.	.00				
	Name of Employer	Occupation													
	Sheridan Health Care	anesthesiol	ogist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		050.00	11.											
	Other (specify)		250.00												
_	Full Name (Last, First, Middle Initial)				_										
C.	Margaret A. Pitts M.D.			_	Date of										
	Mailing Address 25 Birchdale Rd				м м 08	1	01			012	Y				
	City	State	Zip Code			act		: C1808		512					
	Bow	NH	03304-4405					Receipt		Period					
	FEC ID number of contributing								-						
	federal political committee.	С					7		_	83	.00				
	Name of Employer	Occupation	1												
	Anesthesia Associates PA	Anesthesio	logist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17	
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$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Jeffrey Plagenhoef M.D.				Date of	Re	eceipt					
	Mailing Address 1118 Ross Clark Circle, Suite 7	700			м м 08	/	15	/ Y	2 Y	012	Y	
	City	State	Zip Code			acti		C180749				
	Dothan	AL	36301		Amount	of	Each R	eceipt th	nis F	eriod		
	FEC ID number of contributing federal political committee.	С					7			83.	30	
	Name of Employer	Occupation										
	Anesthesia Consultants Medical Group	Anesthesiol	ogist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		666.40									
B.	Full Name (Last, First, Middle Initial) David Polaner M.D.				Date of	Re	eceipt					
	Mailing Address 13123 E 16th Ave Dept. of Anesthesiology, B090				м м 08	/	29	/ Y	ү 20)12	Y	
	City	State CO	Zip Code					C181650				
	Aurora		80045		Amount	of	Each R	eceipt th	nis F	eriod	_	
	FEC ID number of contributing federal political committee.	С					7	7	-	250.	00	
	Name of Employer University of Colorado	Occupation physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
C.	Full Name (Last, First, Middle Initial) Dean Polce D.O.				Date of	Re	eceipt					
	Mailing Address 3092 Red Arrow Dr				м м 08	/	16	/ Y)12	Y	
	City Las Vegas	State NV	Zip Code 89135					C180852) or in -i		
	FEC ID number of contributing				Amount	. OT	⊨ach R	eceipt th	iis P		_	
	federal political committee.	С				-	7	7		100.	.00	
	Name of Employer	Occupation										
	Anesthesiology Consultants, Inc Receipt For:	Physician										
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)	L	800.00									
s	UBTOTAL of Receipts This Page (optional)			•			7	- 7		433.3	30	-
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$\left[\right]$	NAME OF COMMITTEE (In Full)									
	American Society of Anesthes	iologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Roma C. Polce M.D.			Da	ate of	Receipt				
	Mailing Address 3092 Red Arrow Dr.				и м 08	/ D 01	D / Y	y 201	Y Y 2 _	1
	City	State	Zip Code		Trans	action ID :				
	Las Vegas	NV	89135-1303	Ar	nount	of Each F	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С			_				83.0	0
	Name of Employer	Occupation	I							
	VAMC Southern Nevada	Anesthesio	logist							
	Receipt For:	Aggregate	Year-to-Date ▼	_						
	Other (specify) ▼		1330.40							
в.	Full Name (Last, First, Middle Initial) Roma C. Polce M.D.			Da	ate of	Receipt				
	Mailing Address 3092 Red Arrow Dr.			T	08	/ 16	D / Y	2012		1
	City	State	Zip Code	1	ransa	action ID :	C180852	20		
	Las Vegas	NV	89135-1303	Ar	nount	of Each F	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					3		83.3	0
	Name of Employer	Occupation	l	_						
	VAMC Southern Nevada	Anesthesiol	ogist							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		1330.40							
<u>с</u> .	Full Name (Last, First, Middle Initial) Linda S. Polley M.D.			Da	ate of	Receipt				
	Mailing Address 12 Ridgeway St				08	/ D 24		2012		
	City Ann Arbor	State MI	Zip Code 48104			action ID				
		IVII	40104	Ar	nount	of Each F	Receipt th	nis Per	iod	_
	FEC ID number of contributing federal political committee.	С							500.0	0
	Name of Employer	Occupation								
	University of Michigan Health System	physician		_						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							
ļ	UBTOTAL of Receipts This Page (optional).	1						6	666.3	0
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	EMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	_
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol										
Α.	Full Name (Last, First, Middle Initial) Julia E. Pollock M.D. Mailing Address PO Box 900	State	Zip Code		Date of	/	28	C181629	20) 12	Y
	Seattle FEC ID number of contributing federal political committee.	WA	98111-0900	/				eceipt th		eriod 1000.	00
	Name of Employer Virginia-Mason Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate									
В.	Full Name (Last, First, Middle Initial) Karl A. Poterack M.D. Mailing Address 5777 E Mayo Blvd				Date of	Re	ceipt 28	/ Y	20)12	Y
	City Phoenix FEC ID number of contributing federal political committee.	State AZ	Zip Code 85054-4502	/				C181642 leceipt th		eriod 1000.	00
	Name of Employer Mayo Foundation Receipt For: Primary Other (specify) ▼	Occupation anesthesiolo Aggregate									
c.	Full Name (Last, First, Middle Initial) Johnathan L. Pregler M.D. Mailing Address 10556 Dunleer Dr				Date of	Re	eceipt 15) / Y)12	Y
	City Los Angeles FEC ID number of contributing federal political committee.	State CA	Zip Code 90064	/				C18074		eriod 83	.30
	Name of Employer UCLA Dept of Anesthesiology Receipt For: Primary Other (specify) ▼	Occupation Physician	Year-to-Date ▼ 666.40				7				
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7	7		2083.:	30
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		Detailed Summary Page		11a 13	\mid	11b 14	11c	12	17
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NAME OF COMMITTEE (In Full) American Society of Anesthes									
Full Name (Last, First, Middle Initial) A. Jacob S. Pugsley M.D.				Date of	f Red	ceipt			
Mailing Address 123 Second Ave # 901				м м 08	/	08	/ Y	2012	Y
City Salt Lake City	State UT	Zip Code 84103					C180464 eceipt th		
FEC ID number of contributing federal political committee.	С					,			0.00
Name of Employer Mountain West Anesthesia	Occupation Anesthesio								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) Jonathan S. Radin M.D.				Date of	f Red	ceipt			
Mailing Address 12720 Frank Dr S	_			м м 08	/	23	/ Y	2012	Y
City Seminole	State FL	Zip Code 33776					C181347 eceipt th	72 his Period	
FEC ID number of contributing federal political committee.	С					,		250	.00
Name of Employer self	Occupatior physician	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) C. Owen R. Rahman M.D.	·			Date of	f Red	ceipt			
Mailing Address 4580 Island Reef Dr				м м 08	/	06	/ Y	2012	Y
City Wellington	State FL	Zip Code 33449					C180316 eceipt th	68 nis Period	
FEC ID number of contributing federal political committee.	C					,		250	0.00
Name of Employer	Occupation								
Sheridan Healthcare Receipt For:	Anesthesio	logist Year-to-Date ▼							
Primary General Other (specify) ▼		250.00]						
SUBTOTAL of Receipts This Page (optional)						,	7	750	.00
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ITEMIZED RECEIPTS			Use separate schedule(s)	(che	eck only	/ on	ie)				
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of	soliciting	g contrib		
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) Craig D. Ramsdell M.D.				Date of	Re	ceipt				
	Mailing Address 56 Lochmoor Blvd.				м м 08	/	D D D	/ Y	2012	Y	
	City Grosse Pointe Shores	State MI	Zip Code 48236					C18112 eceipt th	54 nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7		25	0.00	
	Name of Employer	Occupation	*-1								
	South Oakland Anesthesia Associates, P Receipt For: Primary General Other (specify) ▼	Anesthesiol Aggregate	ogist Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 6911 Van Dorn St Ste 2				м м 08	/	D D D 10	/ Y	y y 2012	Y	
	City Lincoln	State NE	Zip Code 68506-6801					C18053	60 his Perio		
	FEC ID number of contributing federal political committee.	С					7			0.00	
	Name of Employer Associated Anesthesiologists, PC	Occupation Anesthesiol	ogist								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
С.	Full Name (Last, First, Middle Initial) Sripad P. Rao M.D.				Date of	Re	ceipt				
	Mailing Address 1504 Bay Rd Apt 3307				м м 08	/	01	/ Y	2012	Y	
	City Miami Beach	State FL	Zip Code 33139					C18085	58 his Perio	4	
	FEC ID number of contributing federal political committee.	С				01	,			3.00	
	Name of Employer	Occupation									
	Ryder Trauma Center Anesthesiology Receipt For:	Anesthesiol		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00								
s	UBTOTAL of Receipts This Page (optional)			.					833	3.00	7
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TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12	
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NAME OF COMMITTEE (In Full) American Society of Anesthesic										
Full Name (Last, First, Middle Initial) A. Puli G. Reddy M.D.			[Date of	Re	ceipt				
Mailing Address 1118 Ross Clark Circle, #700				м м	1	28) 12	Y
City	State	Zip Code		Trans	acti	ion ID :	C18163			
Dothan	AL	36301	A	Amount	of	Each F	Receipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7	7	_	1000	.00
Name of Employer	Occupation	l	-							
Anes. Consultants Medical Group	anesthesiol	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		1000.00	11							
Other (specify)		7	·							
Full Name (Last, First, Middle Initial) B. John R. Reisinger M.D.				Date of	Re	ceipt				
Mailing Address 1526 Northway Dr				м м 08	/	22			ү 12	Y
City	State	Zip Code		Trans	acti	on ID :	C181278	30		
Saint Cloud	MN	56303	/	Amount	of	Each F	Receipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7	7	_	250	.00
Name of Employer	Occupation	l	-							
Central Minnesota Anesthesia, Ltd.	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		250.00								
Full Name (Last, First, Middle Initial) C. Mikhail Reznikov M.D.			[Date of	Re	ceipt				
Mailing Address 6899 Reed Ct.				м м 08	1	31			12 12	Υ
City	State	Zip Code		Trans	act	ion ID :	C18173	38		
West Bloomfield	MI	48322	/	Amount	of	Each F	Receipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7	3	_	250	.00
Name of Employer	Occupation	1								
AAKC	ANESTHE	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
SUBTOTAL of Receipts This Page (optional)		•••••	<u> </u>	-		5		-	1500.	00

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FEC Schedule A (Form 3X) Rev. 02/2003

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

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ITEMIZED RECEIPTS			Use separate schedule(s)	(cheo	k onl	y or	ne)				
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	COMMITTEE (In Full) an Society of Anesthesic	ologiste D	olitical Action Committe	20							
	an Society of Allesthesh			56							
	(Last, First, Middle Initial) Riabov M.D.			D	ate of	f Re	ceipt				
Mailing Ado	dress 3 Warwick Rd			1	м м 08	/	31	D / Y	201		7
City		State	Zip Code			sacti		C18173			
Chatham		NJ	07928-1516	A	moun	t of	Each F	Receipt th	nis Per	iod	
	mber of contributing tical committee.	С					7	7	2	250.0	0
Name of E	mployer	Occupation									
Self		ANESTHES	SIOLOGIST								
Receipt Fo		Aggregate	Year-to-Date ▼								
Prima			250.00								
	r (specify) 🔻		1 1 1								
	(Last, First, Middle Initial)										
B. Linda J.				D	ate of	f Re	ceipt				
Mailing Ad	dress 1139 42nd Ave N			<u>Г</u>	м м 08	/	02		2010	Y Y	7
City		State	Zip Code			acti		C18024	2012 46	<u>.</u>	
Saint Peter	rsburg	FL	33703					Receipt th		iod	
	mber of contributing tical committee.	С					7	7	20	0.00	0
Name of E		Occupation		-							
All Children		pediatric and	esthesiologist								
Receipt Fo		Aggregate	Year-to-Date ▼								
	r (specify) ▼		2000.00								
	(Last, First, Middle Initial) s J. Rich M.D.			D	ate of	f Re	ceipt				
Mailing Add	dress 2900 Keelingwood Ct.				м м 08	/	06		2012		1
City		State	Zip Code					C18026	75		
Virginia Be	each	VA	23454	A	moun	t of	Each F	Receipt th	nis Per	iod	
	mber of contributing tical committee.	С					7	7		41.6	0
Name of E	mployer	Occupation									
	esthesia, Inc.	Anesthesiol	logist	_							
Receipt Fo		Aggregate	Year-to-Date ▼	.							
