Image# 13940765242 PAGE 1 / 119

### **FEC** FORM 3X

### **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than I	All Authorized	a Committee			Office Use Only
1. NAME OF COMMITTEE (in full)	ΓYPE OR PRINT ▼		ample: If typir er the lines.	ng, type	12FE4M5	
American Society of An	esthesiologist	ts Political A	ction Com	mittee		
ADDRESS (number and street)	520 N. Northwest	Highway 				
Check if different						
than previously reported. (ACC)	Park Ridge				LL L	60068
2. FEC IDENTIFICATION NU	MBER ▼	CITY		5	STATE A	ZIP CODE ▲
C C00255752		3. IS THIS REPORT	\ \ \	IEW N) <b>OR</b>	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3) Apr 20 (M4)		lun 20 (M6) Iul 20 (M7)	-	20 (M9) Dec 20 (M12) (Non-Election Year Only)  20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1	(c) 12-Day	Αρί 20 (ίνι4)			General	
July 15 Quarterly Report (Q2	PRF-FIG		Primary (12P Convention (		Special (	
October 15 Quarterly Report (Q3	· ·		Convention	.20)	opoolai (	
January 31 Year-End Report (YE	<u></u>	Election on	M M M /	D D /	Y 1 Y 1 Y 1 Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-E		General (300	G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Report f	Election on	M M /	D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 04	/ D D / Y	2013	through	M M M 04	30	2013
I certify that I have examined this  Type or Print Name of Treasurer	s Report and to the	-	wledge and b	pelief it is tru	e, correct and	d complete.
	nomas Conway		[Electronically	Filed] D	ate 05	/ D D / Y Y Y Y Y 2013
NOTE: Submission of false, errone	ous, or incomplete i	nformation may si	ubject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

	O FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	rite or Type Committee Name		
Α	merican Society of Anesthesiologi	sts Political Action Committee	
Re	eport Covering the Period: From: 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	04 30 7 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		1716551.51
	(b) Cash on Hand at Beginning of Reporting Period	1784541.48	
	(c) Total Receipts (from Line 19)	95032.65	502673.17
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1879574.13	2219224.68
7.	Total Disbursements (from Line 31)	190253.45	529904.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1689320.68	1689320.68
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	Debts and Obligations Owed RV		

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

#### For further information contact:

0.00

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

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

the Committee (Itemize all on

Schedule C and/or Schedule D) .....

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: 04	01 2013 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	71293.21	352570.02
(i) Itemized (use Schedule A)	7	
(ii) Unitemized	19794.99	141158.70
(iii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	
Lines 11(a)(i) and (ii)▶	91088.20	493728.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	91088.20	493728.72
Totals to Line 33, page 5)  Transfers From Affiliated/Other	31000.20	7 7
Party Committees	0.00	0.00
rarty committees	0.00	3 3
All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	1944.45	1944.45
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	2000.00	7000.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transfers (add 19(a) and 19(b))	0.00	2.22
(c) Total Transiers (add 18(a) and 18(b))	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00 0.00 95032.65	
tal Federal Receipts		
(subtract Line 18(c) from Line 19)▶	95032.65	502673.17

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period			
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calendar Year-to-Date		
	Activity (from Schedule H4)  (i) Federal Share	0.00	0.00		
	(i) I ederal Share				
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	2290.25	6668.13		
	(c) Total Operating Expenditures				
	(add 21(a)(i), (a)(ii), and (b))▶	2290.25	6668.13		
	Transfers to Affiliated/Other Party	0.00	0.00		
. (	Committees Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	44700.00	267200.00		
	Independent Expenditures				
	(use Schedule E)	0.00	0.00		
. (	Coordinated Party Expenditures				
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	i				
.	Loan Repayments Made	0.00	0.00		
		0.00	0.00		
	Loans Made Refunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	2063.20	2063.20		
	man Political Committees	2003.20	7		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees				
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds	2063.20	2063.20		
	(add Lines 28(a), (b), and (c))▶	7	2000.20		
. (	Other Disbursements	141200.00	253972.67		
	Other Dispursements	141200.00	7 255726		
.	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)		222		
	(i) Federal Share	0.00	0.00		
	(") III - 1 - II OI	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	5.55			
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
		7			
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	190253.45	529904.00		
	L	7	7		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	100000000000000000000000000000000000000			
- 1	from Line 31)	190253.45	529904.00		

