

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

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) ▼

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2012

through

M M M / D D D / Y Y Y Y Y Y
08 31 2012

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 20 2012

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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) and 6(c) for Column A and Lines 6(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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
08 01 2012

To:

M M / D D / Y Y Y Y Y
08 31 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

178262.10

809172.80

(ii) Unitemized

45554.10

212628.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

223816.20

1021801.78

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

223816.20

1021801.78

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

6000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

223816.20

1027801.78

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

223816.20

1027801.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	16458.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	16458.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93500.00	752250.00
24. Independent Expenditures (use Schedule E)	0.00	119225.83
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	5325.00	7100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5325.00	7100.00
29. Other Disbursements	50000.00	125000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	148825.00	1020034.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148825.00	1020034.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Basem B. Abdelmalak M.D.

Mailing Address Dept of General Anesthesiology, E-
9500 Euclid Ave.

City State Zip Code
Cleveland OH 44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807493

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Ira H. Abels M.D.

Mailing Address 309 Mallard Rd

City State Zip Code
Weston FL 33327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida Dept of Anest

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City State Zip Code
Oronoco MN 55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805296

Amount of Each Receipt this Period

83.30

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

374.90

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

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

PAGE 7 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amr E. Abouleish M.B.A., M.

Mailing Address 4303 Evergreen Elm Ct

City

Houston

State

TX

Zip Code

77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2012

Transaction ID : C1806720

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. Jason R. Acosta M.D.

Mailing Address 1605 Hempel Ave

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

Transaction ID : C1816421

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David G. Adams M.D.

Mailing Address 12324 River Oaks Pt

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Tennessee Med. Ctr.

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : C1804622

Amount of Each Receipt this Period

250.00

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

833.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce T Adelman M.D.

Mailing Address 4896 Woodcliff Hill Road North

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital West Bloomfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808574

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Zulfiqar Ahmed M.B.,B.S.

Mailing Address 2865 Woodford Dr

City

Sterling Heights

State

MI

Zip Code

48310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814552

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karim Alarakhia M.D.

Mailing Address 322 E Central Blvd Unit 1812

City

Orlando

State

FL

Zip Code

32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists of Greater Orlando

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814786

Amount of Each Receipt this Period

500.00

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

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

1041.00

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

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

FOR LINE NUMBER: PAGE 9 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John L. Aldridge M.D.

Mailing Address 653 W 77th St

City State Zip Code
Tulsa OK 74132

FEC ID number of contributing federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2012

Transaction ID : C1812797

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick H. Allaire M.D.

Mailing Address 58991 290th St

City State Zip Code
Cambridge IA 50046-8510

FEC ID number of contributing federal political committee.

C

Name of Employer

McFarland Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2012

Transaction ID : C1808568

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Siraj N. Alseri M.D.

Mailing Address 2237 Twin Islands Ct

City State Zip Code
Ann Arbor MI 48108

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesia Assoc. of Ann Arbor

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816807

Amount of Each Receipt this Period

250.00

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

791.00

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

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

PAGE 10 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan C. Anderson M.D.

Mailing Address 151 Jossie Ln

City

Kalispell

State

MT

Zip Code

59901-6961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Rockies Anesthesia Consultant

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : C1804272

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS Society of Q. Anesthesiologists M.D.

Mailing Address P.O. Box 13405

City

Jackson

State

MS

Zip Code

39236-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808554

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case School of Medicin

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808570

Amount of Each Receipt this Period

83.00

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

224.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case School of Medicin

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807494

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. James M. Anton M.D.

Mailing Address 2302 Paradise Canyon Dr.

City

Pearland

State

TX

Zip Code

77584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802544

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Mark R. Applegate M.D.

Mailing Address 1281 Penny Lane

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805472

Amount of Each Receipt this Period

750.00

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

883.30

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

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

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

FOR LINE NUMBER: PAGE 12 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ross W. Appleyard M.D.

Mailing Address 416 Krameria St

City State Zip Code
 Denver CO 80220

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Colorado Anesthesia Consultants, P.C.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805362

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kayvan Ariani M.D.

Mailing Address 4007 Bermuda Grove Pl.

City State Zip Code
 Longwood FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JLR medical group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2012

Transaction ID : C1811190

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joel W. Arney M.D.

Mailing Address 4 Windy Hill Ct

City State Zip Code
 Sunfish Lake MN 55077

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fairview Ridges Hospital

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2012

Transaction ID : C1811193

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett L. Arron M.D.

Mailing Address 52 Lake Street

City

Wakefield

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Narragansett Bay Anesthesia

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2012

Transaction ID : C1807491

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Scott E. Ashcraft M.D.Mailing Address 8900 Indian Creek Parkway
Suite 500

City

Overland Park

State

KS

Zip Code

66210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2012

Transaction ID : C1816525

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Noah A. Babins M.D.Mailing Address 100 S Virginia Ave Unit 320
#320

City

Winter Park

State

FL

Zip Code

32789-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2012

Transaction ID : C1802373

Amount of Each Receipt this Period

500.00

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

1583.30

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

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

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

FOR LINE NUMBER: PAGE 14 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristy Z. Baker M.D.

Mailing Address 1810 Bridgewater Drive

City State Zip Code
 Heathrow FL 32746

FEC ID number of contributing federal political committee.

C

Name of Employer

JLR Medical group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 29 2012

Transaction ID : C1816573

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank A. Bakke M.D.

Mailing Address 3501 E Via Colonia Del Sol

City State Zip Code
 Tucson AZ 85718

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern Arizona Anesthesia Dept of An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 15 2012

Transaction ID : C1807704

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

c. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City State Zip Code
 Miami FL 33137

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 25 2012

Transaction ID : C1814547

Amount of Each Receipt this Period

83.30

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

1533.30

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

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

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

FOR LINE NUMBER: PAGE 15 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carolyn F. Bannister M.D.

Mailing Address 5102 Chastleton Drive

City State Zip Code
 Stone Mountain GA 30087

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Emory University School of Medicine

Occupation
 Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811761

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. David K. Barclay M.D.

Mailing Address 8080 Barony Point

City State Zip Code
 Mattawan MI 49071

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kalamazoo Anesthesiology

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1805266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew M. Barnett M.D.

Mailing Address 2000 Kehrsdale Ct.

City State Zip Code
 Chesterfield MO 63005

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Western Anesthesiology Associates, Inc

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805358

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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

FOR LINE NUMBER: PAGE 16 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Renee A. Baugh M.D.

Mailing Address 3173 Chestnut Run Dr

City

Bloomfield

State

MI

Zip Code

48302-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael L. Beaudrie D.O.Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anes

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816820

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles R. Beckenstein M.D.

Mailing Address 610 S Rome Ave Apt 602

City

Tampa

State

FL

Zip Code

33606-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer

UniCom Anesthesia Associates, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2012

Transaction ID : C1805563

Amount of Each Receipt this Period

41.60

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

791.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roderick W. Beer M.D.

Mailing Address 3966 Holden Dr.

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811249

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eileen V. Begin M.D.

Mailing Address 110 Irving St. NW #G-226

City

Washington

State

DC

Zip Code

20010-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814548

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Terry Bejot M.D.

Mailing Address 6911 Van Dorn, #2

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anes.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804662

Amount of Each Receipt this Period

500.00

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

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

791.60

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

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

FOR LINE NUMBER: PAGE 18 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey P. Bellefleur M.D.

Mailing Address 5195 Vincennes Ct

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2012

Transaction ID : C1812760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard E. Belmont Jr., D.O.

Mailing Address E4155 Nicole Ct

City

Eleva

State

WI

Zip Code

54738-9446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816821

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott M. Berger M.D.

Mailing Address 1053 Century Dr., #209

City

Louisville

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2012

Transaction ID : C1802556

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln.

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Medicine & Dentistry of NJ

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808532

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Aaron P. Betel M.D.

Mailing Address 34488 Old Timber

City

Farmington

State

MI

Zip Code

48331

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Joel L. Bez D.O.

Mailing Address 3806 Viceroy Dr.

City

Okemos

State

MI

Zip Code

48864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lansing Anesthesiologist P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812792

Amount of Each Receipt this Period

500.00

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

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

791.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anila Bhatti M.B.,B.S.

Mailing Address 5105 Franklin Road

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Julian S Bick M.D.

Mailing Address 4100B Oriole Pl

City

Nashville

State

TN

Zip Code

37215-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805373

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Paul C. Bicket M.D.

Mailing Address 13074 S Santa Fe Ave

City

Edmond

State

OK

Zip Code

73025-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814511

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 2929 Edgehill Rd

City State Zip Code
 Cleveland Heights OH 44118

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University Hospitals of Cleveland

Occupation
 Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811764

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Robert F. Birch M.D.

Mailing Address 582 Summit Ave.

City State Zip Code
 St. Paul MN 55102

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fairview Ridges Hospital

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805374

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Timothy M. Bittenbinder M.D.

Mailing Address 2401 South 31st St., Dept. of Anes
 MS - 20 - D304

City State Zip Code
 Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Scott and White Hospital

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814549

Amount of Each Receipt this Period

83.30

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

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

166.50

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

PAGE 22 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua G. Black M.D.

Mailing Address 33 E 26th St

City

Tulsa

State

OK

Zip Code

74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologist Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807500

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Will Blankenship M.D.

Mailing Address 2215 viewmont way w

City

Seattle

State

WA

Zip Code

98199

FEC ID number of contributing
federal political committee.

C

Name of Employer

swedish medical group

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814545

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Carol A. Blum M.D.

Mailing Address 16608 NE 113th St

City

Liberty

State

MO

Zip Code

64068

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : C1816778

Amount of Each Receipt this Period

250.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert A. Blumberg D.O.

Mailing Address 31677 Mountain View Rd

City State Zip Code
 Franklin MI 48025-1244

FEC ID number of contributing federal political committee.

C

Name of Employer
 Anesthesia Services, P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2012

Transaction ID : C1817311

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City State Zip Code
 Lafayette IN 47905-3944

FEC ID number of contributing federal political committee.

C

Name of Employer
 Anesthesiology Associates, P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 13 2012

Transaction ID : C1806122

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City State Zip Code
 Lafayette IN 47905-3944

FEC ID number of contributing federal political committee.

C

Name of Employer
 Anesthesiology Associates, P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 20 2012

Transaction ID : C1811647

Amount of Each Receipt this Period

50.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City
Lafayette

State
IN

Zip Code
47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817346

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Baher N. Boctor M.D.

Mailing Address 15112 La Sabana Dr

City
La Mirada

State
CA

Zip Code
90638-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Neal M. Bodner M.D.

Mailing Address 13152 SW 40th St

City
Davie

State
FL

Zip Code
33330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1805248

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason A. Boehm D.O.

Mailing Address 4208 E Whitehall Dr

City

Springfield

State

MO

Zip Code

65809-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Johns Clinic Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802542

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. Peter J. Boosalis M.D.

Mailing Address 515 S. Broadway St.

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants PA

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John P Borrego M.D.

Mailing Address 8332 E. Heatherbrae Dr.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811779

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory W. Bouska M.D.

Mailing Address 3000 Bogey Cir SE

City

Owens Cross Roads

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Associate

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816395

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Bowman M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anes

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816823

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frances Boyette M.D.

Mailing Address 8225 Marsh Pointe Dr.

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811241

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 27 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R. Bradford M.D.

Mailing Address 900 Peeler Street
PO Box 4095

City State Zip Code
Kalamazoo MI 49003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kalamazoo Anesthesiology, P.C.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John G. Brock-Utne M.D., Ph.D

Mailing Address 300 Pasteur Drive Anes. Dept.

City State Zip Code
Stanford CA 94305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Univ. Med. Ctr.

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2012

Transaction ID : C1807454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Brouillard A.A.

Mailing Address 57 Executive Park S
Dept of Anes

City State Zip Code
Atlanta GA 30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University School of Medicine

Occupation
Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2012

Transaction ID : C1804273

Amount of Each Receipt this Period

83.30

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

583.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Curtis C. Brown M.D.

Mailing Address 457 Holly Berry Cir

City State Zip Code
 Blythewood SC 29016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Consultants of Columbia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 14 / 2012

Transaction ID : C1807433

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt T. Budenbender D.O.