	r (specify) v		249.60								
SUBTOTAL	of Receipts This Page (optional)				-	-			22	291.60	0
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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b		11c	12		
Any information copied from such Reports and S or for commercial purposes, other than using the										buti	
NAME OF COMMITTEE (In Full) American Society of Anesthesic											
Full Name (Last, First, Middle Initial) A. Don G. Richter M.D. Mailing Address 15135 Stearns PI				Date of	F Re		D	/ Y	- Y - Y	/	Y
City	State	Zip Code	_	08 Trans	acti		01 D:C	:179911	2012 9	2	
Shawnee Mission	KS	66221-9503		Amount	t of	Each	n Re	ceipt th	is Peri	od	
FEC ID number of contributing federal political committee.	С					7			2	50.0	00
Name of Employer Midwest Anesthesia	Occupation anesthesio										
Receipt For:		Year-to-Date ▼ 250.00									
Full Name (Last, First, Middle Initial) B. Cameron J. Ricks M.D. Mailing Address 33942 Malaga St.				Date of	Re	· ·	D	/ V	- Y - Y		v
	Ctata	Zin Codo		08	/	1	16		2012		Ŷ
City Dana Point	State CA	Zip Code 92629						180852 ceipt th		od	
FEC ID number of contributing federal political committee.	С					7		3		41.6	60
Name of Employer UC Irvine Dept Anes	Occupation Anesthesio										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.60									
Full Name (Last, First, Middle Initial) C. Joseph M. Rifici A.AC			[Date of	Re	eceipt	:				
Mailing Address Lakeside ANES 2532 LKS500 11100 Euclid Ave.)7			м м 08	1		D 15	/ Y	2012		Y
City Cleveland	State OH	Zip Code 44106	A					C180748 ceipt th		od	
FEC ID number of contributing federal political committee.	С					7		7	_	83.:	30
Name of Employer	Occupation	1									
Univ Hosp of Cleveland Case Med Ctr	Anesthesio	logist Assistant									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40									
SUBTOTAL of Receipts This Page (optional)					-		_		3	74.9	0
TOTAL This Period (last page this line number						7 					

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			Detailed Summary Page		X 11a	\square	11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesio	logists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Robert K. Rigsby M.D.				Date of	Re	ceipt				
	Mailing Address 235 Live Oak Ln.				м м 08	/	26	/ Y	Y 2(ү 012	Y
	City	State	Zip Code		Trans	acti	on ID :	C18146	12		
	Altamonte Springs	FL	32714	_	Amount	of	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	,	_	1000.	00
	Name of Employer	Occupation									
	JLRmed	MD Anes									
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1000.00								
в.	Full Name (Last, First, Middle Initial) Jeremy M. Roberts D.O.				Date of	Re	ceipt				
	Mailing Address 4056 Scott B Dr				м м 08	/	31	/ Y	20)12	Y
	City	State	Zip Code		Trans	acti	on ID : (C181734	18		
	Saint Clair	MI	48079-3564		Amount	of	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7	_	250.	00
	Name of Employer	Occupation									
	ASAPC C/O ABC	ANESTHES	SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	1.1.1.1	250.00	11							
	Other (specify)	L	250.00	4							
с.	Full Name (Last, First, Middle Initial) Vonn E. Roberts M.D.				Date of	Re	ceipt				
	Mailing Address 5111 Cavvy Rd				м м 08	/	D D 16	/ Y)12	Y
	City	State	Zip Code		Trans	acti	on ID :	C18103	50		
	Lincoln	NE	68516		Amount	of	Each R	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	. ,	_	250.	00
	Name of Employer	Occupation									
	Associated Anesthesiologists	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		250.00								
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Babak Roboubi M.D.			Date of Receipt
Mailing Address 7305 Helmsdale Rd.	State	Zip Code	08 / 18 / 2012
Bethesda	MD	20817	Transaction ID : C1811162 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer washington hospital center	Occupation physicia	1	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Ignacio J. Rodriguez M.D.			Date of Receipt
Mailing Address 2387 W 68th St Ste 401			08 01 / Y Y Y Y Y
City Hialeah	State FL	Zip Code 33016-6890	Transaction ID : C1808575 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer South Miami Pain Center	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) C. John Rogoski D.O.			Date of Receipt
Mailing Address Dept of Anes 915 Olentangy River Rd		Zip Code	08 18 2012
City Columbus	State OH	43212-3156	Transaction ID : C1811144 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.30
Name of Employer	Occupation	1	
OSUMC Receipt For:	Physician		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40	
SUBTOTAL of Receipts This Page (optional)		••••••	666.30
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	5	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, ot	her than using the name and a		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In American Society of		olitical Action Committe	ee
Full Name (Last, First, Mido Melissa D. Rose M.D. Mailing Address 109 Master City Hendersonville FEC ID number of contribut federal political committee. Name of Employer Anesthesia Services Associa Receipt For:	rs Way State TN ing C Occupation Physician		Date of Receipt 08 20 2012 Transaction ID : C1811315 Amount of Each Receipt this Period 250.00 250.00
Primary Gen Other (specify) ▼		Year-to-Date ▼ 250.00]
Full Name (Last, First, Midd B. Frank Rosemeier M.I Mailing Address 10004 Crys JLR Medic City Orlando	D. stalline Ct	Zip Code 32836-6024	Date of Receipt
FEC ID number of contribut federal political committee. Name of Employer JLR Medical Group Receipt For:	Occupation Anesthesiol Aggregate		377.00
Full Name (Last, First, Midd Frank A. Rosinia M. Mailing Address 23 Idlewoo City River Ridge FEC ID number of contribut federal political committee. Name of Employer Tulane University School of I Receipt For: Primary Gen Other (specify) ▼	D. d Pl State LA ing C Occupation Chairman, Aggregate	Zip Code 70123-1525 Department of Anesthesiology Year-to-Date ▼ 666.40	Date of Receipt 08 / 18 / 2012 Transaction ID : C1811147 Amount of Each Receipt this Period 83.30
SUBTOTAL of Receipts This	Page (optional)		710.30
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		1b 4	11c 15	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Com	mittee						
Full Name (Last, First, Middle Initial) Ronald J. Rothstein M.D. Mailing Address 1728 Via Boronada City Palos Verdes Estates FEC ID number of contributing federal political committee. Name of Employer Torrance Anesthesia Medical Group Receipt For:	State CA C Occupation Anesthesio	logist			/ saction	20 20	/ Y :181171 ceipt th	is Period	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.0	00						
Full Name (Last, First, Middle Initial) B. Lawrence J. Roy M.D. Mailing Address 2420 Freeman Manor Dr City Jones	State OK	Zip Code 73049-8747			actior	16 1 D : C	/ Y 180852 ceipt th	2012 9 is Period	Ŷ
FEC ID number of contributing federal political committee. Name of Employer Oklahoma Anesthesia Consultants Receipt For:	C Occupation Medical Doo Aggregate		0		7		7	83	.30
Full Name (Last, First, Middle Initial) Michael G. Royce M.D. Mailing Address 2469 E 33rd St City Tulsa FEC ID number of contributing federal political committee. Name of Employer Assoc. Anesthesiologists, Inc. Receipt For: Primary General Other (specify) ▼	State OK C Occupation Physician Aggregate	Zip Code 74105 Year-to-Date ▼ 1000.0			/ sactio	06 n ID : C	/ Y :180314 ceipt th	2012 I3 is Period 1000	
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			Detailed Summary Page		11a		11b		11c		12	
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\backslash	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Stephen M. Rublaitus D.O.				Date of	Re	eceipt					
	Mailing Address 745 Woodbine Ave				м м 08	/	D 1		/ Y) 12	Y
	City	State	Zip Code		Trans	acti	ion ID	: C	180551	0		
	Oak Park	IL	60302	/	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	300	.00
	Name of Employer	Occupation										
	Dupage Valley Anes Receipt For:	physician		_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		, 300.00									
в.	Full Name (Last, First, Middle Initial) Konstantin I. Rusin M.D.				Date of	Re	ceipt					
	Mailing Address 1732 Foxdale Lane				м м 08	/	3		/ Y	ү 20	12	Y
	City	State	Zip Code			acti			181733			
	Ann Arbor	MI	48108		Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	250.	00
	Name of Employer AAKC	Occupation ANESTHES										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		250.00									
с.	Full Name (Last, First, Middle Initial) Richard Russell M.D.				Date of	Re	eceipt					
	Mailing Address 4190 Skyline Ranch Court				м м 08	/	2		/ Y)12	Y
	City	State	Zip Code		Trans	act	ion ID	: C	181636	i 0		
	Rapid City	SD	57701	/	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	250	.00
	Name of Employer	Occupation										
	West River Anesthesiology Consultants	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11								
	Other (specify)		250.00									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b 14	11c 15	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the									6
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	e						
Α.	Full Name (Last, First, Middle Initial) Christa Rylant M.D. Mailing Address 2708 nw 173rd terrace City Edmond	State OK	Zip Code 73012	O: Tra	8 I nsacti e	27 on ID :	C18148 Receipt th		2	
	FEC ID number of contributing federal political committee. Name of Employer Affiliated Anesthesiologists LLC Receipt For:	Occupation Anesthesio Aggregate				3		٤	500.00	
B.	Full Name (Last, First, Middle Initial) Richard G. Saloom M.D. Mailing Address 1757 Imperial Blvd City	State	Zip Code	0		23	C181348	2012 3 2	Y Y	
	Lake Charles FEC ID number of contributing federal political committee.	LA C	70605				Receipt th	nis Peri	iod 250.00	
	Name of Employer Imperial Calcasieu Surgery Center Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate								
c.	Full Name (Last, First, Middle Initial) Bruce S. Saltzman M.D. Mailing Address 1581 Brickell Ave., Apt. #2301			Date	of Red	ceipt) / Y	Y	Y Y	
	City Miami FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF MIAMI Receipt For: □ Primary □ General ○ Other (specify) ▼		Zip Code 33129 SIOLOGIST Year-to-Date ▼ 250.00		insacti		C18162 Receipt th	nis Peri		
s	UBTOTAL of Receipts This Page (optional)		•			,	,	10	00.00	
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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c	12	
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NAME OF COMMITTEE (In Full) American Society of Anesthe									
Full Name (Last, First, Middle Initial) Mahesh P. Sardesai M.D. Mailing Address 1304 Fairstead Lane City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer UPMC Shadyside Receipt For:	State PA C Occupation Anesthesio	logist			/ acti	18 0n ID :	C181114	nis Period	_
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.40							
B. Full Name (Last, First, Middle Initial) John D. Scheub M.D. Mailing Address 585 Neck Road City	State	Zip Code	The second secon	ate of 08 [rans a	/	D D D 27	C18162	2012 54	Y
Rochester FEC ID number of contributing federal political committee. Name of Employer	MA C Occupation	02770	An	nount	of	Each R	eceipt th	nis Perioo 250	d 0.00