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	91088.20	493728.72
4. Total Contribution Refunds (from Line 28(d))	2063.20	2063.20
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89025.00	491665.52
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2290.25	6668.13
7. Offsets to Operating Expenditures (from Line 15, page 3)	1944.45	1944.45
3. Net Operating Expenditures (subtract Line 37 from Line 36)	345.80	4723.68

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	logists Political Action Commit	tee
Full Name (Last, First, Middle Initial) John P. Abenstein M.D.  Mailing Address 10978 Eleventh Ave N.W.  City Oronoco  FEC ID number of contributing federal political committee.  Name of Employer Mayo Clinic Anes. Dept.  Receipt For:  Primary General Other (specify)	State Zip Code MN 55960-2110  C  Occupation Physician  Aggregate Year-to-Date ▼  666.40	Date of Receipt  M M / D D / Y Y Y Y Y  04 06 2013  Transaction ID: C2298172  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  John P. Abenstein M.D.  Mailing Address 10978 Eleventh Ave N.W.  City  Oronoco  FEC ID number of contributing federal political committee.  Name of Employer  Mayo Clinic Anes. Dept.  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 55960-2110  C  Occupation Physician  Aggregate Year-to-Date ▼  666.40	Date of Receipt  O4 10 2013  Transaction ID : C2300615  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Amr E. Abouleish M.D., M.B.  Mailing Address 4303 Evergreen Elm Ct  City Houston  FEC ID number of contributing federal political committee.  Name of Employer University of Texas Medical Branch  Receipt For:  Primary General Other (specify)	State Zip Code TX 77059-3120  C  Occupation Professor  Aggregate Year-to-Date ▼  333.20	Date of Receipt  O4 O2 2013  Transaction ID : C2296366  Amount of Each Receipt this Period  83.30
SUBTOTAL of Receipts This Page (optional)		249.90
TOTAL This Period (last page this line number o	only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 13 14 15 16 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) Joel D. Ackerman M.D. Date of Receipt Mailing Address 8717 W 110th St Ste 600 04 2013 City Zip Code State Transaction ID: C2313710 KS 66210-2126 Overland Park Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Assoc of Kansas City Pain Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Olayinka O. Adepitan M.B.,B.S. Date of Receipt Mailing Address 6100 Glenhollow Dr 04 23 2013 City State Zip Code Transaction ID: C2317215 TX Plano 75093-7942 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Information Requested Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Seth A. Akst M.D., M.B. Date of Receipt Mailing Address 4609 Norwood Dr 04 12 2013 City Zip Code State Transaction ID: C2304785 MD Chevy Chase 20815-5348 Amount of Each Receipt this Period FEC ID number of contributing 375.00 С federal political committee. Name of Employer Occupation George Washington Medical Ctr. Dept of Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 1625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE	PAGE	:	8	ΟF	1	19		
(check only	one)							
<b>X</b> 11a	11b		11c		12			
13	14		15		16			17

	and Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	antidation Barre 14 at 2	
/ American Society of Anesthe	esiologists Political Action Committed	e 
Full Name (Last, First, Middle Initial)  Masroor Alam M.D.		Date of Receipt
Mailing Address 11043 Grandstone Ln		04 02 2013
City	State Zip Code	Transaction ID : C2297019
Cincinnati	OH 45249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Information Requested	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Peter W. Allen Jr., M.D.		Date of Receipt
Mailing Address PO Box 496		04 08 _ 2013 _
City	State Zip Code	Transaction ID : C2298466
Ross	CA 94957-0496	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
ACM	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Charles K. Anderson M.D., M.	B.	Date of Receipt
Mailing Address 60975 Billadeau Rd		04 04 2013
City	State Zip Code	Transaction ID : C2297502
Bend	OR 97702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	-
Bend Anesthesiology Group, Inc	Anesthesiology	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	333.20	
SUBTOTAL of Receipts This Page (options	al)	583.30
	<u> </u>	
TOTAL This Period (last page this line num	nber only)	