Mailing Address 1850 N. Central Ave Ste 1600
 Valley Anes. Consultants, LTD

City State Zip Code
 Phoenix AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia Consultants, LTD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808533

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City State Zip Code
 North Providence RI 02911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814546

Amount of Each Receipt this Period

100.00

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

1183.30

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

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

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

FOR LINE NUMBER: PAGE 29 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Burkman M.D.

Mailing Address 601 Belmont Ave E Apt A12

City State Zip Code
 Seattle WA 98102-4801

FEC ID number of contributing federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : C1805560

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Troy Caldwell M.D.

Mailing Address 1704 NW 179th Ter

City State Zip Code
 Edmond OK 73012

FEC ID number of contributing federal political committee.

C

Name of Employer

Affiliated Anesthesiologists LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 20 / 2012

Transaction ID : C1811734

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Frederick Campbell III, M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City State Zip Code
 Traverse City MI 49684-7306

FEC ID number of contributing federal political committee.

C

Name of Employer

Traverse Anesthesia Associates, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : C1808518

Amount of Each Receipt this Period

83.30

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

1124.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen D. Campbell M.D.

Mailing Address 545 Beverly Dr.

City

Summerville

State

SC

Zip Code

29485

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia associates of charleston

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Campos III, M.D.

Mailing Address 48 Schooner Ridge Rd

City

Cumb Foreside

State

ME

Zip Code

04110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816300

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Keith A. Candiotti M.D.

Mailing Address 940 S Shore Dr

City

Miami

State

FL

Zip Code

33141

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Miller School of M

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805275

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicholas Capone D.O.

Mailing Address 9146 Bay Point Drive

City State Zip Code
 Orlando FL 32819

FEC ID number of contributing federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : C1808552

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. James Carlsen M.D.

Mailing Address 1958 Common Way Rd

City State Zip Code
 Orlando FL 32814

FEC ID number of contributing federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 27 / 2012

Transaction ID : C1816249

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Craig L. Carlson M.D.

Mailing Address 5500 S Spy Glass Cir

City State Zip Code
 Sioux Falls SD 57108-6406

FEC ID number of contributing federal political committee.

C

Name of Employer

ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : C1814512

Amount of Each Receipt this Period

250.00

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

791.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Carney M.D.

Mailing Address 534 Ridgeview Drive

City
Erie

State
PA

Zip Code
16505

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808582

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Corey M. Carpenter M.D.

Mailing Address 845 Secret Garden Dr

City

Chattanooga

State

TN

Zip Code

37421-7440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808539

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Shawn M. Carson M.D.

Mailing Address 2139 Auburn Avenue

City

Cincinnati

State

OH

Zip Code

45219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAC Dept of Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804170

Amount of Each Receipt this Period

250.00

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

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

374.00

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

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

FOR LINE NUMBER: PAGE 33 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alvin R Castillo M.D.

Mailing Address 40 Jamestown Rd

City

Charleston

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

General Anesthesia Services, Inc

Occupation

anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chun K. Chan M.D.

Mailing Address 1354 Island Pl E

City

Memphis

State

TN

Zip Code

38103-9023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : C1816280

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Claire L. Chandler A.A.-C

Mailing Address 1253 Citadel Dr. NE

City

Atlanta

State

GA

Zip Code

30324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : C1807468

Amount of Each Receipt this Period

83.30

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

374.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 34 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C. Chatelain M.D.

Mailing Address 1319 S.9th St.

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

410.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2012

Transaction ID : C1811156

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John C. Chatelain M.D.

Mailing Address 1319 S.9th St.

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

410.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2012

Transaction ID : C1811157

Amount of Each Receipt this Period

369.00

Full Name (Last, First, Middle Initial)

c. Jack J. Chavez M.D.

Mailing Address 7319 Lorimar Pl.

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Department of

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2012

Transaction ID : C1811314

Amount of Each Receipt this Period

500.00

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

910.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wen J. Chen M.D.

Mailing Address 550 Gene Friend Way Apt 608

City State Zip Code
San Francisco CA 94158

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California - San Franci

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811762

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Bayer P. Cheng M.D.

Mailing Address 1118 Ross Clark Cir., #700

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants Medical Group

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814610

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Hao Cheng M.B.,B.S.

Mailing Address 2400 Haverford Dr.

City State Zip Code
Troy MI 48098-2378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Services, P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817314

Amount of Each Receipt this Period

250.00

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

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

1291.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pramod K. Chetty M.D.

Mailing Address 750 NE 13th St Ste 200

City State Zip Code
Oklahoma City OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma University Health Sciences Ce

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elie J. Chidiac M.D.

Mailing Address 1612 Apple Ln.

City State Zip Code
Bloomfield Hills MI 48302-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne State University School of Medic

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey K. Clark M.D.

Mailing Address 1835 Lakeview Ct

City State Zip Code
Bloomfield Hills MI 48304-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Medical Center

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817316

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard N. Cochrane M.D.

Mailing Address 1219 Ponderosa Dr. N.

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816824

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stacy A. Coffin M.D.

Mailing Address 404 Hawthorne Rd., N.

City

Duluth

State

MN

Zip Code

55812

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Lukes Hospital of Duluth

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

State

MI

Zip Code

48025

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

1041.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. Collins M.D.

Mailing Address 12012 Timberlake Dr

City State Zip Code
Cincinnati OH 45249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Cincinnati

Occupation

Anesthesiologist, Pain specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2012

Transaction ID : C1805541

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Craig M. Combs M.D.

Mailing Address 1924 Alcoa Hwy # U109

City State Zip Code
Knoxville TN 37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TN Medical Center Anesm Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert M. Coon M.D.

Mailing Address 5339 S. Toledo

City State Zip Code
Tulsa OK 74135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805505

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa T. Cooper M.D.

Mailing Address 7134 Buena Vista Ct.

City

West Bloomfield

State

MI

Zip Code

48322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817317

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles A. Cotton M.D.

Mailing Address 2605 SE 6th St

City

Moore

State

OK

Zip Code

73160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811747

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Cheryl G. Cowens M.D.

Mailing Address 3801 Wilderness Trl.

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williams and Wagner PSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803238

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 40 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grant T. Cravens M.D.

Mailing Address 2900 Thomas Ave S Apt 2130

City State Zip Code
 Minneapolis MN 55416

FEC ID number of contributing federal political committee.

C

Name of Employer

Midwest Anesthesiologists, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 26 / 2012

Transaction ID : C1814634

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert A. Crone M.D.

Mailing Address 124 E. Cherry Dr.

City State Zip Code
 Memphis TN 38117

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Anesthesia Group, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : C1810516

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brian L. Cross M.D.

Mailing Address P.O. Box 3010

City State Zip Code
 Tustin CA 92781

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 12 / 2012

Transaction ID : C1805539

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan G. Curling M.D.

Mailing Address 2727 Kirby Dr Apt 11D

City

Houston

State

TX

Zip Code

77098-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Houston Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810592

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Stephan R. Curry M.D.

Mailing Address 292 Cumberland Head Rd

City

Plattsburgh

State

NY

Zip Code

12901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Physicians Hospital M

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802474

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. David E. Cutting M.D.

Mailing Address 1889 Fish Hatchery Court

City

Palm Harbor

State

FL

Zip Code

34684-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAPC Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816659

Amount of Each Receipt this Period

250.00

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

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

374.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Armando D'Arduini M.D.

Mailing Address 259 1st St

Dept of Anes

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nassau Anesthesia Assoc.

Occupation

Cardiothoracic Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814505

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Michael Danic M.D.

Mailing Address 14726 Fox

City

Redford

State

MI

Zip Code

48239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805562

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Sharon D. Darrow D.O.

Mailing Address 1916 NW 159th Pl

City

Edmond

State

OK

Zip Code

73013-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814685

Amount of Each Receipt this Period

83.30

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

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

366.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anand S. Dash M.D.

Mailing Address 1624 E. Wayne Street

City

South Bend

State

IN

Zip Code

46615

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Valley Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816504

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Phillip deJarnette M.D.

Mailing Address 303 Parkway Dr NE # 404

City

Atlanta

State

GA

Zip Code

30312

FEC ID number of contributing
federal political committee.

C

Name of Employer

N.A.P.

Occupation

Associate Chair

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James K. DelloRusso M.D.

Mailing Address 18815 Rockinghorse Ln.

City

Huntington Beach

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803184

Amount of Each Receipt this Period

1000.00

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

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

1291.60

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

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

FOR LINE NUMBER: PAGE 44 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City State Zip Code
 Frisco TX 75035

FEC ID number of contributing federal political committee.

C

Name of Employer

Baylor Center for Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y
 08 29 2012

Transaction ID : C1816503

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City State Zip Code
 Longmeadow MA 01106

FEC ID number of contributing federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 01 2012

Transaction ID : C1808564

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Louis J. DeWild M.D.

Mailing Address 1215 Pleasant St., #400

City State Zip Code
 Des Moines IA 50309

FEC ID number of contributing federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 07 2012

Transaction ID : C1803234

Amount of Each Receipt this Period

500.00

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

624.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City

Armonk

State

NY

Zip Code

10504

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore University Hospital Anesth

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812095

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christina D. Diaz M.D.

Mailing Address 2433 N Lefebvre Ave

City

Milwaukee

State

WI

Zip Code

53213-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of WisconsinChildrens

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810596

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City

Miami

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808519

Amount of Each Receipt this Period

83.30

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

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

208.20

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

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

FOR LINE NUMBER: PAGE 46 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary J. DiLisio

Mailing Address 324 Gannett Dr Ste 200

City

South Portland

State

ME

Zip Code

04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2012

Transaction ID : C1808561

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Hannah M. Dillon M.D.

Mailing Address 317 E. Canyon View Dr.

City

Tucson

State

AZ

Zip Code

85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2012

Transaction ID : C1806658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cain E. Dimon M.D.

Mailing Address 48380 Burntwood Ct.

City

Novi

State

MI

Zip Code

48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates, P

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814542

Amount of Each Receipt this Period

1000.00

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

1333.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. Dinger M.D.

Mailing Address 246 Cedar Heights Dr

City

Duncansville

State

PA

Zip Code

16635-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPRING COVE MED SER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy J. Doles M.D.

Mailing Address 9149 Brenham Ct

City

Montgomery

State

AL

Zip Code

36117-0923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811251

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas A. Dosland M.D.

Mailing Address 9780 Hidden Glade Rd.

City

St. Paul

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814597

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kolleen C. Dougherty M.D.

Mailing Address 30 Richards St.

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816609

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.10

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812093

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. John J. Doyle M.D.

Mailing Address 120 N River Dr

City

St Augustine

State

FL

Zip Code

32095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Clay County

Occupation

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813492

Amount of Each Receipt this Period

500.00

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

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

833.30

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

PAGE 49 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Draper M.D.

Mailing Address 10616 Casador Del Oso NE

City

Albuquerque

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico Department of

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Transaction ID : C1811854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Zoran Drmanovic M.D.

Mailing Address 5600 SW Bellflower Ct.

City

Palm City

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : C1808566

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Wendy W. Duchene M.D.

Mailing Address 5512 Aberdeen St.

City

Shawnee Mission

State

KS

Zip Code

66205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Truman Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2012

Transaction ID : C1814616

Amount of Each Receipt this Period

250.00

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

541.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roman Dudaryk M.D.

Mailing Address Ryder Traum Center 1800 NW 10th st
T-239

City State Zip Code
Miami FL 33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Trauma Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2012

Transaction ID : C1805569

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DAnn Duesterhoeft M.D.

Mailing Address 5227 Glenbrook Dr

City State Zip Code
Vienna WV 26105-3169

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Anesthesia, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2012

Transaction ID : C1807578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David L. Dugan M.D.

Mailing Address 14207 Independence Ct

City State Zip Code
Basehor KS 66007

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2012

Transaction ID : C1804693

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher J. Dunkerley M.D.

Mailing Address 49 McCormack Rd

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2012

Transaction ID : C1805258

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steve A. Dunn M.D.

Mailing Address 194 Boulder Dr.

City

Muskegon

State

MI

Zip Code

49444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffrey W. Dyer-Smith M.D.

Mailing Address 6320 Muir Woods Dr N

City

Mobile

State

AL

Zip Code

36693

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Med Ctr. Dept of

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817623

Amount of Each Receipt this Period

350.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 52 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jane Easdown M.D.

Mailing Address 5106 Cornwall Dr

City

Brentwood

State

TN

Zip Code

37027-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2012

Transaction ID : C1808543

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Anthony L. Edelman M.D.