Upper Cape Anesthesia Receipt For: Primary General Other (specify) ▼	anesthesiol Aggregate	ogist Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) C. Anthony Schinelli M.D. Mailing Address 1855 Vermack Ct.				ate of	Re ⁄	DDD	/ Y	- Y - Y	Y
City Dunwoody FEC ID number of contributing federal political committee. Name of Employer PSA Receipt For:	State GA C Occupation physcian Aggregate	Zip Code 30338-5127 Year-to-Date ▼ 208.00					C18165	nis Period	1.60
SUBTOTAL of Receipts This Page (optional))					7		374	4.90
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SCHEDULE A (FEC Form 3X) _ _ _ _

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Commit	ee
Full Name (Last, First, Middle Initial) A. James C. Scott M.D.			Date of Receipt
Mailing Address 1512 Cornell Dr NE			M M / D D / Y Y Y Y Y 08 08 2012
City Albuquerque	State NM	Zip Code 87106	Transaction ID : C1804276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Albuquerque VAMC Receipt For:	Occupation physician		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) B. James A. Scowcroft M.D.	I		Date of Receipt
Mailing Address 8717 W 110th St Ste 600 Anesthesia Assoc. of Ka	nsas City	Zie Osche	08 03 2012
City Overland Park	State KS	Zip Code 66210	Transaction ID : C1802477 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.60
Name of Employer Anesthesia Assoc. of Kansas City	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.00]
Full Name (Last, First, Middle Initial) C. Alvaro M. Segura-Vasi M.D.			Date of Receipt
Mailing Address 216 Marengo St Ste F			08 30 _2012 _
City Florence	State AL	Zip Code 35630	Transaction ID : C1816657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Beer,Simon, Williams,Moody and Asso Receipt For:	Anesthesio	•	_
Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (option	al)		1041.60
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	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Kurt A. Senn M.D. Mailing Address 3104 Blue Lake Dr., #110	State	Zip Code 35243			sacti	28		201 91		Ŷ
	Birmingham FEC ID number of contributing federal political committee.	С	55245	_	Amour	it of	Each Re	eceipt th		riod 500.(00
	Name of Employer Anesthesiologists Associated, P.C. Receipt For: Primary General Other (specify) ▼	Occupation anesthesiol Aggregate									
В.	Full Name (Last, First, Middle Initial) Daniel W. Sewell M.D. Mailing Address PO Box 51947 City	State	Zip Code	_	Date of 08	/	ceipt 20 on ID : C	/ Y	201: 3	Y 2	Y
	Knoxville FEC ID number of contributing federal political committee.	TN C	37950				Each Re		nis Per	riod 250.(0
	Name of Employer University Anesthesiologists Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiol Aggregate									
C.	Full Name (Last, First, Middle Initial) George Sheplock M.D.				Date c	f Re	ceipt				
	Mailing Address 705 Riley Hospital Drive, Rm 2 Riley Hospital for Children City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Riley Hospital for Children Receipt For: Primary General Other (specify) ▼	State IN Occupation Pediatric Ar	Zip Code 46202-5200 nesthesiologist Year-to-Date ▼ 6666.40			sact	15 ion ID : (Each Re				30
s	UBTOTAL of Receipts This Page (optional)		•				,	- 7	8	833.3	0
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e												
Α.	Full Name (Last, First, Middle Initial) Richard Y. Shin M.D. Mailing Address 4123 Stoneleigh				Date of		ceipt			v						
					08	ĺ	31	, , ,	2012							
	City Bloomfield Hills	State MI	Zip Code 48302					C18173 Receipt th		od						
	FEC ID number of contributing federal political committee.	С					y		2	50.0	0					
	Name of Employer	Occupation														
	ААКС	ANESTHES	IOLOGIST													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00													
в.	Full Name (Last, First, Middle Initial) Sally M. Shughart M.D.				Date of	Re	ceipt									
	Mailing Address 1837 Greenwood Rd SW				м м 08	/	01) / Y	2012		1					
	City Roanoke	State VA	Zip Code 24015		od	_										
	FEC ID number of contributing federal political committee.	С					y	7	2	50.00)					
	Name of Employer ACV, Inc	Occupation Anesthesiol	ogist													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify) v		250.00													
c.	Full Name (Last, First, Middle Initial) Ben Shwachman M.D.				Date of	Re	ceipt									
	Mailing Address 315 N. 3rd Ave., Suite 200				м м 08	/	22		2012							
	Covina	State CA	Zip Code 91723-1915					C18145 Receipt th		od						
	FEC ID number of contributing federal political committee.	С					9	7	2	250.0	0					
	Name of Employer	Occupation														
	Self-Employed	PHYSICIAN	1	_												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
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Full Name (Last, F A. Ben Shwachm	nan M.D.					Receipt						
Mailing Address 3	315 N. 3rd Ave., Suite 200				08	/ 24		2012	Y			
City Covina		State CA	Zip Code 91723-1915				: C18145 Receipt tl		ł			
FEC ID number of federal political co	0	С				7		250	0.00			
Name of Employe	r	Occupation										
Self-Employed		PHYSICIAN	1									
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Full Name (Last, F B. Karen S. Sibe	First, Middle Initial) ert M.D.			Dat	te of F	Receipt						
	146 Sunnyslope Ave.			M	08	/		2012	Y			
City Sherman Oaks		State CA	Zip Code 91423				<u>: C18085</u> Receipt tl		ł			
FEC ID number of federal political co	0	С				7	- 7	83	3.30			
Name of Employe Cedars-Sinai Medio	r cal Center Anes. Dept	Occupation Anesthesiol		_								
Receipt For: Primary Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 666.40]								
Full Name (Last, F C. Dean Sider N	First, Middle Initial) M.D.			Dat	te of F	Receipt						
Mailing Address 2	2699 Lee Rd Ste 510				08	/ D		y y 2012	Y			
City Winter Park		State FL	Zip Code 32789				: C18118 Receipt th		ł			
FEC ID number of federal political co	0	С				7			0.00			
Name of Employe	r	Occupation		_								
	of Greater Orlando,	Anesthesio	logist									
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	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee											
Α.	Full Name (Last, First, Middle Initial) Daniel L. Silvasi M.D. Mailing Address 2655 Amberly				Date of						_				
	Maining Address 2655 Amberly				м м 08	/	08	/ Y	201						
	City Bloomfield Hills	State MI	Zip Code 48301				i on ID : (Each Re			riod					
	FEC ID number of contributing federal political committee.	С					7			250.0	0				
	Name of Employer	Occupation													
	SOAA	Anesthesiol	ogist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1											
в.	Full Name (Last, First, Middle Initial) Kirsten J. Simanonok M.D.				Date of	f Re	ceipt								
	Mailing Address N78 W14573 Appleton Ave., #	212			м м 08	/	20	/ Y	2012		7				
	City Menomonee Falls	State WI													
	FEC ID number of contributing federal political committee.	С					7		2	250.0	0				
	Name of Employer Orthopaedic Hospital Of Wisconsin	Occupation Anesthesiol													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]											
<u> </u>	Full Name (Last, First, Middle Initial) Joseph E. Simpson M.D.				Date of	f Re	ceipt								
	Mailing Address 1524 Agawela Ave.				м м 08			/ Y	2012						
	City Knoxville	State TN	Zip Code 37919				i on ID : Each Re			riod					
	FEC ID number of contributing federal political committee.	С					7			500.0	00				
	Name of Employer	Occupation													
	University Anesthesiologists	Anesthesiol	ogist												
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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American Society of Anesthesio	logists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Harpreet Singh M.D. Mailing Address 4930 Charing Cross Road		Date of Receipt
City	State Zip Code	08 31 2012 Transaction ID : C1817341
Bloomfield Hills	MI 48304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AAKC	Occupation ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) v	250.00	
Full Name (Last, First, Middle Initial) B. Patrick W. Slatev M.D.		Date of Receipt
Mailing Address 1909 Mulholland Dr		08 26 2012
City	State Zip Code	Transaction ID : C1814659
Edmond	OK 73012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Affiliated Anesthesiologists	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Robert H. Small M.D.		Date of Receipt
Mailing Address Dept of Anes - N411 Doan Hal 410 W 10th Ave		M = M / D = D / Y = Y = Y Y 08 15 2012
City Columbus	StateZip CodeOH43210-1240	Transaction ID : C1807470 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
The Ohio State University	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	666.40	
SUBTOTAL of Receipts This Page (optional)	•••••••	1333.30
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NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee												
Full Name (Last, First, Middle Initial) A. Blair Smith M.D.			C	Date of	Re	ceipt									
Mailing Address 1046 Lake Colony Ln.				м – м 08	1	04) / Y		у 012	Ŷ					
City	State	Zip Code		Trans	acti	on ID :	C18025	16							
Birmingham	AL	35242-7405	A	mount	of	Each R	Receipt th	his F	eriod						
FEC ID number of contributing federal political committee.	С					,	9		83	.30					
Name of Employer	Occupation		_												
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Primary General Other (specify) ▼	· · · ·	666.40	11												
		7													
Full Name (Last, First, Middle Initial) B. Floyd L. Smith M.D., Ph.D				Date of	Po	opint									
Mailing Address 3410 Overholser Dr.					ne			V	Y	V					
maning radioco 3410 Overhoiser Di.				08	<i>'</i>	20	, , , , ,		12	1					
City	State	Zip Code		Transa	acti	on ID :	C18117								
Bethany	OK	73008	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С					,			250	.00					
Name of Employer	Occupation														
Affiliated Anesthesiologists Inc	Physician														
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General	· · ·	250.00	11												
Other (specify)		230.00													
Full Name (Last, First, Middle Initial) c. Jeremy B. Smith M.D.				Date of	Re	ceipt									
Mailing Address 525 Boulder Lake Way				м м 08	1	07) / Y)12	Y					
City	State AL	Zip Code					C18032								
Vestavia	AL.	35242-2105	A	mount	of	Each R	Receipt tl	his F	eriod						
FEC ID number of contributing federal political committee.	С				_	,			1000	.00					
Name of Employer	Occupation														
Anesthesia Consultants Med. Group	Anesthesio	logist													
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\backslash	NAME OF COMMITTEE (In Full)														
\mathbb{Z}	American Society of Anesthesi	ologists P	olitical Action Committ	ee											
Α.	Full Name (Last, First, Middle Initial) Joel D. Smith D.O.				Date of	Re	eceipt								
	Mailing Address 60 Tukey Rd.			M - M / D - D / Y - Y - Y - Y Y 08 22 2012											
	City	State	Zip Code		Transaction ID : C1811860										
	Oakland	ME	04963	_	Amount	of	Each R	leceipt th	is P	'eriod					
	FEC ID number of contributing federal political committee.	С					7		_	250.	00				
	Name of Employer	Occupation	1												
	Maine General Medical Center	Anesthesio	logist												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General		250.00	11.											