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

F	FOR LINE NUMBER:			PAGE	9	OF		119		
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16			17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Jonathan C. Anderson M.D.  Mailing Address 151 Jossie Ln  City Kalispell  FEC ID number of contributing federal political committee.  Name of Employer Northern Rockies Anesthesia Consultant  Receipt For: Primary General Other (specify)	State Zip Code MT 59901-6961  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  3. Shane C. Angus M.S., A.A.  Mailing Address 820 1st N.E.  LL-150, Mail 25  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Case School of Medicine  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20002  C Occupation Program Director  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Anthony Arellano-Kruse M.D.  Mailing Address Anesthesia Medical Group 3330 Lomita Blvd  City Torrance  FEC ID number of contributing federal political committee.  Name of Employer  Torrance Memorial Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code CA 90505-5002  C  Occupation Physician  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M
SUBTOTAL of Receipts This Page (optional)		266.64
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	: ′	10	OF	119
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Judith L. Aronsohn M.D.		Date of Receipt
Mailing Address 5 Mount Tom Rd		04 03 2013
City	State Zip Code	Transaction ID : C2297184
Pelham	NY 10803-3307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
NAPA	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  3. Brett L. Arron M.D.		Date of Receipt
Mailing Address 52 Lake Street		04 03 2013
City	State Zip Code	04 03 2013 Transaction ID : C2297178
Wakefield	RI 02879	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Narragansett Bay Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  C. Scott E. Ashcraft M.D.		Date of Receipt
Mailing Address 8900 Indian Creek Parkway Suite 500 City	State Zip Code	04 03 2013  Transaction ID : C2297189
Overland Park	KS 66210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
Midwest Anesthesia Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2166.64
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 13 14 15 16 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) Scott R. Atchison M.D. Date of Receipt Mailing Address 5115 Twinleaf Drive 04 09 2013 City Zip Code State Transaction ID: C2300219 SD Sioux Falls 57108 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Physicians, LTD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Craig T. Austin M.D. Date of Receipt Mailing Address 1000 E. Primrose, #520 14 04 2013 City State Zip Code Transaction ID: C2305599 MO Springfield 65807 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Ozark Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. David Auyong M.D. Date of Receipt Mailing Address 1100 9th Ave MS B2-AN 04 01 2013 City Zip Code State Transaction ID: C2296108 WA Seattle 98101-2756 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Virginia Mason Med Ctr Dept Anes Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Daud Azizi M.D. Date of Receipt Mailing Address 840 Tullis Rd. 04 04 2013 City Zip Code State Transaction ID: C2298146 GA Lawrenceville 30043-4728 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Gwinnett Anesthesia Center Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ruben Azocar M.D. Date of Receipt Mailing Address 88 E Newton St # RM.2806 04 26 2013 City State Zip Code Transaction ID: C2317705 MA **Boston** 02118-2308 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Boston University Medical Center Physician anesthesiologist and intensi Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Danielle J. Belmore M.D. Date of Receipt Mailing Address 6632 Whispering Woods Ct 04 01 2013 City Zip Code State Transaction ID: C2296157 TX Plano 75024-7440 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Pinnacle Anesthesia Consultants Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE	: NUMBER	:	PAGE	: 1	13
Use separate schedule(s) for each category of the	(check on	ly one)				
Detailed Summary Page	<b>X</b> 11a	11b		11c		12
	10	1.1		15		۱,,

OF

119

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) Dean Berkus M.D. Date of Receipt Mailing Address 9675 Brighton Way STE 100 04 03 2013 City State Zip Code Transaction ID: C2297337 CA 90210-5100 Beverly Hills Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Specialty Surgical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mordechai Bermann M.D Date of Receipt Mailing Address 7 Plymouth Ln. 04 13 2013 City Zip Code State Transaction ID: C2305563 East Brunswick NJ 08816 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation **UMDNJ** Anesthesiologist

Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial) Shreyas Bhavsar D.O.  Mailing Address 4808 Braeburn Dr  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bellaire  FEC ID number of contributing federal political committee.	TX 77401-5314	Transaction ID: C2320344  Amount of Each Receipt this Period  250.00
Name of Employer  MD Anderson Cancer Center  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		583.30

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

	FOR LI	NE NU	IMBER:	:	PAGE	: 1	I4 OF	:
Use separate schedule(s)	(check	only or	ne)					Т
for each category of the Detailed Summary Page	X 11	а	11b		11c		12	
Detailed Suffillary Fage	13		14		15	$\neg$	16	Г

119

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	nd Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Wendy B. Binstock M.D.  Mailing Address 1122 W Montana St  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer university of chicago  Receipt For: Primary General Other (specify)	State Zip Code IL 60614-2221  C  Occupation physican  Aggregate Year-to-Date ▼  333.20	Date of Receipt  04 12 2013  Transaction ID: C2302976  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial) Timothy M. Bittenbinder M.D.  Mailing Address 2401 South 31st St., Dept.  MS - 20 - D304  City Temple  FEC ID number of contributing federal political committee.  Name of Employer Scott and White Hospital  Receipt For:  Primary General Other (specify)	State Zip Code TX 76508  C  Occupation Physician  Aggregate Year-to-Date ▼  583.10	Date of Receipt  M M M / 15 2013  Transaction ID: C2305751  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Kenneth J. Bochenek M.D.  Mailing Address 2000 Spruce Dr  City Lafayette  FEC ID number of contributing federal political committee.  Name of Employer Anesthesiology Associates, P.C.  Receipt For:  Primary General Other (specify)	State Zip Code IN 47905-3944  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  450.00	Date of Receipt  04 12 2013  Transaction ID : C2304812  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional	)	216.60
TOTAL This Period (last page this line numl	ber only)	

	FOR L	INE NU	MBER:	:	PAGE	•	15 OF	119
Use separate schedule(s)	(check	only or	ne)					
for each category of the Detailed Summary Page	X 11	la	11b		11c		12	
	13	3	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) William R. Bohman M.D. Date of Receipt Mailing Address 2600 El Camino Real Ste 206 04 2013 City State Zip Code Transaction ID: C2300871 94306-1721 CA Palo Alto Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists Medical G physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Srinivas S. Bollimpalli M.D. Date of Receipt Mailing Address 1850 N Central Ave Ste 1600 04 2013 07 City State Zip Code Transaction ID: C2298220 Phoenix ΑZ 85004-4633 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Valley Anes. Consultants, Ltd. Physician

	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
C.	Full Name (Last, First, Middle Initial) K P Branam M.D.  Mailing Address 160 Green Glades		Date of Receipt  M = M
	City Ridgeland	State Zip Code MS 39157-8662	Transaction ID : C2302987  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer	Occupation	
	UMC	Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 205.01	

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

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

374.97

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

F	FOR LINE NUMBER:						: '	16	OF		119
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  A. K P Branam M.D.  Mailing Address 160 Green Glades  City Ridgeland  FEC ID number of contributing	State Zip Code MS 39157-8662	Date of Receipt  04 17 2013  Transaction ID : C2313783  Amount of Each Receipt this Period
federal political committee.  Name of Employer  UMC  Receipt For:  Primary  General  Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  205.01	20.00
Full Name (Last, First, Middle Initial)  Amanda K. Brown M.D.  Mailing Address 203 Westchester Dr		Date of Receipt  04 22 2013
City  Macon  FEC ID number of contributing federal political committee.	State Zip Code GA 31210-7541	Transaction ID : C2316355  Amount of Each Receipt this Period  500.00
Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Stephen M. Brzica M.D.  Mailing Address 7120 Kenmare Dr.  City	State Zip Code	Date of Receipt  04 02 2013  Transaction ID: C2297031
Bloomington  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  Other (specify)   Other (specify)	MN 55438-2834  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1020.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 13 14 15 16 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) Frederick W. Burgess M.D., Ph.D Date of Receipt Mailing Address 569 Fruit Hill Ave 04 2013 City State Zip Code Transaction ID: C2305591 RΙ North Providence 02911-2134 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Providence VAMC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 733.20 Other (specify) Full Name (Last, First, Middle Initial) B. Frederick W. Burgess M.D., Ph.D. Date of Receipt Mailing Address 569 Fruit Hill Ave 04 25 2013 City State Zip Code Transaction ID: C2317295 North Providence RΙ 02911-2134 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Providence VAMC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 733.20 Other (specify) Full Name (Last, First, Middle Initial) c. John Carney M.D. Date of Receipt Mailing Address 534 Ridgeview Drive 04 03 2013 City State Zip Code Transaction ID: C2297181 PΑ Erie 16505 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 266.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FO	R LINE	NU	MBER	:	PAGE	1	18	OF	-
Use separate schedule(s) for each category of the Detailed Summary Page	`	eck only	or	ie) 11b		11c		12	-	
		13		14		15		16		