Mailing Address 1309 Baldwin Ave

City

Ann Arbor

State

MI

Zip Code

48104-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2012

Transaction ID : C1805363

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

c. David J. Egli M.D.

Mailing Address 120 Red Oak Ln.

City

Mankato

State

MN

Zip Code

56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

MANKATO ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2012

Transaction ID : C1814513

Amount of Each Receipt this Period

500.00

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

766.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beth A. Elliott M.D.

Mailing Address Anesthesia Dept.

200 First St. S.W.

City

Rochester

State

MN

Zip Code

55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : C1812067

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sean L. Elliott D.O.

Mailing Address 535 N and South Road

City

University City

State

MO

Zip Code

63130

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : C1812108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : C1802473

Amount of Each Receipt this Period

83.30

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

583.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven W. Emmons M.D.

Mailing Address 6508 Cypress Hollow

City

Edmond

State

OK

Zip Code

73034

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813480

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lawrence Epstein M.D.

Mailing Address Dept. Of Anesthesiology Box 1192
One Gustave Levy Place

City

New York

State

NY

Zip Code

10029-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810595

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Gregory L. Erb M.D.

Mailing Address 14905 W. 60th St

City

Shawnee

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802459

Amount of Each Receipt this Period

500.00

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

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

1041.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811259

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Monique Espinosa M.D.

Mailing Address Department of Anesthesiology

Ryder Trauma Center Room T-2151800

City

Miami

State

FL

Zip Code

33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799060

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Eric D. Etzel D.O.

Mailing Address 3701 Timber Creek Ct

City

Eau Claire

State

WI

Zip Code

54701-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816825

Amount of Each Receipt this Period

500.00

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

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

668.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Forest L. Evans Jr., M.D.

Mailing Address PO Box 1928

City
Columbia

State
SC

Zip Code
29202-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Columbia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802672

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. James C. Evans D.O.

Mailing Address 8765 Clark rd

City

Grand Ledge

State

MI

Zip Code

48837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center Anesthe

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808565

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John M. Evans M.D.

Mailing Address 625 Shoreline Ct.

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816826

Amount of Each Receipt this Period

500.00

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

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

1041.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Olawale A. Fadugba M.B.,Ch.B.

Mailing Address 423 E Whispering Ln

City
Galloway

State
NJ

Zip Code
08205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlanticare regional medical center

Occupation

Co-Chair -Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804184

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rhesa S. Farmer M.D.

Mailing Address 5370 E. Camino Francisco Soza

City
Tucson

State
AZ

Zip Code
85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811125

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rita Fattouch Saikali M.D.

Mailing Address 52 Prince of Wales Court

City
Williamsville

State
NY

Zip Code
14221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wagdy Ghaly MD PC

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816500

Amount of Each Receipt this Period

50.00

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

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ana M. Faus M.D.

Mailing Address 7330 E. Bayaud Ave.

City

Denver

State

CO

Zip Code

80230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metro Denver Anesthesia

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Feinerman M.D.

Mailing Address 3906 W Obispo St

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulfcoast Anesthesia Partners

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803150

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott D. Fielden M.D.

Mailing Address PO Box 401805

City

Las Vegas

State

NV

Zip Code

89140-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc. Crede

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808544

Amount of Each Receipt this Period

83.00

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

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

833.00

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

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

FOR LINE NUMBER: PAGE 59 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ralph Fillmore M.D.

Mailing Address 1118 Ross Clark Cir., #700

City State Zip Code
 Dothan AL 36301

FEC ID number of contributing federal political committee.

C

Name of Employer

ACMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 29 2012

Transaction ID : C1816523

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sheldon P. Fineman M.D.

Mailing Address 2269 Kendall St.

City State Zip Code
 Virginia Beach VA 23451

FEC ID number of contributing federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 08 2012

Transaction ID : C1804642

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cherie F. Fisher M.D.

Mailing Address 11058 Canary Island Ct

City State Zip Code
 Plantation FL 33324

FEC ID number of contributing federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 01 2012

Transaction ID : C1799048

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lauren L. Fitzgerald M.D.

Mailing Address 4200 W. Memorial Rd. Suite 703

City State Zip Code
 OKC OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologist, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gerhard W. Flacke M.D.

Mailing Address 3947 E Ina Rd

City State Zip Code
 Tucson AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.60

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814627

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City State Zip Code
 Falmouth ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807486

Amount of Each Receipt this Period

83.30

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

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

416.60

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

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

FOR LINE NUMBER: PAGE 61 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry G. Foley M.D.

Mailing Address P.O. Box 940127

City State Zip Code
Maitland FL 32794

FEC ID number of contributing federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : C1803237

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Foster M.D.

Mailing Address 3945 South Atherton

City State Zip Code
State College PA 16801

FEC ID number of contributing federal political committee.

C

Name of Employer

Mt. Nittany Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : C1816417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Deanna K. Fox M.D.

Mailing Address 8513 Rosehill Rd

City State Zip Code
Lenexa KS 66215-2837

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816814

Amount of Each Receipt this Period

500.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. G. Craig Fox M.D.

Mailing Address 21 Melrose Ln

City

Green Village

State

NJ

Zip Code

07935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : C1806717

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Stuart W. Fraley M.D.

Mailing Address 8253 Glengarry Ct.

City

Indianapolis

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Physicians Network

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : C1814247

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James M. Frankland M.D.

Mailing Address 3640 Mossy Creek Ln

City

Tallahassee

State

FL

Zip Code

32311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Tallahassee

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1799760

Amount of Each Receipt this Period

1000.00

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

1583.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Samir F. Fuleihan M.D.

Mailing Address Harper Hosp., Anes. Dept.
3990 John R

City State Zip Code
Detroit MI 48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bennett E. Fuller M.D.

Mailing Address 4200 W Memorial Rd Ste 703

City State Zip Code
Oklahoma City OK 73120-8359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816808

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City State Zip Code
Muskegon MI 49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.30

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803173

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.30

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803174

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Brantley Gaitan M.D.

Mailing Address 5777 E Mayo Blvd - Anesthesiology

City

Phoenix

State

AZ

Zip Code

85054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Arizona Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816532

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Emilio B. Gallo M.D.

Mailing Address 8930 Southern Breeze Dr.

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical group

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814510

Amount of Each Receipt this Period

500.00

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

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

1583.30

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

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

FOR LINE NUMBER: PAGE 65 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Garcia M.D.

Mailing Address 3231 Fountain Blvd.

City State Zip Code
Tampa FL 33609

FEC ID number of contributing
federal political committee.

C

Name of Employer
All Childrens Specialty Physicians

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799769

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brett L. Gardner M.D.

Mailing Address 3703 Freedom Dr.

City State Zip Code
Eau Claire WI 54703-1378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816827

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jeffrey C. Gardner M.D.

Mailing Address 935 Oaklawn Ave

City State Zip Code
Winston Salem NC 27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest University Dept of Anesthe

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812747

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 66 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles J. Garrett M.D.

Mailing Address 1617 kansas ave

City

San Angelo

State

TX

Zip Code

76904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Anesthesiolo

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816502

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.40

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808567

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.40

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802519

Amount of Each Receipt this Period

83.30

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

207.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tony George M.D.

Mailing Address 7 Layer Dr.

City

Morris Plains

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Anesthesia Assoc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814652

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wisam M. George D.O.

Mailing Address 4775 Driftwood Dr

City

Commerce Township

State

MI

Zip Code

48382-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817319

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Timothy R. Gerry M.D.

Mailing Address 3024 Coltman Ln.

City

Eau Claire

State

WI

Zip Code

54701-5803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816828

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 68 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William W. Gezzar M.D.

Mailing Address 1820 Whitecap Circle

City State Zip Code
 North Fort Myers FL 33903

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAPMC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Philip M. Gilberstadt M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
 Eau Claire Anes

City State Zip Code
 Eau Claire WI 54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816829

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Marilyn J. Goldstein M.D.

Mailing Address 412 Ridgpoint Court

City State Zip Code
 Piney Flats TN 37686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician-anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805508

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 69 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maria A. Gomez M.D.

Mailing Address 617 E. Desert Park Ln.

City State Zip Code
 Phoenix AZ 85020

FEC ID number of contributing federal political committee.

C

Name of Employer
 Valley Anesthesiology Consultants, Ltd

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : C1814607

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Santiago L. Gomez M.D.

Mailing Address 13 Chateau Pontet Canet Dr

City State Zip Code
 Kenner LA 70065-2035

FEC ID number of contributing federal political committee.

C

Name of Employer
 Tulane Hospital

Occupation
 Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2012

Transaction ID : C1807483

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Dale A. Gonzales M.D.

Mailing Address 441 S. Livernois Rd., #190

City State Zip Code
 Rochester MI 48307-2591

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : C1817320

Amount of Each Receipt this Period

250.00

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

591.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul M. Greaves M.D.

Mailing Address 1165 Linnwood Dr NE

City
Albany

State
OR

Zip Code
97322

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805356

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

B. Dara A. Green M.D.

Mailing Address 13657 Glynshel Drive

City

Winter-Garden

State

FL

Zip Code

34787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold Palmer Hospital for Children

Occupation
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808548

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

c. Ryan B. Green M.D.,Ph.D.

Mailing Address 3621 Shukla Ct

City

Walnut Creek

State

CA

Zip Code

94598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814648

Amount of Each Receipt this Period

250.00

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

959.00

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

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

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

FOR LINE NUMBER: PAGE 71 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ralph Gregg M.D.

Mailing Address 18400 Pioneer Rd

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Pain Management

Occupation

M.D.-Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CAROLYN GREGORIUS

Mailing Address 2220 THE KNOLLS

City

LINCOLN

State

NE

Zip Code

68512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sef-Employed

Occupation

Souse of ASA member

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Stephen C. Grice M.D.

Mailing Address 9175 Old Southwick Pass

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Hospital Northside Anesthesi

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816425

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alina M Grigore M.D.

Mailing Address 8 Deep Run Ct

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland Medical School

Occupation

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Francisco Grinberg M.D.

Mailing Address 41 Pinnacle Dr

City

South Burlington

State

VT

Zip Code

05403

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Vermont

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811723

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew M Gross M.D.

Mailing Address 6801 LAKE DEVONWOOD DR

City

Fort Myers

State

FL

Zip Code

33908-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Center of Florida

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802521

Amount of Each Receipt this Period

41.60

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

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

791.60

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

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

FOR LINE NUMBER: PAGE 73 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Justin A. Gullede M.D.

Mailing Address 5508 NW 108th Ter

City

Oklahoma City

State

OK

Zip Code

73162-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC, Dept of Anes

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2012

Transaction ID : C1814518

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City

Chicago

State

IL

Zip Code

60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Department of An

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2012

Transaction ID : C1806121

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Melanie J. Guthrie A.A.-C,M.S

Mailing Address 2411 Holmes Street
MG-200

City

Kansas City

State

MO

Zip Code

64108

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri - Kansas City

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2012

Transaction ID : C1802522

Amount of Each Receipt this Period

41.60

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

591.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Halim D. Haber M.D.

Mailing Address 19 Nantucket Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817321

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Osama I. Hafez M.D.

Mailing Address 26637 Castleview Way

City

Wesley Chapel

State

FL

Zip Code

33544

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOFFITT CANCER CENTER

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Anesthesiologist

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799107

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Norman J. Halliday M.D.

Mailing Address 660 N.E. 105 Street

City

Miami Shores

State

FL

Zip Code

33138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Miami Sch of Med

Occupation

medical practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814974

Amount of Each Receipt this Period

100.00

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

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

650.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Malik A. Hamid M.D.

Mailing Address Anes Dept

3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66103

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804193

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Aaron Hammond D.O.

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

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802669

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Chad E. Harbin D.O.

Mailing Address 16495 Timberlane Dr

City

Athens

State

AL

Zip Code

35613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816781

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

PAGE 76 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy J. Haring M.D.

Mailing Address PO Box 235019

City

Montgomery

State

AL

Zip Code

36123-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : C1811242

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeanette A. Harrington M.D.

Mailing Address 200 Hawkins Dr

Department of Anesthesiology

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa Hospitals and Clini

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : C1810597

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. James A. Harris D.O.

Mailing Address 3238 Gallows Rd

City

Fairfax

State

VA

Zip Code

22031

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Transaction ID : C1805352

Amount of Each Receipt this Period

250.00

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

1333.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City

Dublin

State

OH

Zip Code

43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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

State

SC

Zip Code

29385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spartanburg Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803249

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joy L. Hawkins M.D.