	Other (specify)		250.00	4											
в.	Full Name (Last, First, Middle Initial) Perry W. Smith M.D.	1			Date of	Re	eceipt								
	Mailing Address 4017 Old Leeds Rdg				м м 08	1	01	/ Y	2C)12	Y				
	City	State	Zip Code		Trans	acti	ion ID :	C179915							
	Mountain Brk	AL	35213		Amount	of	Each R	leceipt th	nis P	'eriod					
	FEC ID number of contributing federal political committee.	С					, .		_	500.	00				
	Name of Employer	Occupation	1	-											
	UAB	anesthesiol	ogist												
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	Primary General			11.											
	Other (specify)		, 500.00	4											
<u>с.</u>	Full Name (Last, First, Middle Initial) Toni R. Smith D.O.	1			Date of	Re	eceipt								
	Mailing Address 927 Arlington Oaks Ter				м м 08	/	20) / Y)12	Y				
	City	State	Zip Code		Trans	act	ion ID :	C181172	20						
	Chesterfield	MO	63017	_	Amount	of	Each R	leceipt th	is P	'eriod					
	FEC ID number of contributing federal political committee.	С					7		_	250	00				
	Name of Employer	Occupation	1												
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American Society of Anesth	esiologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Mark T. Sontag M.D.		Date of Receipt
Mailing Address 1101 W Clairemont Ave <u>Eau Claire Anes</u> City	Ste 2C State Zip Code	08 / 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
Eau Claire	WI 54701-6161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Eau Claire Anesthesiologists	Occupation Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) B. Vitaly D. Soskin M.D., Ph.D		Date of Receipt
Mailing Address 3990 John R St, Box 162		08 31 2012
City	State Zip Code	Transaction ID : C1817342
Detroit	MI 48201-2018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Wayne State University School of Medic	ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Roy G. Soto M.D.		Date of Receipt
Mailing Address 355 Sycamore Ct		08 07 2012
City Bloomfield Hills	StateZip CodeMI48302	Transaction ID : C1803225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.60
Name of Employer	Occupation	-
William Beaumont Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	249.60	
SUBTOTAL of Receipts This Page (option	al)	791.60
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	NAME OF COMMITTEE (In Full)												
$\Big)$	American Society of Anesthesic	ologists P	olitical Action Committe	e									
Α.	Full Name (Last, First, Middle Initial) Fouad Souki M.D.				Date o	f Re	eceipt						
	Mailing Address 253 NE 2ND ST APT 1709				м м 08	/	02	2	/ Y		y 012	Υ	
	City	State	Zip Code		Trans	acti	ion ID	: C1	80244	4			
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	FEC ID number of contributing federal political committee.	С					,		7		400	.00	
	Name of Employer	Occupation											
	Univ of Miami	Assistant p	rofessor										
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify)		400.00										
В.	Full Name (Last, First, Middle Initial) Christopher L. Southwick M.D.				Date o	f Re	ceipt						
	Mailing Address 10028 Perry Dr				м м 08	/	D 19	9	/ Y) 12	Y	
	City	State	Zip Code		Trans	acti	on ID	: C18	81118				
	Overland Park	erland Park KS 66212											
	FEC ID number of contributing federal political committee.	С					7		3		1000	.00	
	Name of Employer Southwick LLC	Occupation Anesthesiol											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1000.00										
<u></u> с.	Full Name (Last, First, Middle Initial) George J. Spessot M.D.				Date o	f Re	ceipt						
	Mailing Address 71 Judson Place				м м 08	/	D 0'		/ Y)12	Y	
	City	State	Zip Code		Trans	sact	ion ID	: C1	80854	2			
	Rockville Centre	NY	11571-0495	_ /	Amoun	t of	Each	Rece	eipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С					,		3		83	.00	
	Name of Employer	Occupation		-									
	NYU Hospital for Joint Diseases	Anesthesio	logist										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		004.00										
	Other (specify)		664.00										
s	UBTOTAL of Receipts This Page (optional)		•				5		3	-	1483.	00	
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			Detailed Summary Page		-		11b	11c		12		
٨٣	y information copied from such Reports and St	atomonto ma	w not be cold or used by any a		13 for the	<u> </u>	14	15 soliciting		16 ntribut		17
	for commercial purposes, other than using the											
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
$\Big)$	American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Rachel A. Spitznagel,				Date of	Re	eceipt					
	Mailing Address 8200 Dodge St				м – м 08	1	17	D / Y		ү 012	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C181052	21			
	Omaha	NE	68114-4113		Amount	of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	250.	00	
	Name of Employer	Occupation										
	Childrens Hospital and Medical Center	anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00]								
В.	Full Name (Last, First, Middle Initial) Brett M. Sprtel M.D.				Date of	Re	eceipt					
	Mailing Address 11934 Crossing Deer Ct				м м 08	1	09		20)12	Y	
	City	State	Zip Code		Trans	acti	on ID :	C180467	8			
	Roscommon	MI	48653		Amount	of	Each F	Receipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	83.	30	
	Name of Employer	Occupation										
	Mercy Hospital Grayling Dept of Anesth	Anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 747.60									
C.	Full Name (Last, First, Middle Initial) Douglas S. Spurgeon M.D.				Date of	Re	eceipt					
	Mailing Address 6911 Van Dorn, Suite 2				м м 08	1	09)12	Y	
	City	State NE	Zip Code					C180466				
	Lincoln	INE	68506		Amount	of	Each F	Receipt th	is P	'eriod		_
	FEC ID number of contributing federal political committee.	С				_	,		_	250.	00	
	Name of Employer	Occupation										
	Associated Anesthesiology, P.C.	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
s	UBTOTAL of Receipts This Page (optional)						7		_	583.:	30]
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	y information copied from such Reports and St for commercial purposes, other than using the				the p					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e						
Α.	Full Name (Last, First, Middle Initial) Richard A. Stark M.D. Mailing Address 915 E. Eagle Lake Dr.			_	e of	Receipt		Y Y	V	
			7. 0.		08		0	2012		
	City Kalamazoo	State MI	Zip Code 49009				: C18167 Receipt t		bd	
	FEC ID number of contributing federal political committee.	С				7	J		00.00	
	Name of Employer	Occupation								
	Kalamazoo Anesthesiology, PC Receipt For:	Physician		_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
	Full Name (Last, First, Middle Initial)									
В.	Erica Stein M.D.			Dat	e of	Receipt				
	Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall City	State	Zip Code	- L	м 08	1	7	2012	Y	
	Columbus	OH	43210				: C18105 Receipt t		bd	
	FEC ID number of contributing federal political committee.	С				7			33.30	
	Name of Employer The Ohio State University	Occupation Physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		666.40							
C.				Dat	e of	Receipt				
	Mailing Address 5671 Peachtree Dunwoody Ro Suite 530	ad			M 08	/ D	4 / 1	2012	Y	1
	City	State	Zip Code	Т	ransa	ction ID) : C18067			
	Atlanta	GA	30342	Am	ount	of Each	Receipt t	his Peric	bd	
	FEC ID number of contributing federal political committee.	С			_	7			83.30)
	Name of Employer	Occupation								
	Physician Specialists in Anes., P.C. Receipt For:	Anesthesio	-	_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 832.40							
s	UBTOTAL of Receipts This Page (optional)					7		116	6.60	
Т	OTAL This Period (last page this line number c	only)	••••••							

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116			for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c	12	Г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		ose of	soliciting	g contribu		IS
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	plitical Action Committe	e							
A .	Full Name (Last, First, Middle Initial) Ann Still M.D.				Date of	f Re	ceipt				
	Mailing Address 1701 Main Ave SW Ste E				м м 08	/	20	/ Y	2012	Y	
	City	State	Zip Code		Trans	acti	on ID :	C18112 [.]			