119

	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  A. Dominic S. Carollo M.D.		Date of Receipt
Mailing Address 6511 Louis XIV St		04 21 2013
City New Orleans	State Zip Code LA 70124-3219	Transaction ID : C2316289  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.60
Name of Employer  Ochsner Clinic  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.07	
Full Name (Last, First, Middle Initial)  3. Dominic S. Carollo M.D.  Mailing Address 6511 Louis XIV St		Date of Receipt  04 30 2013
City	State Zip Code LA 70124-3219	Transaction ID : C2322013
New Orleans  FEC ID number of contributing federal political committee.	LA 70124-3219	Amount of Each Receipt this Period 41.67
Name of Employer Ochsner Clinic	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.07	
Full Name (Last, First, Middle Initial)  Claire L. Chandler A.AC		Data of Daggint
Mailing Address 1253 Citadel Dr. NE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Atlanta	State Zip Code GA 30324	Transaction ID : C2302978  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Emory Healthcare Receipt For:	Anesthesiologist Assistant	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
SUBTOTAL of Receipts This Page (optional).		166.57
TOTAL This Period (last page this line numb	er only)	

	FOR LINE N	UMBER:	PAGE	19 OF
Use separate schedule(s)	(check only o	ne)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
,,	13	14	15	16

119

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Vishal A. Chandra D.O.  Mailing Address 4307 W 74th St		Date of Receipt
		04 09 2013
City	State Zip Code	Transaction ID : C2300139
Prairie Village	KS 66208-2950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anesthesia Assoc. of Kansas City	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  3. John C. Chatelain M.D.		Date of Receipt
Mailing Address 1319 S.9th St.		04 13 _ 2013 _
City	State Zip Code	Transaction ID : C2305551
Fargo	ND 58103-4105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer Sanford Health	Occupation	
Receipt For:	Anesthesiologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  332.80	
Full Name (Last, First, Middle Initial)  C. John C. Chatelain M.D.		Date of Receipt
Mailing Address 1319 S.9th St.		04 18 _ 2013 _
City	State Zip Code	Transaction ID : C2314332
Fargo	ND 58103-4105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	
Sanford Health	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.80	
SUBTOTAL of Receipts This Page (optional)	·····	583.20
TOTAL This Period (last page this line number	only)	

	FOR I	LINE I	NU	MBER:	PAGE	. 2	20
Use separate schedule(s) for each category of the	(check	k only	on	ie)			
Detailed Summary Page	X 1	11a [		11b	11c		12
,	1 1	10		14	15		140

OF

119

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)

Full Name (Last, First, Middle Initial) Tzong-Huei H. Chen M.D.		Date of Receipt
Mailing Address 20 Boesch Farm Road		04 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2301027
East Greenwich	RI 02818-1137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Providence Anesthesiologists Inc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mary A. Chernoff M.D.		Date of Receipt
Mailing Address 14905 W. 82nd Terr.		04
City	State Zip Code	Transaction ID : C2298008
Lenexa	KS 66215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anesthesiology, Chartered	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Daniel N. Chiem M.D.		Date of Receipt
Mailing Address 1555 Vine St Apt 306S		04 08 2013
City Los Angeles	State Zip Code CA 90028-7385	Transaction ID : C2300397  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Information Requested	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
		750.00