Mailing Address 12631 E 17th Ave, MS 8203

City

Aurora

State

CO

Zip Code

80045

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado School of Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814522

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

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

FOR LINE NUMBER: PAGE 78 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert E. Heflin M.D.

Mailing Address 6 Fairview Hts

City

Parkersburg

State

WV

Zip Code

26101

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Anesthesia Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : C1811805

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas D. Heiman M.D.

Mailing Address 3670 E 1st St Apt B

City

Long Beach

State

CA

Zip Code

90803-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : C1803239

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Stephen W. Heimbach M.D.

Mailing Address 1105 Camelot Drive

City

Yukon

State

OK

Zip Code

73099-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma University Health Sciences Ce

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : C1811309

Amount of Each Receipt this Period

250.00

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

1050.00

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

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

PAGE 79 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael R. Hejtmanek M.D.

Mailing Address 2222 40th St.

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellingham Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2012

Transaction ID : C1811773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807475

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Richard L. Henry M.D.

Mailing Address 3046 Obrien Dr

City

Tallahassee

State

FL

Zip Code

32309-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Tallahass

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : C1802676

Amount of Each Receipt this Period

41.60

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

374.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michelle J. Herman M.D.

Mailing Address 7460 W. Ina Road

City

Tucson

State

AZ

Zip Code

85743

FEC ID number of contributing
federal political committee.

C

Name of Employer

southern Arizona anesthesiology

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816527

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter G. Hild M.D.

Mailing Address 3901 Rainbow Blvd.
2467 Bell Mem. Hosp.

City

Kansas City

State

KS

Zip Code

66160

FEC ID number of contributing
federal political committee.

C

Name of Employer

KU Anesthesiology Foundation

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vernon C. Hill M.D.

Mailing Address 1621 Stanford Drive

City

Anchorage

State

AK

Zip Code

99508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anchorage Anesthesia Grp

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803153

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan G. Hisghman D.O.

Mailing Address 650 Poinsettia Rd

City

Belleair

State

FL

Zip Code

33756-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808545

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Maggie M. Ho D.O.

Mailing Address 9 Carleys Way

City

Rockaway

State

NJ

Zip Code

07866-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anest. Group/St. Clares Hosp.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Stephen Q. Hoang M.D.

Mailing Address 5930 Royal Ln # E-171

City

Dallas

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Medical Center Dallas

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816577

Amount of Each Receipt this Period

500.00

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

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

791.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joyce L. Hoatson M.D.

Mailing Address 2127 S Terrace Blvd

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

jlr medical

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dag Holmsen M.D.

Mailing Address 73 Oxen Dr

City

Oakland

State

ME

Zip Code

04963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennebec Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806661

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew Houlton M.D.

Mailing Address 3300 Oakdale Avenue North

City

Robbinsdale

State

MN

Zip Code

55422

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Memorial Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812836

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

PAGE 83 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	2

Transaction ID : C1811149

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jeffrey Huang M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGO

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	2

Transaction ID : C1813475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

498.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	2

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 number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City
BirminghamState Zip Code
AL 35209FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Alabama Medical Center DOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.60

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : C1811765

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Lewis A. Hunt M.D.

Mailing Address 36 Foxchase

City
DothanState Zip Code
AL 36305FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants Medical GroupOccupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : C1809226

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James M. Hunter Jr., M.D.Mailing Address University of Alabama at Birmingham
619 S. 19th Street JT926CCity
BirminghamState Zip Code
AL 35249FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Alabama at BirminghamOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : C1808557

Amount of Each Receipt this Period

41.00

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

1124.30

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

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

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

FOR LINE NUMBER: PAGE 85 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. Hunter M.D.

Mailing Address 46-133 Punalei PI

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Anesthesia Medical Group, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John H. Huntington M.D.

Mailing Address 3333 Evergreen Dr., NE

City

Grand Rapids

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, PC

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808547

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Robert W. Hurley M.D., Ph.D

Mailing Address PO Box 100254- Hurley

City

Gainesville

State

FL

Zip Code

32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL Med Ctr Anes Dept

Occupation

Pain Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805297

Amount of Each Receipt this Period

41.60

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

582.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807476

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. Thomas F. Ingersoll M.D.

Mailing Address 8600 N. Route 91, Suite #250

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, S.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816242

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Susan N. Iovan M.D.

Mailing Address 6640 Valley Spring

City

Bloomfield Township

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816247

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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

FOR LINE NUMBER: PAGE 87 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew J. Irwin M.D.

Mailing Address 3317 Evergreen Lanen

City State Zip Code
Eau Claire WI 54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Wisconsin Dept of Anesth

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark T. Isaac D.O.

Mailing Address 1459 Lexington Ontario Rd

City State Zip Code
Mansfield OH 44903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates of Mansfield

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2012

Transaction ID : C1816501

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. John C. Jabour M.D.

Mailing Address 10571 Greenbelt Dr.

City State Zip Code
Clive IA 50325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anes., P.C.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2012

Transaction ID : C1802532

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City

Davie

State

FL

Zip Code

33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808517

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Aurelia D. Jamerson M.D.

Mailing Address 5434 Avalon Ct.

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817323

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Amber L. Jandik M.D.

Mailing Address 5251 Westminster Dr

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802547

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807487

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. J. Lawrence Jayne Jr., M.D.

Mailing Address 350 Blountville Hwy Ste 207

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Regional Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804639

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Curby D. Jenkins D.O.

Mailing Address 654 Emily Ln.

City

Haslett

State

MI

Zip Code

48840-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self - Lansing Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

581.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808550

Amount of Each Receipt this Period

83.00

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

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

1166.30

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

PAGE 90 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William M. Jenkins M.D.

Mailing Address 3938 Blackstone Court

City

Hayward

State

CA

Zip Code

94542

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Jenkins, M.D.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : C1803180

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cynthia L. Jenson M.D.

Mailing Address 434 Main St.

City

Waterville

State

ME

Zip Code

04901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2012

Transaction ID : C1802475

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. J. F. Jimenez M.D.

Mailing Address 116 Seven Iron Ct.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Anesthesia Corporation, I

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2012

Transaction ID : C1806894

Amount of Each Receipt this Period

250.00

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

583.30

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

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

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

FOR LINE NUMBER: PAGE 91 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise C. Joffe M.D.

Mailing Address 2222 78th Ave. SE

City

Mercer Island

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

seattle childrens hospital

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2012

Transaction ID : C1811855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Adam S. Johnson M.D.Mailing Address 2810 N Swan Rd Ste 100
Old Pueblo Anesthesia

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : C1809222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brad N. Johnson D.O.

Mailing Address 303 W. Spring Meadows Lane

City

Dewitt

State

MI

Zip Code

48820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lansing Anesthesiologist, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : C1811768

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

PAGE 92 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Johnson M.D.

Mailing Address 5007 Monica Rd NW

City

Huntsville

State

AL

Zip Code

35810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huntsville Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	2

Transaction ID : C1816895

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul W. Johnson M.D.

Mailing Address 39 Woodmere Dr.

City

Dothan

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	1	2

Transaction ID : C1804307

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rushton M. Jones M.D.

Mailing Address 1 Shire Cir

City

East Greenbush

State

NY

Zip Code

12061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Med Ctr

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	2

Transaction ID : C1811847

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 93 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William M. Jordan M.D.

Mailing Address 1859 Ridge Ave

City

Montgomery

State

AL

Zip Code

36106-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : C1811245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vilma A. Joseph M.D.

Mailing Address 682 Frick St

City

Elmont

State

NY

Zip Code

11003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monetefiore Medical Center Albert Eins

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : C1816281

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Steven Kapla M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C

Eau Claire Anesthesiologists

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816831

Amount of Each Receipt this Period

500.00

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

1541.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Suzanne B. Karan M.D.

Mailing Address 1410 Highland Ave

City

Rochester

State

NY

Zip Code

14620-1876

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester - Strong Memor

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799058

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Vida R. Kasuba M.D.

Mailing Address 1406 Elizabeth Ct

City

Coraopolis

State

PA

Zip Code

15108-8973

FEC ID number of contributing
federal political committee.

C

Name of Employer

PITTSBURGH ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816810

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City

Chicago

State

IL

Zip Code

60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807477

Amount of Each Receipt this Period

83.30

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

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

374.90

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

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

FOR LINE NUMBER: PAGE 95 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric H. Katz M.D.

Mailing Address 10830 S. Tropical Trl.

City State Zip Code
Merritt Island FL 32952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Melbourne Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799114

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John L. Keating M.D.

Mailing Address 514 W Pueblo St Fl 2

City State Zip Code
Santa Barbara CA 93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Med Grp of Santa Barbara

Occupation

Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814661

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric R. Kelhoffer M.D.

Mailing Address 250 E 53rd St Apt 504

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sloan-Kettering Cancer Center Anes. De

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1812988

Amount of Each Receipt this Period

500.00

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

1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 96 OF 209
 (check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John A. Kellow M.D.

Mailing Address 5683 Branford Dr

City

West Bloomfield

State

MI

Zip Code

48322-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advances Anesthesia Assoc., P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : C1817326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Floraisa Anesthesia Consultants

Occupation

anesthesiologist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : C1811759

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Rubin Kesner D.O.

Mailing Address 35 Hearthstone Dr

City

Gansevoort

State

NY

Zip Code

12831-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

Anesthesiologist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : C1805561

Amount of Each Receipt this Period

83.30

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

416.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward N. Kim M.D.

Mailing Address 2967 Warner Dr.

City

West Bloomfield

State

MI

Zip Code

48324-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817327

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael S. Kincaid M.D.

Mailing Address 13029 NE 144th Pl

City

Kirkland

State

WA

Zip Code

98034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matrix Anesthesia - Evergreen Medical

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812097

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Collin K. King M.D.

Mailing Address 901 Persimmon Pl

City

Birmingham

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1816804

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 98 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benjamin M. Kline M.D.

Mailing Address 9 Brookfield Ave.

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nicholas Koehler M.D.

Mailing Address 11807 Park Ave

City

Seffner

State

FL

Zip Code

33584

FEC ID number of contributing
federal political committee.

C

Name of Employer

USF

Occupation

board certified anesthesiologist and p

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802458

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rainer Kohrs M.D.

Mailing Address 6819 E 116th St

City

Bixby

State

OK

Zip Code

74008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists Inc

Occupation

MDA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811709

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vesela Kovacheva M.D., Ph.D

Mailing Address 790 Boylston St

City

Boston

State

MA

Zip Code

02199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hospital

Occupation

attending

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814611

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wenzel Daniel Kovarik M.D.

Mailing Address 51 Prospect St

City

Portland

State

ME

Zip Code

04103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814530

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Susan D. Kreher M.D.

Mailing Address 7719 Wynlakes Blvd.

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811243

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

PAGE 100 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	4		2	0	1	2		

Transaction ID : C1802515

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Gopal Krishna M.D.

Mailing Address 8807 Jules ILane

City

Indianapolis

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer

IUHP, Indianapolis, IN

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2		2	0	1	2		

Transaction ID : C1812781

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Catherine M. Kuhn M.D.

Mailing Address 14 Kendall Drive

Duke University Medical School

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical School

Occupation

Associate Professor of Anesthsiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1		2	0	1	2		

Transaction ID : C1807469

Amount of Each Receipt this Period

100.00

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

433.30

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

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

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

FOR LINE NUMBER: PAGE 101 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott M. Kuhnert M.D.

Mailing Address 4640 Hawk Hollow Dr. E.

City	State	Zip Code
Bath	MI	48808

FEC ID number of contributing federal political committee.

C

Name of Employer

Lansing Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : C1811095

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John E. Kurtz M.D.

Mailing Address 929 Arboretum Dr.

City	State	Zip Code
Saline	MI	48176-1352

FEC ID number of contributing federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : C1817328

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andre M. Kwa M.D.

Mailing Address 1859 Oakbrook Dr

City	State	Zip Code
Longwood	FL	32779

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesiologists of Greater Orlando

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : C1812117

Amount of Each Receipt this Period

250.00

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

583.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Kwitka M.D.

Mailing Address 300 N 7th St

City

Bismarck

State

ND

Zip Code

58501-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807943

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808524

Amount of Each Receipt this Period

83.30

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

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

508.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard L. Lakritz M.D.

Mailing Address 21 Cornell Trl

City

Hillsborough

State

NJ

Zip Code

08844-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808541

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Benjamin A. Lampert M.D.