	Cullman	AL	35055	_	Amount	t of	Each R	eceipt th	nis Perioo	b	
	FEC ID number of contributing federal political committee.	С					7		6	2.50	
	Name of Employer	Occupation									
	Alabama Pain Center Cullman	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		437.50								
	Full Name (Last, First, Middle Initial) Stephen M. Strevels M.D.				Data at	(D -					
	Mailing Address PO Box 51947			-	Date of	гне	Celpt	/ Y	V V	V	
					08	Ľ	06		2012		
	City	State	Zip Code					C180318			
-	Knoxville	TN	37950	_	Amount	t of	Each R	eceipt th	nis Perioo	b	_
	FEC ID number of contributing federal political committee.	С				_	7		250	0.00	
	Name of Employer University Anesthesiologists	Occupation									
	Receipt For:	physician		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	250.00								
С.	Full Name (Last, First, Middle Initial) Jeffrey Strickland M.D.				Date of	f Re	ceipt				
	Mailing Address 3445 Maguire Rd				м м 08	/	0 D D D 08	/ Y	2012	Y	
	City	State	Zip Code			sacti		C18046			
	Windermere	FL	34786		Amount	t of	Each R	eceipt th	nis Perioo	d	
	FEC ID number of contributing federal political committee.	С					7	7	50	0.00	
	Name of Employer	Occupation									
	JLR Medical Group	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		500.00								
sı	JBTOTAL of Receipts This Page (optional)		•				7	,	812	2.50	
т	OTAL This Period (last page this line number of	only)	•				,	- 7 -			

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ITEMIZED RECEIPTS	Detailed Summary	
or for commercial purposes, other	than using the name and address of any political	d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
American Society of A	nesthesiologists Political Action C	Committee
Full Name (Last, First, Middle I Joseph Talarico D.O. Mailing Address University of P		Date of Receipt
200 Lothrop St City	C-205 State Zip Code	08 15 2012 Transaction ID : C1807473
Pittsburgh	PA 15213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation er Assistant Professor	
Univ. of Pittsburgh Medical Cent Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	332.80
Full Name (Last, First, Middle I B. Samuel E. Talsma M.D.	nitial)	Date of Receipt
Mailing Address 2110 Dorset Ro	1.	M = M / D = D / Y = Y = Y = Y Y 08 07 2012 2
City	State Zip Code	Transaction ID : C1803224
Ann Arbor	MI 48104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer anesthesia assoc of ann arbor	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	999.80
Full Name (Last, First, Middle I David A. Tavares Jr., N		Date of Receipt
Mailing Address 3528 Crossbov	v Drive	M M / D D / Y Y Y Y Y 08 25 2012
City Frisco	State Zip Code TX 75033	Transaction ID : C1814600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Ascendant Anesthesia	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)		500.00
SUBTOTAL of Receipts This Pag	e (optional)	
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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	
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	y information copied from such Reports and Sta for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Society of Anesthesio	ogists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Robert Tawil M.D.			[Date of	Re	eceipt				
	Mailing Address 17001 Jeanette				м м 08	/	31	D / Y) 12	Y
	City	State	Zip Code		Trans	acti	ion ID :	C181734	13		
	Southfield	MI	48075-7020	A	Amount	t of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		_	250	00
	Name of Employer AAKC	Occupation ANESTHES									
	Receipt For:			_							
	Primary General	Ayyreyale	Year-to-Date ▼								
	Other (specify)	L	250.00								
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	Mailing Address 24 Farringdon Dr				м м 08	/	. 08		Р 20	12	Y
	City	State	Zip Code			acti		C180463		12	
	Greenville	SC	29615	A				Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		_	250.	00
	Name of Employer Foothills Anesthesia	Occupation Physician	I	_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) Geoffrey L. Taylor M.D.				Date of	Re	eceipt				
	Mailing Address 4708 Val Verde Dr.				м м 08	/	20)12	Y
	City	State	Zip Code		Trans	act	ion ID :	C18113	08		
	Oklahoma City	OK	73142	/	Amount	t of	Each F	Receipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	1000	.00
	Name of Employer	Occupation	1	_							
	Affiliated Anesthesia LLC	anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		1000.00								
	Other (specify)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
s	UBTOTAL of Receipts This Page (optional)						,		Ξ	1500.	00
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		for each category of the Detailed Summary Page		11a		11b	11c	12	Г	17
Any information copied from such Reports and or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Julie M. Thompson M.D.				Date of	f Re	ceipt				
Mailing Address 8208 NW 134th Ter				м м	1	D D D 22	/ Y	ү ү 2012		1
City Oklahoma City	State OK	Zip Code 73142	A	Trans		ion ID :	C18127: eceipt th	36		
FEC ID number of contributing federal political committee.	С					,		2	50.00)
Name of Employer AAI	Occupation Anesthesio									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Initial) B. Kyle Thompson M.D. Mailing Address 333 W Hampden Ave #600	<u></u>			Date of		ceipt	/ •	Y Y	V	
	Ctoto	Zin Codo	41	08		30		2012		
City Englewood	State CO	Zip Code 80110	A				C181659 eceipt th		od	
FEC ID number of contributing federal political committee.	С					,			33.30	
Name of Employer South Denver Anesthesiology, P.C.	Occupation Anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 791.40								
Full Name (Last, First, Middle Initial) C. Stephen W. Thompson M.D.				Date of	f Re	ceipt				
Mailing Address 1205 Country Lane				м м 08	/	D D 22	/ Y	2012	Y]
City Orlando	State FL	Zip Code 32804-6511					C18120		nd	
FEC ID number of contributing federal political committee.	С			linoun					00.00)
Name of Employer	Occupation									
AGO Receipt For:	physician	Vaar ta Data 💌	_							
Primary General Other (specify) ▼		Year-to-Date ▼ 500.00								
SUBTOTAL of Receipts This Page (optional)					_	7		83	33.30	

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ITEIVIZED RECEIPTS		Detailed Summary Page		11a	1	l1b	11c		12	
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Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	esiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. David N. Thrush M.D.				Date of	f Rece	eipt				
Mailing Address 865 Seddon Cove Way				м м	/	0 D	/ Y) 12	Y
City	State	Zip Code		Trans	actio	n ID :	C180253			
Татра	FL	33602-5704	A	mount	t of E	ach R	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	C				9			_	250	.00
Name of Employer	Occupation	1								
Moffitt Cancer Center	Anesthesio	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	55 - 5 - 4	11								
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) B. John D. Thurn M.D.				Date of	f Rece	eint				
Mailing Address 8136 Rosewood Drive				M = M			/ .	v	V	V
Maning Address 8150 Rosewood Dilve				08	'	08	/ 1	_ 20	12	T
City	State	Zip Code			actio		C180428			
Prairie Village	KS	66208					eceipt th		eriod	
FEC ID number of contributing federal political committee.	С				,			_	500.	.00
Name of Employer	Occupation	1	_							
Kansas University Med. Ctr. Dept of An	Anesthesio	logist								
Receipt For:		Year-to-Date ▼								
Primary General	/ iggi egute		11.1							
Other (specify)		500.00	4							
Full Name (Last, First, Middle Initial) C. James Ting M.D.				Date of	f Rece	eipt				
Mailing Address 1800 Northlawn Blvd				м м 08	/	D D D	/ Y) 12	Y
City	State	Zip Code		Trans	sactio	n ID :	C181172	29		
Birmingham	MI	48009	A	mount	t of E	ach R	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С							_	500	.00
Name of Employer	Occupation	1								
South Oakland Anesthesia Associates	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			1 I -							
Other (specify)		500.00								
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ITEMIZED RECEIPTS	for each category of the	(check only one)							
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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the	purpose o	f soliciting	g contribu	tions		
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. Pikul Tontapanish M.D.			Date c	of Receipt					
Mailing Address Harpor Hosp. Div., Dept. of P.O. Box 1009			08	31		у у 2012	Y		
City Jackson	State MI	Zip Code 49204		saction ID nt of Each I					
FEC ID number of contributing federal political committee.	С					250	.00		
Name of Employer AAKC	Occupation ANESTHES								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name (Last, First, Middle Initial) B. Ronald L. Torline M.D.			Date o	of Receipt					
Mailing Address 14109 Kessler St						2012	Y		
City Overland Park	State KS	Zip Code 66221		saction ID : nt of Each I		11			
FEC ID number of contributing federal political committee.	С				7	500	.00		
Name of Employer KUAF	Occupation anesthesiol								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
Full Name (Last, First, Middle Initial) C. Troy Tortorici M.D.			Date c	of Receipt					
Mailing Address 17401 Hawks View Ct Northwest Anesethesia			08	/ 01		y y 2012	Y		
City Edmond	State OK	Zip Code 73012		saction ID nt of Each I					
FEC ID number of contributing federal political committee.	С					41	.00		
Name of Employer	Occupation								
Northwest Anesethesia	Anesthesio	logist							
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 328.00	1						
SUBTOTAL of Receipts This Page (optional).					- J	791	.00		

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I EIVIIZED RECEIPT	3	Detailed Summary Page		11a		11b	11c	12	2	
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		ay not be sold or used by any p address of any political committee								
American Society	of Anesthesiologists P	olitical Action Committ	ee							
Full Name (Last, First, Mid James A. Totten M.D.			Da	ate of	Re	ceipt				
Mailing Address 3073 OBri	en Dr			м м 08	1	27	/ Y	2012		Y
City	State	Zip Code			acti	ion ID : (218162		2	
Tallahassee	FL	32309	Ar	nount	of	Each Re	eceipt th	nis Per	iod	
FEC ID number of contributive federal political committee.	ting					7	- 1	ę	500.0	00
Name of Employer	Occupation	1								
Tallahassee Memorial Hosp	ital Anesthesic	logist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00]							
Full Name (Last, First, Mid B. Terrence L. Trentma			Da	ate of	Re	ceipt				
Mailing Address 4811 E Pa	trick Ln			м м 08	/	25	/ Y	2012		r
City	State	Zip Code	1		acti	on ID : (2181460			
Phoenix	AZ	85054-4502	Ar	nount	of	Each Re	eceipt th	is Per	iod	
FEC ID number of contribution federal political committee.	ting					7	- 7	2	250.0	0
Name of Employer Mayo Clinic in Arizona	Occupation physician	1								
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Mid C. Narendra S. Trived			Da	ate of	Re	ceipt				
Mailing Address 8143 E. B	ailey Way,		Γ	м м 08	/	27	/ Y	y 2012		Y
City	State	Zip Code		Trans	acti	ion ID : (C18162	41		
Anaheim Hills	CA	92808	Ar	nount	of	Each Re	eceipt th	nis Per	iod	
FEC ID number of contributed federal political committee.	ting					7	7	:	500.0	00
Name of Employer	Occupation	1								
Kaiser Permanente	Anesthesic	ologist								
Receipt For:	Aggregate	Year-to-Date ▼								
	neral	500.00	11							
Other (specify)		500.00	4							
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	ee
Α.	Full Name (Last, First, Middle Initial) Christopher A. Troianos M.D. Mailing Address 427 Heights Dr City Gibsonia FEC ID number of contributing federal political committee. Name of Employer Western Pennsylvania Hospital Receipt For: Primary General Other (specify)	State PA C Occupation Anesthesio Aggregate		Date of Receipt 08 / 15 / 2012 Transaction ID : C1807474 Amount of Each Receipt this Period 83.30
В.	Full Name (Last, First, Middle Initial) Terrence Truxillo M.D. Mailing Address Department of Anesthesiology	/		Date of Receipt