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

119

for each category of the 12 Detailed Summary Page 13 14 15 16 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) Bruce D. Chipkin M.D. Date of Receipt Mailing Address 6 Forrest Way 04 02 2013 City Zip Code State Transaction ID: C2296375 NY Poughkeepsie 12603 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce D. Chipkin M.D. Date of Receipt Mailing Address 6 Forrest Way 04 02 2013 City State Zip Code Transaction ID: C2322502 NY Poughkeepsie 12603 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas E. Cleveland M.D. Date of Receipt Mailing Address 360 W Illinois St Apt 213 30 04 2013 City State Zip Code Transaction ID: C2322246 IL Chicago 60654-5239 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Park Ridge Anesthesiology Associates Attending Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Society of Anesthesiology	ogists Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Norman A. Cohen M.D.  Mailing Address 0841 SW Gaines St # 504  City Portland  FEC ID number of contributing federal political committee.  Name of Employer  Oregon Health and Science Univ. Anes.  Receipt For:  Primary General Other (specify)	State Zip Code OR 97239-2976  C  Occupation Associate Professor  Aggregate Year-to-Date ▼  333.20	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Dominick Coleman M.D.  Mailing Address 100 Banks Ave Apt 1201  City  Rockville Centre  FEC ID number of contributing federal political committee.  Name of Employer  North American Partners in Anesthesia,  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 11570  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  04 03 2013  Transaction ID : C2297187  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial) Roger A. Coleman M.D.  Mailing Address 939 Harlow Rd Ste 110  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer Northwest Anesthesia Physicians  Receipt For:  Primary General Other (specify)	State Zip Code OR 97477-1190  C  Occupation Physician Aggregate Year-to-Date ▼  500.00	Date of Receipt  04 29 2013  Transaction ID: C2317827  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		666.64
TOTAL This Period (last page this line number or	nly)	

FOR LINE NUMBER: PAGE 23 OF 119 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) John A. Cooley M.D. Date of Receipt Mailing Address 48 Fox Hedge Rd 04 2013 City Zip Code State Transaction ID: C2305597 Saddle River NJ 07458-2706 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation North American Partners in Anes Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. David A Cross M.D. Date of Receipt Mailing Address Department of Anesthesiology 2401 South 31st Street 04 06 2013 City State Zip Code Transaction ID: C2298171 TX Temple 76508 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Scott and White Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Jay D. Cunningham D.O. Date of Receipt Mailing Address 18808 Saddle River Dr 04 14 2013 City Zip Code State Transaction ID: C2305594 OK Edmond 73012-4104 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Affiliated Anesthesiologist Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 249.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Sharon M. Darrow D.O. Date of Receipt Mailing Address 1115 Huntington Ave 04 2013 27 City Zip Code State Transaction ID: C2317768 OK Nichols Hills 73116-6212 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Northwest Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.20 Other (specify) Full Name (Last, First, Middle Initial) B. Kraig S. de Lanzac M.D. Date of Receipt Mailing Address 12 Tara Pl 04 13 2013 City State Zip Code Transaction ID: C2305564 LA Metairie 70002-1559 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Slidell Memorial Hospital physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Martin L. De Ruyter M.D. Date of Receipt Mailing Address KU Hospital Rm. 2467 3901 Rainbow Blvd., MS1034 04 03 2013 City Zip Code State Transaction ID: C2297204 KS Kansas City 66160-7415 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Kansas Univ. Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