Mailing Address 4367 E. Bogey Ct.

City

Springfield

State

MO

Zip Code

65809

FEC ID number of contributing
federal political committee.

C

Name of Employer

mercy clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814674

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Tanner Lang M.D.

Mailing Address N3292 Feather Ridge Dr

City

Appleton

State

WI

Zip Code

54913

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAA anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811830

Amount of Each Receipt this Period

500.00

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

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

1541.00

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

PAGE 104 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gordon M. Langston M.D.

Mailing Address 1110 Gist St

City
ColumbiaState
SCZip Code
29201FEC ID number of contributing
federal political committee.

C

Name of Employer

ACC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2012

Transaction ID : C1804179

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : C1808571

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Kathryn K. Lauer M.D.

Mailing Address 9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Froedter Memorial Lutheran Hospital

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2012

Transaction ID : C1812804

Amount of Each Receipt this Period

250.00

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

791.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James S. Lawrence Jr., M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811818

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary Lawson-Boucher M.D.

Mailing Address 5391 Hickory Wood Dr

City

Naples

State

FL

Zip Code

34119-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Griffin Anaesthesia Services, PA

Occupation

Anaesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808549

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Phong H. Le D.O.

Mailing Address 3361 Hollow Spring Dr

City

Dewitt

State

MI

Zip Code

48820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Med. Ctr.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814692

Amount of Each Receipt this Period

1000.00

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

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

1625.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City

Winter Garden

State

FL

Zip Code

34787

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805376

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Abhijit V. Lele M.B.,B.S.

Mailing Address 9663 Cailler Dr

City

Lenexa

State

KS

Zip Code

66220

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City

New York

State

NY

Zip Code

10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Mass Med School Dept Anes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811145

Amount of Each Receipt this Period

41.60

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

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

333.20

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Penny J. Lindgren M.D.

Mailing Address 1720 Louisiana Blvd., NE., #401

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anes. Assoc. of New Mexico, P.C.

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802557

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John L. Lindsey III, M.D.

Mailing Address 3216 N 161st St

City State Zip Code
 Omaha NE 68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia West PC

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802554

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John E. Lindsey Jr., M.D.

Mailing Address 2502 S. 186th Circle

City State Zip Code
 Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopaedic Anesthesia Specialists, L.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807479

Amount of Each Receipt this Period

83.30

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

833.30

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

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

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

FOR LINE NUMBER: PAGE 108 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe Z. Liu M.D.

Mailing Address 3456 Balfour Dr

City State Zip Code
Troy MI 48084-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Service, PC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rene A. Llera Jr., M.D.

Mailing Address PO Box 235019

City State Zip Code
Montgomery AL 36123-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : C1811247

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Lodahl M.D.

Mailing Address E2855 Hailey Ln

City State Zip Code
Eau Claire WI 54701-8882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eau Claire Anes

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816832

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 109 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen P. Long M.D.

Mailing Address 1501 Maple Ave Ste 301

City State Zip Code
 Richmond VA 23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Commonwealth Pain Specialists, LLC

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 19 / 2012

Transaction ID : C1811172

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Thomas D. Looke M.D.,Ph.D.

Mailing Address 4609 Jetty St

City State Zip Code
 Orlando FL 32817

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Florida Hospital

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816491

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy Lorenz M.D.

Mailing Address 2864 N.E. 25th Ct.

City State Zip Code
 Fort Lauderdale FL 33305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesco North Broward LLC

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804180

Amount of Each Receipt this Period

400.00

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

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

941.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave
N411 Doan Hall

City State Zip Code
Columbus OH 43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811213

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Anne M. Lynn M.D.

Mailing Address 6049 51st Ave NE

City State Zip Code
Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ WashingtonSeattle ChildrenHospita

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sean C. Mackey M.D., Ph.D

Mailing Address 780 Welch Rd Ste 208F

City State Zip Code
Palo Alto CA 94304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Univ Med Ctr Dept of Anes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1808156

Amount of Each Receipt this Period

250.00

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

541.60

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

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

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

FOR LINE NUMBER: PAGE 111 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Myrtice Macon M.D.

Mailing Address 4343 Quarton

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

south oakland anesthesiologist associa

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2012

Transaction ID : C1814782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Asif M. Malik M.D.

Mailing Address 2760 Charnwood Dr

City

Troy

State

MI

Zip Code

48098

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford West Bloomfield Hospital An

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

749.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : C1813522

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Michael J. Manalo M.D.

Mailing Address 6560 High Dr.

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2012

Transaction ID : C1805377

Amount of Each Receipt this Period

500.00

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

833.30

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

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

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

FOR LINE NUMBER: PAGE 112 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Mandabach M.D.

Mailing Address Dept. of Anesthesiology
 619 S. 19th St., JT845

City State Zip Code
 Birmingham AL 35249-6810

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Univ. of Alabama - Birmingham

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 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 State Zip Code
 Telford PA 18969

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Grandview Anesthesia Associates

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 18 / 2012

Transaction ID : C1811138

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael S. Mann M.D.

Mailing Address 989 Innswood Ct.

City State Zip Code
 Longwood FL 32779

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 JLR medical group

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : C1816876

Amount of Each Receipt this Period

500.00

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

1083.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick M. Mansfield M.D.

Mailing Address 322 E. Central Blvd
#712

City State Zip Code
Orlando FL 32801

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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 State Zip Code
Altoona WI 54720-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mollyann G. March M.D.

Mailing Address 6504 Greentree Rd.

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816269

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802517

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Rhonda A. Marvar M.D.

Mailing Address 43 Oxford

City

Pleasant Ridge

State

MI

Zip Code

48069

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Pamela J. Masoud M.D.

Mailing Address 2828 N Folkestone Loop

City

Hernando

State

FL

Zip Code

34442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crystal River Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814592

Amount of Each Receipt this Period

250.00

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

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

583.30

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

PAGE 115 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rima Matevosian M.D.

Mailing Address 1934 Rimcrest Dr.

City	State	Zip Code
Glendale	CA	91207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olive View-UCLA Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

Transaction ID : C1805272

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian G. McAllister M.D.

Mailing Address 62 Kenwood St

City	State	Zip Code
Portland	ME	04102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Medical GroupOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2012

Transaction ID : C1814660

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Russell K. McAllister M.D.

Mailing Address 2401 S 31st St

City	State	Zip Code
Tempe	TX	76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott and White Memorial HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : C1803263

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maurice G. McCabe M.D.

Mailing Address 126 Appleton Ln

City

Madison

State

AL

Zip Code

35756-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAS OF HUNTSVILLE

Occupation

M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808581

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Felicia M. McCreary M.D.

Mailing Address 4724 N. 69th St.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 21 / 2012

Transaction ID : C1811760

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Joel E. McCreary D.O.

Mailing Address 4724 N. 69th St.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803226

Amount of Each Receipt this Period

125.00

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

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

266.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis L McCrery Jr., M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
 Eau Claire Anesthesiologists

City State Zip Code
 Eau Claire WI 54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael G. McCue M.D.

Mailing Address 881 Watkins St

City State Zip Code
 Birmingham MI 48009-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808555

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. William A. McDade M.D., Ph.D

Mailing Address 5401 S. Ingleside Ave.

City State Zip Code
 Chicago IL 60615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814684

Amount of Each Receipt this Period

41.60

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

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

624.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City
Rochester

State Zip Code
MN 55906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Anesthesiology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807488

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Edward K. McGough M.D.

Mailing Address 120 S Bend Dr

City
Ponte Vedra Beach

State Zip Code
FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799116

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City
Miami

State Zip Code
FL 33196

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami Dept of Anesthesio

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.30

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808562

Amount of Each Receipt this Period

83.00

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

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

666.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City
Miami

State
FL

Zip Code
33196

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.30

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816612

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jaideep H. Mehta M.D.

Mailing Address UTHSC, Dept of Anesthesiology
6431 Fannin St., MSB 5.020

City
Houston

State
TX

Zip Code
77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Health Science Cen

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.60

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802671

Amount of Each Receipt this Period

41.70

Full Name (Last, First, Middle Initial)

C. Walter J. Merrell M.D.

Mailing Address 1450 Alabama Dr.

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805554

Amount of Each Receipt this Period

250.00

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

375.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric J. Miano M.D.

Mailing Address 12130 Sawhill Blvd

City

Spotsylvania

State

VA

Zip Code

22553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spotsylvania Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804159

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Douglas T. Miller M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

sheridan

Occupation

md

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814714

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109

University of Tennessee Medical Ce

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Assistant Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808577

Amount of Each Receipt this Period

41.00

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

1541.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City

Westfield

State

IN

Zip Code

46074

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACI-LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

624.10

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802673

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807489

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Michael Q. Milz M.D.

Mailing Address 5211 Terre Bone Trail

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816836

Amount of Each Receipt this Period

500.00

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

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

666.60

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

PAGE 122 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mitchell F. Minana M.D.

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANETHESIOLOGIST GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2012

Transaction ID : C1811258

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sharon D. Minott M.D.

Mailing Address 2300 Haggerty Rd Ste 2100

City

West Bloomfield

State

MI

Zip Code

48323-2191

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : C1817331

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Barry Moody M.D.Mailing Address 216 Marengo St.,
Suite F

City

Florence

State

AL

Zip Code

35630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barry J. Moody, DMD,MD,PC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Transaction ID : C1811743

Amount of Each Receipt this Period

500.00

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

850.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Avijit Mookerjee M.D.

Mailing Address 5150 Winlane

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 1748 Vestwood Hills Dr

City

Vestavia

State

AL

Zip Code

35216-1366

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama School of Medici

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808572

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. George A. Moresea M.D.

Mailing Address 1232 Ashwood Rd

City

Akron

State

OH

Zip Code

44312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stark County Anesthesia, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816598

Amount of Each Receipt this Period

83.30

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

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

458.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert R. Morrison M.D.

Mailing Address 5801 Spinnaker Pointe

City State Zip Code
 Parkville MO 64152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott C. Morrow M.D.

Mailing Address 8252 Tivoli Drive

City State Zip Code
 Orlando FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Phillip J. Mosca M.D.

Mailing Address 135 Sheffield Dr

City State Zip Code
 Freehold NJ 07728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phillip J. Mosca, M.D., LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807462

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank Moya M.D.

Mailing Address 5915 Ponce De Leon Blvd. Suite 19

City

Coral Gables

State

FL

Zip Code

33146-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806125

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jianlong Mu M.D.

Mailing Address 5 Harvest Ln.

City

Hockessin

State

DE

Zip Code

19707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Service, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814535

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael L. Mueller M.D.

Mailing Address 1520 Chandler Rd SE

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814599

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill Rd.

City

Springfield

State

VT

Zip Code

05156

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808526

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert F. Murray III, M.D.

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810599

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. John D. Nachtigal M.D.

Mailing Address 3901 Rainbow Blvd MS 1034

City

Kansas City

State

KS

Zip Code

66160

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804186

Amount of Each Receipt this Period

500.00

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

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

666.60

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

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

FOR LINE NUMBER: PAGE 127 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Y. Nakajima M.D.

Mailing Address PO Box 4918

City State Zip Code
 Orlando FL 32802

FEC ID number of contributing federal political committee.

C

Name of Employer
 Wolverine Anesthesia Consultants

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : C1814523

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Balajee G. Nallamothe M.D.

Mailing Address 2930 W Hickory Grove Rd

City State Zip Code
 Bloomfield Hills MI 48302

FEC ID number of contributing federal political committee.

C

Name of Employer
 SOAA

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 23 / 2012

Transaction ID : C1812785

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Norah N. Naughton M.D.

Mailing Address 4270 Plymouth Road

City State Zip Code
 Ann Arbor MI 48109

FEC ID number of contributing federal political committee.

C

Name of Employer
 University of Michigan

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : C1814543

Amount of Each Receipt this Period

83.30

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

1583.30

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

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

PAGE 128 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James E. Navratil M.D.

Mailing Address 9288 E Mountain Spring Rd

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants, Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2012

Transaction ID : C1814650

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin S. Neff M.D.

Mailing Address 4612 Chelsea Ln

City

Bloomfield Hills

State

MI

Zip Code

48301-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : C1817332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric J. Neller M.D.

Mailing Address 9316 Autumn Road

City

Oklahoma City

State

OK

Zip Code

73151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eric Neller MD PLLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2012

Transaction ID : C1802440

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 129 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Khanh Nguyen M.D.