	1514 Jefferson Highway City New Orleans FEC ID number of contributing federal political committee.	State LA	Zip Code 70121-2429	08 14 2012 Transaction ID : C1806724 Amount of Each Receipt this Period 41.60
	Name of Employer Ochsner Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Anesthesio Aggregate		
с.	Full Name (Last, First, Middle Initial) Avery Tung M.D. Mailing Address 1711 Elmwood Avenue City Wilmette FEC ID number of contributing federal political committee. Name of Employer University of Chicago Receipt For: Primary General Other (specify) ▼	State IL Occupation Anesthesio Aggregate		Date of Receipt 08 05 2012 Transaction ID : C1802555 Amount of Each Receipt this Period 250.00
	UBTOTAL of Receipts This Page (optional)			374.90
ΙĨ	OTAL This Period (last page this line number	only)	••••••	·

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b	b	11c	12	
				13		14		15	16	17
Any information copied from such Reports and or for commercial purposes, other than using t										
American Society of Anesthes	siologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. William S. Turnage M.D.				Date of	Re	eceip	ot			
Mailing Address 400 Health Park Blvd.				м м 08	1	D	13	/ Y	ү ү 2012	Y
City St. Augustine	State FL	Zip Code 32086						180564 ceipt th	I 3 is Period	
FEC ID number of contributing federal political committee.	С					7		7	2500	.00
Name of Employer Coastal Anes Consultants	Occupation Anesthesio									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00								
Full Name (Last, First, Middle Initial) B. Gary F. Tzeng M.D.				Date of	Re	eceip	ot			
Mailing Address 582 S Rex Blvd		7.0.1		м м 08	/	D	17	/ Y	2012	Y
City Elmhurst	State IL	Zip Code 60126-4259						181059 ceipt th	1 is Period	
FEC ID number of contributing federal political committee.	С					7		7	83	.30
Name of Employer DVA	Occupation physician									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40								
Full Name (Last, First, Middle Initial) C. Mathew R. Van Vleck M.D.				Date of	Re	eceip	ot			
Mailing Address 1755 Lincolnshire Dr.				м м 08	/	D	01	/ Y	2012	Y
City Rochester Hills	State MI	Zip Code 48309						180857 ceipt th	76 is Period	
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SOAA	Anesthesio	logist								
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Other (specify)		664.00	4							
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	ing Address PO Box 51947				м – м 08	/	I	20	/	Y	ү ү 2012	Y]
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	ing Address 62 Jefferson Ave				м м 08	1	I	0 D D D 08	/	Y	ү ү 2012	Y]
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	e of Employer da Anesthesia Associates	Occupation Physician											
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Maili	ing Address 4304 W Azeele St				м м 08	/	ſ	D D 17	/		ү ү 2012	Y	1
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	ida Office Anesthesia	Anesthesio	logist										
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NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) A. Annette Vizena M.D.				Receipt									
Mailing Address 1236 East Elizabeth, Suite	1		м м 08	13) / Y	2012	Y						
City Fort Collins	State CO	Zip Code 80524-4000	Trans	action ID : t of Each R		24							
FEC ID number of contributing federal political committee.	С					50	.00						
Name of Employer	Occupation	1											
North Co Anesthesia Proffesional	Anesthesio	ogist											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1										
Full Name (Last, First, Middle Initial) B. J. Michael Vollers M.D.			Date of	Receipt									
Mailing Address 1 Childrens Way Slot 203, S-319			M M 08	/ D D 14	/ Y	y y 2012	Y						
City Little Rock	State AR	Zip Code 72202-3510	Transaction ID : C1806718 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					83	.30						
Name of Employer University of Arkansas for Medical Sci	Occupation Professor o	f Anesthesiology											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.40]										
Full Name (Last, First, Middle Initial) C. Lance W. Wagner M.D.			Date of	Receipt									
Mailing Address 150 55th St			M M 08	/ D D		у у 2012	Y						
City Brooklyn	State NY	Zip Code 11220		action ID : t of Each R		-							
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Name of Employer	Occupation												
Lutheran Medical Center	Anesthesio	logy											
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	y information copied from such Reports and Sta for commercial purposes, other than using the									con		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Marsha L. Wakefield M.D.				Date of	Re	eceipt					
	Mailing Address 619 19th St S	State	Zip Code		M M 08	'		24	/ Y	20	12	Y
	Birmingham	AL	35249						2181352		eriod	
	FEC ID number of contributing federal political committee.	С					,				500.	00
	Name of Employer University of Alabama in Birmingham	Occupation Physician-a	nesthesiologist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
В.	Full Name (Last, First, Middle Initial) William M. Walker M.D.				Date of	Re	eceipt					
	Mailing Address 4451 Rolling Pine				м м 08	/	2	27	/ Y	۲ 201	ү 12	Y
	City Orchard Lake	State MI	Zip Code 48323						181624 ceipt th		əriod	
	FEC ID number of contributing federal political committee.	С					7			_	250.	00
	Name of Employer South Oakland Anesthesia Associates	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
c.	Full Name (Last, First, Middle Initial) Brian E. Wallace M.D.				Date of	Re	eceipt					
	Mailing Address 400 E Pioneer Ste 204				м м 08	1	D 1	D 12	/ Y	201	ү 12	Y
	City Puyallup	State WA	Zip Code 98372-3257						ceipt thi		əriod	
	FEC ID number of contributing federal political committee.	С					7			_	50	.00
	Name of Employer	Occupation										
	Rainier Anesthesia Associates	Anesthesio	logist	_								
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(cł	neck onl	y one	e)				
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NAME OF COMMITTEE (In Full)										
American Society of Anesthes	siologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Ebon J. Wallace-Talifarro M.D.				Date of	f Rec	eipt				
Mailing Address 910 W Benton St # 115D				м – м 08	/	07	/ Y	у у 2012	Y	
City Iowa City	State IA	Zip Code 52246-5958					C18032: eceipt th	23 his Perio	d	
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Name of Employer University of Iowa Hospital and Clinic	Occupation Resident	I								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00								
Full Name (Last, First, Middle Initial) B. Hong Wang M.D., Ph.D				Date of	f Rec	eipt				
Mailing Address 50634 Drakes Bay Dr				08	/	31	/ Y	2012	Y	
City	State	Zip Code		Trans	actio	n ID : (C181734	45		
NOVI	MI	48374		Amoun	t of E	ach Re	eceipt th	his Perio	d	
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Name of Employer Detroit Medical Center Department of A	Occupation ANESTHES									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) C. Erikka L. Washington M.D.				Date of	f Rec	eipt				
Mailing Address 6431 FANNIN msb 5.020				м м 08	/	D D 14	/ Y	ү ү 2012	Y	
City HOUSTON	State TX	Zip Code 77030					C18067	23 his Perio	d	_
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Name of Employer	Occupation	l								
UTHSC-Houston Dept of Anesthesiology	Anesthesio	logist								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.60								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	f solici	ting c	conti	ributio	ons
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	е								
Α.	Full Name (Last, First, Middle Initial) Lucy A. Waskell M.D., Ph.D Mailing Address 2204 Devonshire Road				Date of		ceipt 30			ү 201	12	Y
	City Ann Arbor	State MI	Zip Code 48104-2702	_	Trans Amouni		i on ID : Each F				riod	
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	Name of Employer Research Service 11R Receipt For:	Occupation ANESTHES	SIOLOGIST									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Barbara Y. Watanabe M.D.				Date of	Re						
	Mailing Address 141 S 293rd PI	State	Zip Code		08 Trans) /	25 on ID :			2012	2	Y
	Federal Way	WA	98003		Amount					Pe	riod	
	FEC ID number of contributing federal political committee.	С					7				250.0	00
	Name of Employer Pacific Anesthesia	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
C.	Full Name (Last, First, Middle Initial) Robert D. Watson Jr., M.D.				Date of	Re	ceipt					
	Mailing Address 1970 Bradshire Dr				м м 08	/	27			201	2 2	Y
	City Mobile	State AL	Zip Code 36695	-	Trans Amount		ion ID : Each F				riod	
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	Name of Employer	Occupation										
	University of South Alabama	Anesthesio	ogist									
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check onl	y one)			
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NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) Mary B. Weber M.D. Mailing Address P.O. Box 50546				f Receipt			
			M M 08	04) / Y	2012	Y
City Casper	State WY	Zip Code 82605		saction ID : t of Each R		26	
FEC ID number of contributing federal political committee.	С			7		250	0.00
Name of Employer	Occupation	1					
gasdocpc	physician						
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Full Name (Last, First, Middle Initial) B. Andrew S. Weisinger M.D.			Date o	f Receipt			
Mailing Address 405 Beaumont Park Circle			08	/ D D 27	/ Y	y y 2012	Y
City Blythewood	State SC	Zip Code 29016		saction ID : t of Each R			
FEC ID number of contributing federal political committee.	С					1000	.00
Name of Employer Cardiovascular Anesthesia Services, LL	Occupation Anesthesio						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]				
Full Name (Last, First, Middle Initial) C. Alan Weiss M.D.			Date o	f Receipt			
Mailing Address 960 Royal Arms Dr.			08	/ D D		у у 2012	Y
City Girard	State OH	Zip Code 44420-1652		saction ID : t of Each R		-	
FEC ID number of contributing federal political committee.	С					83	3.30
Name of Employer	Occupation	1					
Bel-Park Anes. Assoc. Inc.	Anesthesio	logist	_				
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NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial) A. Steven L. Weissman M.D.			Date	of Re	eceipt				
Mailing Address 155 Baltic Circle			08		01	/ Y	Y 201		
City Tampa	State FL	Zip Code 33606			ion ID : Each R			iod	
FEC ID number of contributing federal political committee.	С		С		7			41.0	0
Name of Employer Univ. Community Hospital Anes. Dept.	Occupation Physician A	nesthesiologist							
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		287.00							
Full Name (Last, First, Middle Initial) B. Natalie C. Wells M.D.			Date	of Re	eceipt				
Mailing Address 2699 Lee Rd Ste 510			08		D D D 27	/ Y	2012		
City	State	Zip Code	Tra	nsact	ion ID :	C18162	52		
Winter Park	FL	32789	Amo	unt of	Each R	eceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С				7		2	250.0	0
Name of Employer	Occupation								
Anesthesiologists of Greater Orlando	MD, Anesth	esiologist	_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		250.00							
Full Name (Last, First, Middle Initial) C. Douglas A. Wemmer M.D.			Date	of Re	eceipt				
Mailing Address 426 San Remo Wy.			M 01		25	/ Y	y 2012		
City	State	Zip Code	Tra	insact	ion ID :	C18145	90		
San Diego	CA	92106	Amo	unt of	Each R	eceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С				7	7		250.0	00
Name of Employer	Occupation	l							
WEMMER AND ASSOCIATES INC	ANESTHE	SIOLOGIST							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		250.00	1						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the												_
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ee									_
Α.	Full Name (Last, First, Middle Initial) Roger F. West Jr., M.D.			C	Date of	Re	ceipt						
	Mailing Address 9134 Walnut Grove Dr.	State	Zip Code	_ [M = M 08	/	2	0	/ Y	20) 12	Y	
	Indianapolis	IN	46236-8533	Α					2181165 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					,		,		250	.00	