119

14 13 15 16 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) Abhijit Desai M.D. Date of Receipt Mailing Address 74 Clairmont St 04 01 2013 City Zip Code State Transaction ID: C2296089 Longmeadow MA 01106-1002 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Milford Anesthesia Associates, Inc Ane anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 332.80 Other (specify) Full Name (Last, First, Middle Initial) B. Abhijit Desai M.D. Date of Receipt Mailing Address 74 Clairmont St 20 04 2013 City State Zip Code Transaction ID: C2315402 MA Longmeadow 01106-1002 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Milford Anesthesia Associates, Inc Ane anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 332.80 Other (specify) Full Name (Last, First, Middle Initial) c. Laura I. Dew M.D. Date of Receipt Mailing Address 3009 Cason St 02 04 2013 City Zip Code State Transaction ID: C2296367 TX Houston 77005-3812 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Greater Houston Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 166.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 13 14 15 16 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) John F. Di Capua M.D. Date of Receipt Mailing Address 74 Byram Ridge Road 04 2013 City Zip Code State Transaction ID: C2316316 NY Armonk 10504-1210 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation North Shore University Hospital Anesth Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Mitchell A. Dickson M.D. Date of Receipt Mailing Address 5315 Bent River Blvd. 04 2013 17 City State Zip Code Transaction ID: C2314319 TN Knoxville 37919-9353 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation American Anethesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas K. Diehl M.D. Date of Receipt Mailing Address 3938 Piedmont Terr. 04 03 2013 City Zip Code State Transaction ID: C2298006 OR Medford 97504-9636 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Ashland Anes Assoc Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 27 OF

119

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Action Committe	e
Full Name (Last, First, Middle Initial) Christian Diez M.D.  Mailing Address 7915 SW 55 Avenue  City Miami  FEC ID number of contributing federal political committee.  Name of Employer University of Miami Receipt For:  Primary General Other (specify)	State Zip Code FL 33143  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  333.20	Date of Receipt  M M M / D D / 2013  Transaction ID : C2311454  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Timothy J. Doles M.D.  Mailing Address 9149 Brenham Ct  City  Montgomery  FEC ID number of contributing federal political committee.  Name of Employer  Montgomery Anesthesia Associates  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 36117-0923  C  Occupation  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M O2 2013  Transaction ID: C2297022  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Timothy S. Dominick M.D.  Mailing Address 120 Crescent Rd  City Burlington  FEC ID number of contributing federal political committee.  Name of Employer  Fletcher Allen Medical Center Dept. of  Receipt For:  Primary General Other (specify)	State Zip Code VT 05401-4120  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  04 12 2013  Transaction ID: C2304795  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1333.30
TOTAL This Period (last page this line number o	nly)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 28 OF 119

IT _	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)       X       11a       11b       11c       12       13       14       15       16	17
	y information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	ee	
Α.	Full Name (Last, First, Middle Initial) Aleicia J. Donald M.D. Mailing Address 600 Richland Ave.			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	City Lafayette	State LA	Zip Code 70508	Transaction ID : C2327885  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.0	00
	Name of Employer Information Requested	Occupation Anesthesiol			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
В.	Full Name (Last, First, Middle Initial)  Donald D. Downs M.D.			Date of Receipt	
	Mailing Address 7351 Oliver Woods Dr SE  City	State	Zip Code	04 22 2013	
	Grand Rapids	MI	49546-9707	Transaction ID : C2316315  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		83.3	30
	Name of Employer Anesthesia Practice Consultants	Occupation Anesthesiol			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  333.20		
<del>С</del> .	Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.			Date of Receipt	
	Mailing Address 2399 Pine Hollow Dr.			04 01 2013	Y
	City East Lansing	State MI	Zip Code 48823	Transaction ID : C2296084  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		83.3	30
	Name of Employer	Occupation			
	Ingham Regional Medical Center Receipt For:	Anesthesio	<del>-</del>		
	Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.20		
s	UBTOTAL of Receipts This Page (optional)			1166.6	30
Т	OTAL This Period (last page this line number	only)			$\Box$

	FOR LIN	IE NU	IMBER	:	PAGE	2	29 O	F
Use separate schedule(s)	(check c	nly or	ne)					
for each category of the	X 11a		11b		11c		12	
Detailed Summary Page	13		14		15		16	Г