Mailing Address 3 Northwood Pl

City State Zip Code
Colts Neck NJ 07722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverview Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804183

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael S. Nichols A.A.-C

Mailing Address 3681 Manor Brook Terrace

City State Zip Code
Atlanta GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University MSA Pr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807471

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. William W. Nichols M.D.

Mailing Address 1515 37th Ave

City State Zip Code
Seattle WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811682

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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

FOR LINE NUMBER: PAGE 130 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel G. Nicoli M.D.

Mailing Address 5540 Tanglewood Dr.

City State Zip Code
 Ann Arbor MI 48105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Associates of Ann Arbor

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803165

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Craig A. Nordhues M.D.

Mailing Address 104 Inverness Dr

City State Zip Code
 Dothan AL 36305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Consultants Medical Grp

Occupation
 Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805500

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Patrick J. Noud M.D.

Mailing Address 6914 NW 126th Ave

City State Zip Code
 Parkland FL 33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESCO North Broward

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811153

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

PAGE 131 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blessing B. Nwosu M.B.,B.S.

Mailing Address 188 Santure St.

City

Monroe

State

MI

Zip Code

48162

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARPER UNIVERSITY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Transaction ID : C1811819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard P. O'Flynn M.D.

Mailing Address 10 White Pine Ln.

City

Rose Valley

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Society Hill Anesthesia Consultants at

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2012

Transaction ID : C1805544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jerome F. O'Hara Jr., M.D.

Mailing Address 2931 Hunters Woods Ln

City

Willoughby Hills

State

OH

Zip Code

44094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : C1816589

Amount of Each Receipt this Period

250.00

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

750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City

Decatur

State

IL

Zip Code

62521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

966.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2012

Transaction ID : C1812822

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Thomas A. Olen D.O.

Mailing Address 2141 N. Yasimin Ct.

City

Midland

State

MI

Zip Code

48642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Michigan Anesthesia PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2012

Transaction ID : C1802518

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Bryan Orme M.D.

Mailing Address 10001 E 33rd Street

City

Jones

State

OK

Zip Code

73049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2012

Transaction ID : C1814657

Amount of Each Receipt this Period

500.00

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

641.60

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

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

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

FOR LINE NUMBER: PAGE 133 OF 209

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walid A. Osta M.D.

Mailing Address 27222 Timber Trl

City

Dearborn Hts

State

MI

Zip Code

48127-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817334

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James A. Ottevaere M.D.

Mailing Address 8115 160th St

City

Chippewa Falls

State

WI

Zip Code

54729-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C1816837

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Lynn D. Owen D.O.

Mailing Address 411 Laurel St., #3170

City

Des Moines

State

IA

Zip Code

50314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2012

Transaction ID : C1812965

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

PAGE 134 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin A. Pace D.O.

Mailing Address 231 Charleston Court, South

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Assoc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	2

Transaction ID : C1811250

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mansukhlal G. Padalia M.D.

Mailing Address 2115 Orleans Dr.

City

Tallahassee

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc. of Tallahassee

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : C1813496

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Juhan Paiste M.D.Mailing Address 1245 S. Cedar Crest Blvd.
Suite 301

City

Allentown, PA

State

PA

Zip Code

18103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allentown Anesthesia Associates, Inc.

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	2

Transaction ID : C1814544

Amount of Each Receipt this Period

83.30

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

1333.30

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

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

PAGE 135 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chol Y. Pak M.D.

Mailing Address 1431 NW Whitman St

City	State	Zip Code
Camas	WA	98607-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : C1802541

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brian S. Pallohusky M.D.

Mailing Address 4255 E Ridgeview St

City	State	Zip Code
Springfield	MO	65809-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Johns Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808559

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City	State	Zip Code
Pittsford	NY	14534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2012

Transaction ID : C1812821

Amount of Each Receipt this Period

83.30

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

216.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Papadimos M.D.

Mailing Address 2235 Hadleigh Rd.

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806722

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807480

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Richard E. Park M.D.

Mailing Address 11299 Ross Ct

City

Union

State

KY

Zip Code

41091

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEMC Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1816894

Amount of Each Receipt this Period

500.00

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

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

624.90

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

PAGE 137 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott G. Parkhill M.D.

Mailing Address 300 S. Arlington Ave.

City

Reno

State

NV

Zip Code

89501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Reno

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	14	/	2012

Transaction ID : C1807455

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807472

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Kathleen G. Parr M.D.

Mailing Address 5008 Ilchester RD

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkway Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	24	/	2012

Transaction ID : C1814520

Amount of Each Receipt this Period

250.00

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

833.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Padmavathi Patel M.D.

Mailing Address 3990 John R

City
Detroit

State Zip Code
MI 48201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harper Univ. Hospital

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 31 2012

Transaction ID : C1817352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael A. Patt M.D.

Mailing Address 1510 Surria Ct.

City
Bloomfield Hills

State Zip Code
MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOAA

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 31 2012

Transaction ID : C1817349

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Cheryl A. Patterson M.D.

Mailing Address 972 Mc Donald Dr.

City
Northville

State Zip Code
MI 48167

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary Mercy Hospital

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 25 2012

Transaction ID : C1814538

Amount of Each Receipt this Period

250.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 209
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William J. Pekarske M.D.

Mailing Address 1281 E. Calle De La Cabra

City	State	Zip Code
Tucson	AZ	85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : C1816619

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Samuel Perov M.D.

Mailing Address 5027 W. Bloomfield Lake Rd

City	State	Zip Code
West Bloomfield	MI	48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Receiving Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : C1817337

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeremie J. Perry M.D.

Mailing Address 2410 Whispering Oaks Ct.

City	State	Zip Code
Abilene	TX	79606-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendrick Anesthesia Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808569

Amount of Each Receipt this Period

83.00

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

416.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Theodore A. Peterson M.D.

Mailing Address 3632 21st Ave. S.

City

St. Cloud

State

MN

Zip Code

56301-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of St. Cloud

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816812

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lang-Ha T. Pham M.D.

Mailing Address 10015 Petra Ct NE

City

Albuquerque

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital, Albuquerque

Occupation

MD

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1804175

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Keith N Phillippi M.D.

Mailing Address 109 Shoreline Dr

City

Macon

State

GA

Zip Code

31211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Macon

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814180

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 209

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy M. Pichoff M.D.

Mailing Address 3901 Rainbow Blvd MC 1034

Department of Anesthesiology

City State Zip Code
 Kansas City KS 66103

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Kansas Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1805638

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wesley V. Picolo Jr., M.D.

Mailing Address 7401 SW 5th St.

City State Zip Code
 Plantation FL 33317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Health Care

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Margaret A. Pitts M.D.

Mailing Address 25 Birchdale Rd

City State Zip Code
 Bow NH 03304-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808556

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Plagenhoef M.D.

Mailing Address 1118 Ross Clark Circle, Suite 700

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807490

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David Polaner M.D.

Mailing Address 13123 E 16th Ave
Dept. of Anesthesiology, B090

City State Zip Code
Aurora CO 80045

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808528

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

433.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City

Las Vegas

State

NV

Zip Code

89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808578

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City

Las Vegas

State

NV

Zip Code

89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808520

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Linda S. Polley M.D.

Mailing Address 12 Ridgeway St

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Health System

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814529

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 144 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julia E. Pollock M.D.

Mailing Address PO Box 900

City
Seattle

State
WA

Zip Code
98111-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia-Mason Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816297

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Karl A. Poterack M.D.

Mailing Address 5777 E Mayo Blvd

City
Phoenix

State
AZ

Zip Code
85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Foundation

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816420

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City
Los Angeles

State
CA

Zip Code
90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807467

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

2083.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacob S. Pugsley M.D.

Mailing Address 123 Second Ave # 901

City

Salt Lake City

State

UT

Zip Code

84103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan S. Radin M.D.

Mailing Address 12720 Frank Dr S

City

Seminole

State

FL

Zip Code

33776

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Owen R. Rahman M.D.

Mailing Address 4580 Island Reef Dr

City

Wellington

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803168

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig D. Ramsdell M.D.

Mailing Address 56 Lochmoor Blvd.

City State Zip Code
Grosse Pointe Shores MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephanie L. Randall

Mailing Address 6911 Van Dorn St Ste 2

City State Zip Code
Lincoln NE 68506-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1805360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Sripad P. Rao M.D.

Mailing Address 1504 Bay Rd Apt 3307

City State Zip Code
Miami Beach FL 33139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Trauma Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808558

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Puli G. Reddy M.D.

Mailing Address 1118 Ross Clark Circle, #700

City	State	Zip Code
Dothan	AL	36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Consultants Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2012

Transaction ID : C1816302

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John R. Reisinger M.D.

Mailing Address 1526 Northway Dr

City	State	Zip Code
Saint Cloud	MN	56303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Minnesota Anesthesia, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : C1812780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mikhail Reznikov M.D.

Mailing Address 6899 Reed Ct.

City	State	Zip Code
West Bloomfield	MI	48322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : C1817338

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 148 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith A. Riabov M.D.

Mailing Address 3 Warwick Rd

City

Chatham

State

NJ

Zip Code

07928-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817307

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Linda J. Rice M.D.

Mailing Address 1139 42nd Ave N

City

Saint Petersburg

State

FL

Zip Code

33703

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Childrens Hospital

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802446

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Thomas J. Rich M.D.

Mailing Address 2900 Keelingwood Ct.

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 06 / 2012

Transaction ID : C1802675

Amount of Each Receipt this Period

41.60

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2291.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 149 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Don G. Richter M.D.

Mailing Address 15135 Stearns Pl

City

Shawnee Mission

State

KS

Zip Code

66221-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cameron J. Ricks M.D.

Mailing Address 33942 Malaga St.

City

Dana Point

State

CA

Zip Code

92629

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Irvine Dept Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808521

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Joseph M. Rifici A.A.-C

Mailing Address Lakeside ANES 2532 LKS5007

11100 Euclid Ave.

City

Cleveland

State

OH

Zip Code

44106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807484

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

374.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert K. Rigsby M.D.

Mailing Address 235 Live Oak Ln.

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLRmed

Occupation

MD Anes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814612

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeremy M. Roberts D.O.

Mailing Address 4056 Scott B Dr

City

Saint Clair

State

MI

Zip Code

48079-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASAPC C/O ABC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817348

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Vonn E. Roberts M.D.

Mailing Address 5111 Cavy Rd

City

Lincoln

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2012

Transaction ID : C1810350

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 209
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Babak Roboubi M.D.

Mailing Address 7305 Helmsdale Rd.

City
BethesdaState
MDZip Code
20817FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	2

Transaction ID : C1811162

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ignacio J. Rodriguez M.D.

Mailing Address 2387 W 68th St Ste 401

City
HialeahState
FLZip Code
33016-6890FEC ID number of contributing
federal political committee.

C

Name of Employer
South Miami Pain CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	2

Transaction ID : C1808575

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. John Rogoski D.O.Mailing Address Dept of Anes
915 Olentangy River Rd Ste 1000City
ColumbusState
OHZip Code
43212-3156FEC ID number of contributing
federal political committee.

C

Name of Employer
OSUMCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	2

Transaction ID : C1811144

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ▶

666.30

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa D. Rose M.D.

Mailing Address 109 Masters Way

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing federal political committee.

C

Name of Employer
Anesthesia Services Associates, PLLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2012

Transaction ID : C1811315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Rosemeier M.D.

Mailing Address 10004 Crystalline Ct
JLR Medical Group

City State Zip Code
Orlando FL 32836-6024

FEC ID number of contributing federal political committee.

C

Name of Employer
JLR Medical Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2012

Transaction ID : C1806119

Amount of Each Receipt this Period

377.00

Full Name (Last, First, Middle Initial)

C. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City State Zip Code
River Ridge LA 70123-1525

FEC ID number of contributing federal political committee.

C

Name of Employer
Tulane University School of Medicine

Occupation
Chairman, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2012

Transaction ID : C1811147

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

710.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 209
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald J. Rothstein M.D.

Mailing Address 1728 Via Boronada

City State Zip Code
Palos Verdes Estates CA 90274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Torrance Anesthesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City State Zip Code
Jones OK 73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808529

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Michael G. Royce M.D.

Mailing Address 2469 E 33rd St

City State Zip Code
Tulsa OK 74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assoc. Anesthesiologists, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1803143

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 154 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen M. Rublaitus D.O.