	Name of Employer Self	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
В.	Full Name (Last, First, Middle Initial) Thomas T. West M.D.				Date of	Re	ceipt						
	Mailing Address 405 Starling Dr				м м 08	1	0	D 5	/ Y	20) 12	Y	
	City Slidell	State LA	Zip Code 70461						2180255 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					,			_	1000	.00	
	Name of Employer Northlake Anesthesiologists, APMC	Occupation Anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
C.	Full Name (Last, First, Middle Initial) Gregory L. Whitaker D.O.				Date of	Re	ceipt						
	Mailing Address 1228 E Baltimore Dr				м м 08	/	D 0		/ Y)12	Y	
	City El Paso	State TX	Zip Code 79902	A					2180247 eceipt th		eriod		
	FEC ID number of contributing federal political committee.	С					7		7	_	83	.30	
	Name of Employer	Occupation	I										
	Self Receipt For:	Physician		_									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.90										
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	NAME OF COMMITTEE (In Full) American Society of Anesthes	ologists P	olitical Action Committ	ee						
A.					Date o	f Receipt				
	Mailing Address 221 Church Rd.				M M	/ D 30		2012		
	City Winnetka	State IL	Zip Code 60093			saction ID t of Each I		87		
	FEC ID number of contributing federal political committee.	С						2	250.0	0
	Name of Employer Elmhurst Memorial Hospital	Occupation physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
В.	Full Name (Last, First, Middle Initial) Erik White M.D. Mailing Address 4902 21st Ave Ct NW	1			Date o	f Receipt	D / Y	Y		٦
	City	State	Zip Code		08 Trans	25 saction ID :		2012 53	<u>!</u>	
	Gig Harbor	WA	98335			t of Each I			iod	
	FEC ID number of contributing federal political committee.	С					5	2	250.0	0
	Name of Employer Pacific Anesthesia	Occupation anesthesiol								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) John W. Whiteley M.D.				Date o	f Receipt				
	Mailing Address 4679 Meadow Springs Dr				08	/ D 24		2012		
	City Watkinsville	State GA	Zip Code 30677	_		saction ID t of Each I			iod	
	FEC ID number of contributing federal political committee.	С							41.6	60
	Name of Employer	Occupation	I							
	Athens Regional Med Ctr	Anesthesio	logist							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 291.60	1						
ę	SUBTOTAL of Receipts This Page (optional)			▶ ►		· · · ·		5	641.60	0

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page) 1b 11c 4 15	12 16	17
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NAME OF COMMITTEE (In Full) American Society of Anesthese	siologists Po	olitical Action Committe	ee			
Full Name (Last, First, Middle Initial) A. Dana Williams M.D.			Date of Rece	eipt		
Mailing Address 1725 Pine St			M M / /	D D / Y 17	2012	ŕ
City Montgomery	State AL	Zip Code 36106-1109		n ID : C18112	52	
FEC ID number of contributing federal political committee.	С		Amount of E	ach Receipt th	1000.0	00
Name of Employer Montgomery Anesthesia Associates Receipt For: Primary General	Occupation ANESTHES Aggregate					
Other (specify)		1000.00				
Full Name (Last, First, Middle Initial) B. Jon S. Williams M.D. Mailing Address 4000 Oak St #24			Date of Rece	D D / Y	YY	Y
City Kansas City	State MO	Zip Code 64111		26 n ID : C181463		_
FEC ID number of contributing federal political committee.	С		Amount of E	ach Receipt th	250.0)0
Name of Employer Kansas University Medical Center	Occupation Faculty		_			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) C. Michael J. Williams M.D.			Date of Rece	eipt		
Mailing Address 725 Kings Hwy			M M / / 08	D D / Y 07	2012	Ŷ
City Moorestown	State NJ	Zip Code 08057-2621		n ID : C18032: ach Receipt th		
FEC ID number of contributing federal political committee.	C				250.0	00
Name of Employer	Occupation					
Thomas Jefferson Univ. Anes.Dept	physician		_			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)										
American Society of Anesth	esiologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. N. Jeannie Williams M.D.				ate of	Re	ceipt				
Mailing Address 9725 Sunset Circle				м – м 08	/	D D D 13	/ Y) 12	Y
City	State	Zip Code		Trans	acti	on ID : C	180612	23		
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Name of Employer ANES ASSOC OF KC	Occupation ANESTHES									
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Primary General Other (specify) ▼	Aygregate	500.00]							
Full Name (Last, First, Middle Initial) B. Timothy G. Williams M.D.				Date of	Re	ceipt				
Mailing Address 145 Wildwood Trl				м м 08	/	D D D 24	/ Y	Y 20	, 12	Y
City	State	Zip Code		Trans	acti	on ID : C	181353	51		
Florence	AL	35630	A	mount	of	Each Re	ceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					,	y	_	250.	00
Name of Employer Beer, Simon, Williams and Associates	Occupation Anesthesiol									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Initial) C. William J. Wood M.D.				ate of	Re	ceipt				
Mailing Address 1101 W Clairemont Ave Eau Claire Anesthesiolo	gists Ltd.			м м 08	1	30		20)12	Y
City	State WI	Zip Code				ion ID : C				
Eau Claire	VVI	54701-6161	A	mount	of	Each Re	ceipt th	is P	eriod	
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Name of Employer	Occupation		\neg							
Eau Claire Anesthesiologists Ltd.	Anesthesio	logist								
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Primary General		500.00	1							
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	NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Derek Woodrum M.D.				Date of	Re	ceipt			
	Mailing Address 1500 E Medical Center Dr 1H247UH Box 5048				м – м 08	/	22	/ Y	2012	Y
	City Ann Arbor	State MI	Zip Code 48109-5000					C181208 eceipt th		d
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	Name of Employer	Occupation	l							
	University of Michigan Anesthesiology Receipt For:	Anesthesio	-							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
в.	Full Name (Last, First, Middle Initial) W. Bradley Worthington M.D.				Date of	Re	ceipt			
	Mailing Address 101 Hillwood Blvd				м м 08	/	D D D 16	/ Y	у у 2012	Y
	City Nashville	State TN	Zip Code 37205-2811				-	C180852	-	ч
	FEC ID number of contributing federal political committee.	С			Amount	U		eceipi ii	nis Perioo 8	3.30
	Name of Employer Center for Spinal Surgery	Occupation Anesthesiol								
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼		, 666.40							
с.	Full Name (Last, First, Middle Initial) Ervin S. Yen M.D.				Date of	Re	ceipt			
	Mailing Address 1700 Elmhurst Avenue				м м 08	/	D D 29	/ Y	2012	Y
	City Oklahoma City	State OK	Zip Code 73120-1012				-	C18165	26	
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	Name of Employer	Occupation								
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PAGE 190 OF

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	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesio	logists P	olitical Action Committe	ee							
A.	Full Name (Last, First, Middle Initial) Xiaobin Yi M.D.				Date of	Re	eceipt				
	Mailing Address 7412 Ethel Ave				м м 08	1	07) / Y		ү 012	Y
	City	State	Zip Code		Trans	acti	ion ID :	C180418	37		
	Richmond Heights	MO	63117	A	mount	t of	Each F	Receipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С					, .			250	00
	Name of Employer	Occupation									
	Washington University in St. Louis Dep	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
B.	Full Name (Last, First, Middle Initial) Chang S. Yoon M.D.				Date of	Re	eceipt				
	Mailing Address 1720 N Duckcross Cv				м м 08	/	02		20)12	Y
	City	State	Zip Code		Trans	acti	ion ID :	C180245	64		
	Wichita	KS	67206-3323	A	mount	t of	Each F	Receipt th	is P	Period	
	FEC ID number of contributing federal political committee.	С					7			500.	00
	Name of Employer Mid-Continent Anesthesiology	Occupation anestheiolog									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
C.	Full Name (Last, First, Middle Initial) Nerrin B. Zaharias M.D.				Date of	Re	eceipt				
	Mailing Address 801 Royal Terr.				м м 08	1	21)12	Y
	City Birmingham	State AL	Zip Code 35242	A				C181184 Receipt th		Period	
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	Name of Employer	Occupation		_							
	Anesthesia Group East	Anesthesio	logist								
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NAME OF COMMITTEE (In Full) American Society of And	esthesiologists P	olitical Action Committe	ee					
Full Name (Last, First, Middle Initia A. Matthew W. Zeleznik M.D.			Date o	of Red	ceipt			
Mailing Address 5671 Peachtree D	unwoody Rd. Ste 53		08	/	D D D 22	/ Y	2012	Y
City Atlanta	State GA	Zip Code 30342			on ID : C Each Re		33 nis Period	
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_	Full Name (Last, First, Middle Initial)															
Α.	AMERIPAC: THE FUND FOR A G	REATE	ER AMERICA	4				Date o		sburse			Y	Y	Y	
	Mailing Address 607 14th Street, NW, Suite 800							08		2	29		2	012	_	
	Washington	State DC	Zip Code 20005					Trans	sact	ion ID):	D13573	6			
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	Candidate Name			Cat	ego										0.00	
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	Full Name (Last, First, Middle Initial)															
В.	BERA 2012 VICTORY FUND							Date o		sburse			Y	Y	Y	
	Mailing Address 5429 MADISON AVENUE							08	ĺ		15			012		
	City Sacramento	State CA	Zip Code 95841					Tran	sact	ion IC) :	D13550)4			
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		ment For:	2012		<u> </u>					,		,				
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	Candidate Name Mr. Doug Collins			Cat	ego ype						1			350	0.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 193 OF 209
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	gists Political Action	Committee	
Full Name (Last, First, Middle Initial) A. DJOU FOR HAWAII			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 235280			08 01 2012
City	State Zip Code HI 96823		Transaction ID : D135259
Honolulu Purpose of Disbursement	HI 96823		
2012 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name Mr. Charles Djou		Category/	2000.00
	ment For: 2012	Туре	
Senate	Primary X General		
State: HI District: 01	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. GEORGE HOLDING FOR CONG	RESS		Date of Disbursement
Mailing Address PO Box 97187			08 / D D / Y Y Y Y 08 2012
City Raleigh	StateZip CodeNC27624-7187		Transaction ID : D135357
Purpose of Disbursement 2012 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Mr. George E.B. Holding Office Sought: X House Disburse	ment For: 2012	Туре	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary X General		
State: NC District: 13	Other (specify)		
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. HUDSON FOR CONGRESS			
Mailing Address PO BOX 5053			08 08 2012
City	State Zip Code		Transaction ID : D135356
Concord Purpose of Disbursement	NC 28027		
2012 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name Mr. Richard Hudson		Category/	5000.00
	ment For: 2012	Туре	
Senate	Primary X General		
President	Other (specify)		
State: NC District: 08			
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	Full Name (Last, First, Middle Initial)							Date o	f Dic	bure		ont						
А.	Huffman for Congress 2012								_	DUISE		_	y y	Y	Y			
	Mailing Address P.O. BOX 151563							08)1			012				
	,	State	Zip Code					Trans	sacti	on ID):	D1352	63					
	San Rafael Purpose of Disbursement	CA	94915															
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	Candidate Name			Cat							1			250	0.00			
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	Senate	Primary	2012 X General															
	President	Other (spe																
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	Full Name (Last, First, Middle Initial)							Data a	f Die	burg	~ ~~~	ant						
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	Mailing Address 607 14TH STREET NW SUITE 80	00																