Mailing Address 745 Woodbine Ave

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anes

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805510

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Konstantin I. Rusin M.D.

Mailing Address 1732 Foxdale Lane

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Russell M.D.

Mailing Address 4190 Skyline Ranch Court

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer

West River Anesthesiology Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2012

Transaction ID : C1816360

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 155 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christa Rylant M.D.

Mailing Address 2708 nw 173rd terrace

City State Zip Code
 Edmond OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1814812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard G. Saloom M.D.

Mailing Address 1757 Imperial Blvd

City State Zip Code
 Lake Charles LA 70605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Imperial Calcasieu Surgery Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : C1813482

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bruce S. Saltzman M.D.

Mailing Address 1581 Brickell Ave., Apt. #2301

City State Zip Code
 Miami FL 33129

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF MIAMI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816266

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 156 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mahesh P. Sardesai M.D.

Mailing Address 1304 Fairstead Lane

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC Shadyside

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 18 / 2012

Transaction ID : C1811146

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John D. Scheub M.D.

Mailing Address 585 Neck Road

City

Rochester

State

MA

Zip Code

02770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upper Cape Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Anthony Schinelli M.D.

Mailing Address 1855 Vermack Ct.

City

Dunwoody

State

GA

Zip Code

30338-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816597

Amount of Each Receipt this Period

41.60

SUBTOTAL of Receipts This Page (optional)..... ►

374.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 209
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James C. Scott M.D.

Mailing Address 1512 Cornell Dr NE

City State Zip Code
 Albuquerque NM 87106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albuquerque VAMC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804276

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James A. Scowcroft M.D.

Mailing Address 8717 W 110th St Ste 600

Anesthesia Assoc. of Kansas City

City State Zip Code
 Overland Park KS 66210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Kansas City

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802477

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Alvaro M. Segura-Vasi M.D.

Mailing Address 216 Marengo St Ste F

City State Zip Code
 Florence AL 35630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beer, Simon, Williams, Moody and Asso

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816657

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt A. Senn M.D.

Mailing Address 3104 Blue Lake Dr., #110

City	State	Zip Code
Birmingham	AL	35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Associated, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2012

Transaction ID : C1816391

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel W. Sewell M.D.

Mailing Address PO Box 51947

City	State	Zip Code
Knoxville	TN	37950

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2012

Transaction ID : C1811203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. George Sheplock M.D.Mailing Address 705 Riley Hospital Drive, Rm 2001
Riley Hospital for Children

City	State	Zip Code
Indianapolis	IN	46202-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riley Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : C1807485

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

833.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Y. Shin M.D.

Mailing Address 4123 Stoneleigh

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sally M. Shughart M.D.

Mailing Address 1837 Greenwood Rd SW

City

Roanoke

State

VA

Zip Code

24015

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799112

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ben Shwachman M.D.

Mailing Address 315 N. 3rd Ave., Suite 200

City

Covina

State

CA

Zip Code

91723-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1814517

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben Shwachman M.D.

Mailing Address 315 N. 3rd Ave., Suite 200

City State Zip Code
Covina CA 91723-1915

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self-Employed

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : C1814516

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City State Zip Code
Sherman Oaks CA 91423

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Cedars-Sinai Medical Center Anes. Dept

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : C1808516

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Dean Sider M.D.

Mailing Address 2699 Lee Rd Ste 510

City State Zip Code
Winter Park FL 32789

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Anesthesiologists of Greater Orlando,

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : C1811817

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 161 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel L. Silvasi M.D.

Mailing Address 2655 Amberly

City

Bloomfield Hills

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kirsten J. Simanonok M.D.

Mailing Address N78 W14573 Appleton Ave., #212

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Hospital Of Wisconsin

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811240

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph E. Simpson M.D.

Mailing Address 1524 Agawela Ave.

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 11 / 2012

Transaction ID : C1805369

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 162 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harpreet Singh M.D.

Mailing Address 4930 Charing Cross Road

City State Zip Code
Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patrick W. Slatev M.D.

Mailing Address 1909 Mulholland Dr

City State Zip Code
Edmond OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814659

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert H. Small M.D.

Mailing Address Dept of Anes - N411 Doan Hall
410 W 10th Ave

City State Zip Code
Columbus OH 43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807470

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

1333.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 163 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln.

City

Birmingham

State

AL

Zip Code

35242-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802516

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Floyd L. Smith M.D., Ph.D

Mailing Address 3410 Overholser Dr.

City

Bethany

State

OK

Zip Code

73008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologists Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811708

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeremy B. Smith M.D.

Mailing Address 525 Boulder Lake Way

City

Vestavia

State

AL

Zip Code

35242-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803205

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 164 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel D. Smith D.O.

Mailing Address 60 Tukey Rd.

City

Oakland

State

ME

Zip Code

04963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine General Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1811860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Perry W. Smith M.D.

Mailing Address 4017 Old Leeds Rdg

City

Mountain Brk

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1799156

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Toni R. Smith D.O.

Mailing Address 927 Arlington Oaks Ter

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAS

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811720

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 165 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark T. Sontag M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C

Eau Claire Anes

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816838

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Vitaly D. Soskin M.D., Ph.D

Mailing Address 3990 John R St, Box 162

City

Detroit

State

MI

Zip Code

48201-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roy G. Soto M.D.

Mailing Address 355 Sycamore Ct

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803225

Amount of Each Receipt this Period

41.60

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 166 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fouad Souki M.D.

Mailing Address 253 NE 2ND ST APT 1709

City State Zip Code
Miami FL 33132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Miami

Occupation

Assistant professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802444

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Christopher L. Southwick M.D.

Mailing Address 10028 Perry Dr

City State Zip Code
Overland Park KS 66212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwick LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2012

Transaction ID : C1811186

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. George J. Spessot M.D.

Mailing Address 71 Judson Place

City State Zip Code
Rockville Centre NY 11571-0495

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808542

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1483.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 209
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rachel A. Spitznagel ,

Mailing Address 8200 Dodge St

City

Omaha

State

NE

Zip Code

68114-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital and Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810521

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brett M. Spitel M.D.

Mailing Address 11934 Crossing Deer Ct

City

Roscommon

State

MI

Zip Code

48653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Grayling Dept of Anesth

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

747.60

Date of Receipt

08 / 09 / 2012

Transaction ID : C1804678

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Douglas S. Spurgeon M.D.

Mailing Address 6911 Van Dorn, Suite 2

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1804665

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 168 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard A. Stark M.D.

Mailing Address 915 E. Eagle Lake Dr.

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816790

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Erica Stein M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810594

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anes., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.40

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806725

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1166.60

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City	State	Zip Code
Cullman	AL	35055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Pain Center Cullman

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2012

Transaction ID : C1811214

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

B. Stephen M. Strevels M.D.

Mailing Address PO Box 51947

City	State	Zip Code
Knoxville	TN	37950

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : C1803183

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Strickland M.D.

Mailing Address 3445 Maguire Rd

City	State	Zip Code
Windermere	FL	34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

Transaction ID : C1804628

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

812.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 170 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Talarico D.O.

Mailing Address University of Pittsburgh Medical C
200 Lothrop St C-205

City State Zip Code
Pittsburgh PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Pittsburgh Medical Center

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807473

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Samuel E. Talsma M.D.

Mailing Address 2110 Dorset Rd.

City State Zip Code
Ann Arbor MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia assoc of ann arbor

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.80

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803224

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. David A. Tavares Jr., M.D.

Mailing Address 3528 Crossbow Drive

City State Zip Code
Frisco TX 75033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ascendant Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814600

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

624.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 171 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Tawil M.D.

Mailing Address 17001 Jeanette

City
Southfield

State Zip Code
MI 48075-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817343

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cheryl M. Taylor M.D.

Mailing Address 24 Farrington Dr

City
Greenville

State Zip Code
SC 29615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foothills Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Geoffrey L. Taylor M.D.

Mailing Address 4708 Val Verde Dr.

City
Oklahoma City

State Zip Code
OK 73142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesia LLC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811308

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie M. Thompson M.D.

Mailing Address 8208 NW 134th Ter

City State Zip Code
 Oklahoma City OK 73142

FEC ID number of contributing federal political committee.

C

Name of Employer

AAI

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 22 2012

Transaction ID : C1812736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City State Zip Code
 Englewood CO 80110

FEC ID number of contributing federal political committee.

C

Name of Employer

South Denver Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 30 2012

Transaction ID : C1816596

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephen W. Thompson M.D.

Mailing Address 1205 Country Lane

City State Zip Code
 Orlando FL 32804-6511

FEC ID number of contributing federal political committee.

C

Name of Employer

AGO

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 22 2012

Transaction ID : C1812068

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

833.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 209
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David N. Thrush M.D.

Mailing Address 865 Seddon Cove Way

City State Zip Code
Tampa FL 33602-5704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moffitt Cancer Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John D. Thurn M.D.

Mailing Address 8136 Rosewood Drive

City State Zip Code
Prairie Village KS 66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Med. Ctr. Dept of An

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804280

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James Ting M.D.

Mailing Address 1800 Northlawn Blvd

City State Zip Code
Birmingham MI 48009

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811729

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pikul Tontapanish M.D.

Mailing Address Harpor Hosp. Div., Dept. of Anes.
P.O. Box 1009

City State Zip Code
Jackson MI 49204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2012

Transaction ID : C1817344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald L. Torline M.D.

Mailing Address 14109 Kessler St

City State Zip Code
Overland Park KS 66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

KUAF

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803241

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Troy Tortorici M.D.

Mailing Address 17401 Hawks View Ct
Northwest Anesesthesia

City State Zip Code
Edmond OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1808553

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 209
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A. Totten M.D.

Mailing Address 3073 OBrien Dr

City

Tallahassee

State

FL

Zip Code

32309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816251

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terrence L. Trentman M.D.

Mailing Address 4811 E Patrick Ln

City

Phoenix

State

AZ

Zip Code

85054-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic in Arizona

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814605

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Narendra S. Trivedi M.D.

Mailing Address 8143 E. Bailey Way,

City

Anaheim Hills

State

CA

Zip Code

92808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816241

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 176 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Pennsylvania Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : C1807474

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Terrence Truxillo M.D.Mailing Address Department of Anesthesiology
1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2012

Transaction ID : C1806724

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Avery Tung M.D.

Mailing Address 1711 Elmwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2012

Transaction ID : C1802555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

374.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 177 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S. Turnage M.D.

Mailing Address 400 Health Park Blvd.

City

St. Augustine

State

FL

Zip Code

32086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anes Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

Transaction ID : C1805643

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City

Elmhurst

State

IL

Zip Code

60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

DVA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

666.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2012

Transaction ID : C1810591

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City

Rochester Hills

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808576

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

2666.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 178 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew B. Vance M.D.

Mailing Address PO Box 51947

City

Knoxville

State

TN

Zip Code

37950

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811666

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David J. Vangura M.D.

Mailing Address 62 Jefferson Ave

City

Ponte Vedra

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1804647

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hector Vila Jr., M.D.

Mailing Address 4304 W Azeele St

City

Tampa

State

FL

Zip Code

33609-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Office Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 17 / 2012

Transaction ID : C1810593

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

883.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Annette Vizona M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

Fort Collins

State

CO

Zip Code

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806124

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City

Little Rock

State

AR

Zip Code

72202-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 14 / 2012

Transaction ID : C1806718

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lance W. Wagner M.D.

Mailing Address 150 55th St

City

Brooklyn

State

NY

Zip Code

11220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran Medical Center

Occupation

Anesthesiology

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807482

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

233.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 180 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsha L. Wakefield M.D.

Mailing Address 619 19th St S

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama in Birmingham

Occupation

Physician-anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813529

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William M. Walker M.D.

Mailing Address 4451 Rolling Pine

City

Orchard Lake

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816240

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204

City

Puyallup

State

WA

Zip Code

98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 12 / 2012

Transaction ID : C1805515

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 209

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ebon J. Wallace-Talifarro M.D.

Mailing Address 910 W Benton St # 115D

City

Iowa City

State

IA

Zip Code

52246-5958

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa Hospital and Clinic

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : C1803223

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Hong Wang M.D., Ph.D

Mailing Address 50634 Drakes Bay Dr

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Medical Center Department of A

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1817345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Erikka L. Washington M.D.

Mailing Address 6431 FANNIN

msb 5.020

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC-Houston Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2012

Transaction ID : C1806723

Amount of Each Receipt this Period

41.60

SUBTOTAL of Receipts This Page (optional)..... ►

341.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 182 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lucy A. Waskell M.D., Ph.D

Mailing Address 2204 Devonshire Road

City

Ann Arbor

State

MI

Zip Code

48104-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Research Service 11R

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	2

Transaction ID : C1816815

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Barbara Y. Watanabe M.D.

Mailing Address 141 S 293rd Pl

City

Federal Way

State

WA

Zip Code

98003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

Anesthesiologist MD

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	2

Transaction ID : C1814608

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert D. Watson Jr., M.D.

Mailing Address 1970 Bradshire Dr

City

Mobile

State

AL

Zip Code

36695

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Alabama

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	2

Transaction ID : C1814807

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 183 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary B. Weber M.D.

Mailing Address P.O. Box 50546

City

Casper

State

WY

Zip Code

82605

FEC ID number of contributing
federal political committee.

C

Name of Employer

gasdocpc

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 04 / 2012

Transaction ID : C1802526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew S. Weisinger M.D.

Mailing Address 405 Beaumont Park Circle

City

Blythewood

State

SC

Zip Code

29016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Anesthesia Services, LL

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 27 / 2012

Transaction ID : C1816262

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr.

City

Girard

State

OH

Zip Code

44420-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 15 / 2012

Transaction ID : C1807492

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 184 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Community Hospital Anes. Dept.

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : C1808560

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Natalie C. Wells M.D.

Mailing Address 2699 Lee Rd Ste 510

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists of Greater Orlando

Occupation

MD, Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2012

Transaction ID : C1816252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas A. Wemmer M.D.

Mailing Address 426 San Remo Wy.

City

San Diego

State

CA

Zip Code

92106

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEMMER AND ASSOCIATES INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814590

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

541.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roger F. West Jr., M.D.

Mailing Address 9134 Walnut Grove Dr.

City

Indianapolis

State

IN

Zip Code

46236-8533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2012

Transaction ID : C1811653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas T. West M.D.

Mailing Address 405 Starling Dr

City

Slidell

State

LA

Zip Code

70461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northlake Anesthesiologists, APMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 05 / 2012

Transaction ID : C1802559

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gregory L. Whitaker D.O.

Mailing Address 1228 E Baltimore Dr

City

El Paso

State

TX

Zip Code

79902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

08 / 03 / 2012

Transaction ID : C1802479

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.30

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 186 OF 209

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert M. Whitcomb M.D.

Mailing Address 221 Church Rd.

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Memorial Hospital

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	2

Transaction ID : C1816787

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Erik White M.D.

Mailing Address 4902 21st Ave Ct NW

City

Gig Harbor

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	2

Transaction ID : C1814553

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John W. Whiteley M.D.

Mailing Address 4679 Meadow Springs Dr

City

Watkinsville

State

GA

Zip Code

30677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Athens Regional Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	2

Transaction ID : C1813503

Amount of Each Receipt this Period

41.60

SUBTOTAL of Receipts This Page (optional)..... ►

541.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 187 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dana Williams M.D.

Mailing Address 1725 Pine St

City

Montgomery

State

AL

Zip Code

36106-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : C1811252

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jon S. Williams M.D.

Mailing Address 4000 Oak St #24

City

Kansas City

State

MO

Zip Code

64111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Medical Center

Occupation

Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

Transaction ID : C1814638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael J. Williams M.D.

Mailing Address 725 Kings Hwy

City

Moorestown

State

NJ

Zip Code

08057-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ. Anes.Dept

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803233

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 188 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. N. Jeannie Williams M.D.

Mailing Address 9725 Sunset Circle

City

Lenexa

State

KS

Zip Code

66220

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC OF KC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2012

Transaction ID : C1806123

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy G. Williams M.D.

Mailing Address 145 Wildwood Trl

City

Florence

State

AL

Zip Code

35630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beer, Simon, Williams and Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1813531

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William J. Wood M.D.

Mailing Address 1101 W Clairemont Ave Ste 2C
Eau Claire Anesthesiologists Ltd.

City

Eau Claire

State

WI

Zip Code

54701-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eau Claire Anesthesiologists Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2012

Transaction ID : C1816840

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Derek Woodrum M.D.

Mailing Address 1500 E Medical Center Dr
1H247UH Box 5048

City State Zip Code
Ann Arbor MI 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812088

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City State Zip Code
Nashville TN 37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Spinal Surgery

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.40

Date of Receipt

08 / 16 / 2012

Transaction ID : C1808523

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Ervin S. Yen M.D.

Mailing Address 1700 Elmhurst Avenue

City State Zip Code
Oklahoma City OK 73120-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 29 / 2012

Transaction ID : C1816526

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 209
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Xiaobin Yi M.D.

Mailing Address 7412 Ethel Ave

City State Zip Code
Richmond Heights MO 63117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington University in St. Louis Dep

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : C1804187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chang S. Yoon M.D.

Mailing Address 1720 N Duckcross Cv

City State Zip Code
Wichita KS 67206-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Continent Anesthesiology

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : C1802454

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nerrin B. Zaharias M.D.

Mailing Address 801 Royal Terr.

City State Zip Code
Birmingham AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Group East

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2012

Transaction ID : C1811840

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 191 OF 209

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City State Zip Code
 Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.60

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812083

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City State Zip Code
 Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.60

Date of Receipt

08 / 22 / 2012

Transaction ID : C1812084

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

291.60

178262.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 607 14th Street, NW, Suite 800

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2012

Transaction ID : D135736

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BERA 2012 VICTORY FUND

Mailing Address 5429 MADISON AVENUE

City
SacramentoState
CAZip Code
95841Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : D135504

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 1295

City
GainesvilleState
GAZip Code
30503Purpose of Disbursement
2012 Primary Runoff

011

Candidate Name

Mr. Doug CollinsCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: GA

District: 09

2012 Primary Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2012

Transaction ID : D135607

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 193 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DJOU FOR HAWAII

Mailing Address P.O. BOX 235280

City	State	Zip Code
Honolulu	HI	96823

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. Charles DjouCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : D135259

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS

Mailing Address PO Box 97187

City	State	Zip Code
Raleigh	NC	27624-7187

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. George E.B. HoldingCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : D135357

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City	State	Zip Code
Concord	NC	28027

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. Richard HudsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : D135356

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Huffman for Congress 2012

Mailing Address P.O. BOX 151563

City	State	Zip Code
San Rafael	CA	94915

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. Jared HuffmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135263

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LEADERSHIP OF TODAY AND TOMORROW

Mailing Address 607 14TH STREET NW SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135364

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. Marc Allison VeaseyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : D135662

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 195 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
Albuquerque	NM	87107

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Ms. Michelle Lujan GrishamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : D135502

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : D135362

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ELECT BLAKE FARENTHOLD COMMITTEE

Mailing Address P.O. Box 3369

City	State	Zip Code
Corpus Christi	TX	78463

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Blake FarentholdCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : D135258

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 196 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GARY MILLER FOR CONGRESS

Mailing Address 721 S. Brea Canyon Road, Suite 7

City	State	Zip Code
Diamond Bar	CA	91789

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Gary G. MillerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 42

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135360

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Larry BucshonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	30	/	2012

Transaction ID : D136293

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Lynn JenkinsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2012

Transaction ID : D135359

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 197 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MULVANEY FOR CONGRESS

Mailing Address P.O. Box 1975

City	State	Zip Code
Lancaster	SC	29721

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Mick MulvaneyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: SC	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2012

Transaction ID : D135358

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MO BROOKS FOR CONGRESS

Mailing Address 7610 FOXFIRE DR.

City	State	Zip Code
HUNTSVILLE	AL	35802

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Mo BrooksCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AL	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : D135500

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E. Cedar Ave.

City	State	Zip Code
Flagstaff	AZ	86004

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Paul GosarCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Transaction ID : D135501

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 198 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Steny H. HoyerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MD	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2012

Transaction ID : D135735

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SOUTHERLAND FOR CONGRESS

Mailing Address PO BOX 1692

City	State	Zip Code
LYNN HAVEN	FL	32444

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Steve Southerland IICategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: FL	District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Transaction ID : D135257

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CLAY JR. FOR CONGRESS

Mailing Address P.O. BOX 4544

City	State	Zip Code
ST. LOUIS	MO	63108

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. William Lacy ClayCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MO	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : D135660

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 199 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Xavier BecerraCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135262

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City	State	Zip Code
CATONSVILLE	MD	21228

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Sen. Benjamin L. CardinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2012

Transaction ID : D135363

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City	State	Zip Code
CATONSVILLE	MD	21228

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Sen. Benjamin L. CardinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : D135661

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2012

Mailing Address PO BOX 52008

City	State	Zip Code
CASPER	WY	82605

Transaction ID : D135503Purpose of Disbursement
2012 General Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. John BarrassoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District: 00

Full Name (Last, First, Middle Initial)

B. WENSTRUP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2012

Mailing Address 512 MISSOURI AVE

City	State	Zip Code
Cincinnati	OH	45226

Transaction ID : D135264Purpose of Disbursement
2012 General Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Mr. Brad WenstrupCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 02

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

--

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

93500.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee

Category/
Type

State: District: Refund of 2/29/2012

Category/
Type

State: District: Refund of 2/29/2012

Category/
Type

State: District: Refund of 2/29/2012

675.00

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 202 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Dye M.D.

Mailing Address 401 N. 31st Street, Suite 1260

City	State	Zip Code
Billings	MT	59101

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135800

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cheryl L. Gaughen M.D.

Mailing Address 330 Inner Harbour Cir

City	State	Zip Code
Tampa	FL	33602-5967

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135801

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Donald W. Graves M.D.

Mailing Address 584 Pennsylvania Ave

City	State	Zip Code
San Francisco	CA	94107-2914

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135802

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

--

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee

175.00

200.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 204 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randhir Kaboo M.D.

Mailing Address 19220 Catalina Rd

City	State	Zip Code
Apple Valley	CA	92308-6798

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135806

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Peter P. Kobilsek M.D.

Mailing Address 4186 E. Churchill Drive

City	State	Zip Code
Fayetteville	AR	72701

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135807

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Erika L. Lawrence M.D.

Mailing Address 3109 W Espartero Way

City	State	Zip Code
Phoenix	AZ	85086-2218

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135808

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 205 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth R. Moran M.D.

Mailing Address 4029 Hidden Hill Ct

City	State	Zip Code
Powell	OH	43065-7112

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135809

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gerald D. Pacelli Jr., M.D.

Mailing Address 7184 Ludlow Dr

City	State	Zip Code
Roseville	CA	95747-5933

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135810

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eugene S. Prokopyschyn D.O.

Mailing Address 16789 W 67th Cir

City	State	Zip Code
Arvada	CO	80007

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135811

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 206 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn M. Rogers M.D.

Mailing Address 11104 Kuertzmill Dr.

City	State	Zip Code
Cincinnati	OH	45249

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135812

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan R. Sadler M.D.

Mailing Address 221 Devon Dr

City	State	Zip Code
Birmingham	AL	35209-4317

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135813

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Charles Scott Salkeld D.O.

Mailing Address 14 Burning Tree Ln

City	State	Zip Code
Marmora	NJ	08223-1902

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135814

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 207 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mario Serafini D.O.

Mailing Address 260 Crescent Rd.

City	State	Zip Code
Burlington	VT	05401-4665

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135815

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. James F. Shanks M.D.

Mailing Address 620 Glen Willow Dr

City	State	Zip Code
Farragut	TN	37934

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135816

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Parvinder Singh M.D.

Mailing Address 2011 Oaks Pl.

City	State	Zip Code
Arcadia	CA	91006

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135817

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 208 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert G. Sugar M.D.

Mailing Address 14500 Castlerock Rd.

City	State	Zip Code
Salinas	CA	93908-9438

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135818

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel J. Yousif M.D.

Mailing Address 67 Marywood Trail

City	State	Zip Code
Wheaton	IL	60187-8181

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135820

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. John F. Zeiger M.D.

Mailing Address 10705 Monte Vista Ct.

City	State	Zip Code
Fort Wayne	IN	46804

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Refund of 2/29/2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2012

Transaction ID : D135821

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

5325.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 209 OF 209

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Governors Association

Mailing Address 1747 Pennsylvania Ave, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
2012 Membership Dues

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

2012 Membership Dues

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2012

Transaction ID : D135734

Amount of Each Disbursement this Period

50000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50000.00

50000.00