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	WASHINGTON Purpose of Disbursement	DC	20005															
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	Full Name (Last, First, Middle Initial)		2012 Contribut															
-	MARC VEASEY CONGRESSION	AL CAN	IPAIGN COM	MMI	ΓT	EE	Ξ	Date o							_			
	Mailing Address PO BOX 50084							08	/	2	22			012	Ŷ			
	City	State	Zip Code					Trans	sacti	on ID	, .	D1356	62					
	Fort Worth Purpose of Disbursement	ТХ	76105				_	man	Juon			21000						
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	Mr. Marc Allison Veasey				уре					7	_	7		500	0.00			
	Office Sought: X House Disburser	ment For: Primary	2012 X General															
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NAME OF COMMITTEE (In Full)		_	
American Society of Anesthesic	logists Political Action	Committee	
Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT MICH	ELLE LUJAN GRISHA	м	Date of Disbursement
Mailing Address 2015 DIETZ PL NW			M M / D D / Y
City Albuquerque	State Zip Code NM 87107		Transaction ID : D135502
Purpose of Disbursement 2012 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name Ms. Michelle Lujan Grisham		Category/ Type	4000.00
Office Sought: House Disb Senate President	rrsement For: 2012 Primary X General Other (specify) ▼		
State: NM District: 01			
Full Name (Last, First, Middle Initial) B. PEOPLE FOR ENTERPRISE TRA Mailing Address 7804 Evening Lane	ADE AND ECONOMIC G	GROWTH	Date of Disbursement
City	State Zip Code		
Alexandria	VA 22306		Transaction ID : D135362
Purpose of Disbursement 2012 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disbu	Irsement For: 2012 Primary General Mother (specify) ▼ 2012 Contributi	on	
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address P.O. Box 3369			M M / D D / Y Y Y Y 08 01 2012
City	State Zip Code		Transaction ID : D135258
Corpus Christi Purpose of Disbursement	TX 78463		
2012 General Contribution		011	Amount of Each Disbursement this Period
Rep. Blake Farenthold		Category/ Type	5000.00
Senate President	rrsement For: 2012 Primary X General Other (specify) ▼		
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_	Full Name (Last, First, Middle Initial)														
Α.	GARY MILLER FOR CONGRESS					Date o	of Disbu	Jrsei		Y Y	Y				
	Mailing Address 721 S. Brea Canyon Road, Suite 7			08		08	3	2012							
	5	State Zip Code			Tran	saction	םו נ	: D13536	0						
	Diamond Bar	CA 91789	1			man	Saction		. 010000	Ū					
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	Candidate Name		Cate	egory/						200	00.00				
	Rep. Gary G. Miller		T	уре		<u></u>		-		200	50.00				
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	President	Other (specify)													
	State: CA District: 42														
_	Full Name (Last, First, Middle Initial)														
В.	BUCSHON FOR CONGRESS					Date o	of Disbu	ırsei	ment						
	Mailing Address DO D				_	M - M	1	0		2012	Y				
	Mailing Address PO Box 250					08		30	U	2012	-				
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	Newburgh Purpose of Disbursement	IN 47629	1		_										
	2012 General Contribution			011	11	Amount of Each Disbursement this									
	Candidate Name		Cot	agon/	11										
	Rep. Larry Bucshon			egory/ ype		L	7			40	00.00				
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~	Full Name (Last, First, Middle Initial)	`				Date o	f Diobi		mont						
С.	LYNN JENKINS FOR CONGRESS														
	Mailing Address P.O. Box 1441					08		08		2012	Y				
	City	State Zip Code													
	Topeka	KS 66601				Tran	sactior	۱D	: D13535	9					
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	ME OF COMMITTEE (In Full)				
Ar	merican Society of Anesthesiolog	gists Political Act	ion Comm	nittee	
-	I Name (Last, First, Middle Initial) ULVANEY FOR CONGRESS				Date of Disbursement
Mai	iling Address P.O. Box 1975				08 08 2012
City Lar	/ ncaster	State Zip Code SC 29721			Transaction ID : D135358
	pose of Disbursement 12 General Contribution		011		Amount of Each Disbursement this Period
	ndidate Name ep. Mick Mulvaney		Catego		2000.00
Offi	ce Sought: House Disburse Senate President	ment For: 2012 Primary X Gene Other (specify) ▼			
в. M	Name (Last, First, Middle Initial) O BROOKS FOR CONGRESS				Date of Disbursement
	iling Address 7610 FOXFIRE DR.	Stata Zin Codo			08 15 2012
-	/ NTSVILLE pose of Disbursement	State Zip Code AL 35802			Transaction ID : D135500
20	12 General Contribution		011		Amount of Each Disbursement this Period
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	ce Sought: X House Disburse Senate President	ment For: 2012 Primary X Gene Other (specify) ▼	eral Type	e	
	I Name (Last, First, Middle Initial) AUL GOSAR FOR CONGRESS				Date of Disbursement
Mai	iling Address 2222 E. Cedar Ave.				08 / D D / Y Y Y Y 2012
City	/ gstaff	State Zip Code AZ 86004			Transaction ID : D135501
Pur	pose of Disbursement 12 Primary Contribution		011		Amount of Each Disbursement this Period
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M	lailing Address 700 13th Street, NW						08		29	Э	20	012					
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	Full Name (Last, First, Middle Initial) Michael G. Hernandez M.D.						Date o							
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	Robert E. Hertzka M.D.						Date o		sburse		Y	Y	Y	Y
ļ	Mailing Address PO Box 1018						08			31	Ľ		012	
	City Rancho Santa Fe	StateZip CodeCA92067-1018					Tran	sact	tion ID) : D13	580	4		
Ī	Purpose of Disbursement Refund of Contribution		(010	٦		Amour	nt of	Each	Disbu	rsen	nent	this I	Period
ī	Candidate Name		Cate T	egor ype	ry/				,		,		200	0.00
Ō	Office Sought: House Disburse Senate President	ement For: 2012 Primary General Other (specify) ▼												
	State: District:	Refund of 2/29/	2012											
	Full Name (Last, First, Middle Initial) Robert M. Jarka M.D.						Date o	_	sburse				Y	Y
ļ	Mailing Address 6571 Butterfield Way						08			§1			012	T
I	City Placerville	StateZip CodeCA95667-8796					Tran	sact	tion ID) : D13	580	5		
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\setminus	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesiolog	gists Po	olitical Action	Corr	۱m	itte	ee							
~	Full Name (Last, First, Middle Initial)							Data	of Di	sburse	mont			
А.	Randhir Kaboo M.D.							Date		spurse		VVV	Y	V
	Mailing Address 19220 Catalina Rd							08		3			012	
	City	State CA	Zip Code					Tran	sact	ion ID	: D1358	06		
	Apple Valley Purpose of Disbursement	CA	92308-6798		_	_	-							
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_	Full Name (Last, First, Middle Initial)							D .	(D.					
в.	Peter P. Kobilsek M.D.							Date		sburse		V	Y	V
	Mailing Address 4186 E. Churchill Drive							08			1		012	Y
	City Fayetteville	State AR	Zip Code 72701					Trar	sact	ion ID	: D1358	07		
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	Mailing Address 3109 W Espartero Way							08		3			012	
	City Phoenix	State AZ	Zip Code 85086-2218					Trar	sact	ion ID	: D1358	08		
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\square	NAME OF COMMITTEE (In Full)		-	_														
	American Society of Anesthesiolog	gists Political Action	Com	nmi	ttee													
<u> </u>	Full Name (Last, First, Middle Initial)																	
Α.	Kenneth R. Moran M.D.								sburse					_				
	Mailing Address 4029 Hidden Hill Ct		08 31 2012															
	- 7	State Zip Code				т	rans	sact	ion ID) : D	013580	9						
	Powell Purpose of Disbursement	OH 43065-7112			_													
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р.	Gerald D. Pacelli Jr., M.D.					_			spuise			V	Y	V				
	Mailing Address 7184 Ludlow Dr	ing Address 7184 Ludlow Dr							08 31 2012									
	Roseville	State Zip Code CA 95747-5933			Transaction ID : D135810													
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C.	Full Name (Last, First, Middle Initial) Eugene S. Prokopyschyn D.O.					_	ite o		sburse		ent		Y	N.				
	Mailing Address 16789 W 67th Cir	ng Address 16789 W 67th Cir								31	7)12	T				
	Arvada	StateZip CodeCO80007				Т	ran	sact	ion ID) : D	013581	1						
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NAME OF COMMITTEE (In Full)				-		_													
American Society of Anest	hesiolog	ists Po	litical Action	Con	าทา	ittee													
Full Name (Last, First, Middle Initial) A. Lynn M. Rogers M.D.		Date of Disbursement																	
Mailing Address 11104 Kuertzmill Dr.								M m / D m / Y m											
City Cincinnati		State OH	Zip Code 45249					Trans	sacti	ion ID	: D135	312							
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B. Jonathan R. Sadler M.D.							_	ate o	_	sburse		Y	YY	Y					
Mailing Address 221 Devon Dr							08 31 2012												
City Birmingham		State AL	Zip Code 35209-4317				Transaction ID : D135813												
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State: District:			Refund of 2/29/2	2012															
Full Name (Last, First, Middle Initial) C. Charles Scott Salkeld D.O									_	sburse									
Mailing Address 14 Burning Tree Ln								08 / D D / Y Y Y Y 2012											
City Marmora		State NJ	Zip Code 08223-1902	•					Transaction ID : D135814										
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\square	NAME OF COMMITTEE (In Full)																	
	American Society of Anesthesiolog	gists Political Actior	n Con	nmi	ttee													
Α.	Full Name (Last, First, Middle Initial) Mario Serafini D.O.		Date of Disbursement															
	Mailing Address 260 Crescent Rd.					M M / D D / Y												
	Burlington	State Zip Code VT 05401-4665				Tran	sact	ion ID	: D1358	15								
	Purpose of Disbursement Refund of Contribution			010	1	Amount of Each Disbursement this Period												
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B.	Full Name (Last, First, Middle Initial) James F. Shanks M.D.					Date of Disbursement												
	Mailing Address 620 Glen Willow Dr					08 31 2012												
	Farragut	StateZip CodeTN37934				Transaction ID : D135816												
	Purpose of Disbursement Refund of Contribution			010	٦.	Amount of Each Disbursement this Period												
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C.	Full Name (Last, First, Middle Initial) Parvinder Singh M.D.					Date												
	Mailing Address 2011 Oaks Pl.	ailing Address 2011 Oaks Pl.							D /	201	12	Y						
	City S Arcadia	State Zip Code Lia CA 91006) : D1358 ⁻	17								
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\setminus	NAME OF COMMITTEE (In Full)															
	American Society of Anesthesiol	ogists Political Action	Com	nmi	ttee											
Α.	Full Name (Last, First, Middle Initial) Robert G. Sugar M.D.		Date of Disbursement													
						M M / D D / Y Y Y Y										
	Mailing Address 14500 Castlerock Rd.					08 31 2012										
	City Salinas	State Zip Code CA 93908-9438				Trai	nsact	tion II	D : I	D13581	8					
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	Mailing Address 67 Marywood Trail			08 31 2012												
	City Wheaton	State Zip Code IL 60187-8181				Transaction ID : D135820										
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C.	John F. Zeiger M.D.					Date	_	isburs	em	ent	/ /	Y	Y			
	Mailing Address 10705 Monte Vista Ct.					08			31			012				
	City Fort Wayne	State Zip Code IN 46804				Tra	nsac	tion II	D : I	D13582	21					
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American Society of Anesthesiolog	ists Political Action (Comn	nit	tee													
Full Name (Last, First, Middle Initial) A. Republican Governors Association	Full Name (Last, First, Middle Initial)																
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Mailing Address 1747 Pennsylvania Ave, NW					08		3	0	2012	-							
City S Washington	State Zip Code DC 20006			Transaction ID : D135734													
Purpose of Disbursement 2012 Membership Dues			-		Amount of Each Disbursement this Period												
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