119

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Jesse Epps M.D., Ph.D  Mailing Address 2341 McCallie Ave., #402  Anesthesiologists Associate  City  Chattanooga  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesiologists Associated  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37404-3231  C  Occupation Anesthesiologist  Aggregate Year-to-Date   333.20	Date of Receipt  04 03 2013  Transaction ID: C2297176  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Lawrence Epstein M.D.  Mailing Address Dept. Of Anesthesiology Book One Gustave Levy Place  City New York  FEC ID number of contributing federal political committee.  Name of Employer Mount Sinai School of Medicine  Receipt For:  Primary General Other (specify)	State Zip Code NY 10029-6574  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date  499.60	Date of Receipt  04 12 2013  Transaction ID: C2302980  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Lawrence Epstein M.D.  Mailing Address Dept. Of Anesthesiology Book One Gustave Levy Place  City New York  FEC ID number of contributing federal political committee.  Name of Employer Mount Sinai School of Medicine  Receipt For: Primary General Other (specify)	State Zip Code NY 10029-6574  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  499.60	Date of Receipt  04 17 2013  Transaction ID : C2313781  Amount of Each Receipt this Period  41.60
SUBTOTAL of Receipts This Page (optional).	<u> </u>	208.20
TOTAL This Period (last page this line numb	er only)	

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

ı	FOR LINE	NUMBER	: PAGE	E 30 OF	119
	(check only	y one)			
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Luis Esparza M.D.  Mailing Address 2810 N Swan Rd Ste 100  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer  OLD PUEBLO ANESTH  Receipt For:  Primary General  Other (specify)	State Zip Code AZ 85712-6300  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  340.00	Date of Receipt  04 22 2013  Transaction ID: C2316362  Amount of Each Receipt this Period  85.00
Full Name (Last, First, Middle Initial)  Mauro Faibicher M.D.  Mailing Address 1328 Chalmette Dr NE  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer NEXUS MEDICAL GRP  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code GA 30306-2575  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  04
Full Name (Last, First, Middle Initial)  William Feaster M.D.  Mailing Address 377 Eagle Trace Dr  City Half Moon Bay  FEC ID number of contributing federal political committee.  Name of Employer Childrens Hospital Orange County  Receipt For:  Primary General Other (specify)	State Zip Code CA 94019-2291  C  Occupation Chief Medical Information Officer  Aggregate Year-to-Date ▼  333.20	Date of Receipt  04 15 2013  Transaction ID : C2305749  Amount of Each Receipt this Period  83.30
SUBTOTAL of Receipts This Page (optional)	•	668.30
TOTAL This Period (last page this line numb	er only)	

	FOR LINE	E NUMBER	:	PAGE	. 3	31
Use separate schedule(s) for each category of the	(check on	ly one)				
Detailed Summary Page	<b>X</b> 11a	11b		11c		12
	12	1/		15		16

OF 119

		13       14       15       16       17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  1. James J. Fehr M.D.		Date of Receipt
Mailing Address One Childrens Place		04 15 2013
City St. Louis	State Zip Code MO 63110	Transaction ID : C2307285
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  365.00
Name of Employer  St. Louis Childrens Hospital Pediatric  Receipt For:  Primary  General	Occupation Pediatric Anesthesiologist Intensivist  Aggregate Year-to-Date ▼	- -
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Melvin A. Ferlita M.D.  Mailing Address 320 Jade Ct.		Date of Receipt  04  04  04  2013
City Madisonville	State Zip Code LA 70447-3128	Transaction ID : C2298005
FEC ID number of contributing federal political committee.	C 70447-3128	Amount of Each Receipt this Period  500.00
Name of Employer APMC, LLC.	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Ralph Fillmore M.D.		Date of Receipt
Mailing Address 1118 Ross Clark Cir., #70		04 28 2013
City Dothan	State Zip Code AL 36301	Transaction ID : C2317803  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
ACMG Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  1000.00	_
SUBTOTAL of Receipts This Page (optional)		1865.00
	·	
TOTAL THIS Period (last page this line numb	per only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 32 OF 119

TEMIZED DECEIDTS		Use separate schedule(s)		(check only one)						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)	name and a	as soo of any pointour committee				. 55111111111				
American Society of Anesthes	siologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial)  Gregory W. Fischer M.D.			Date of	f Receipt						
Mailing Address 1 Gustave L Levy PI P.O. Box 1010			M M M 04		D / Y	2013	Y			
City New York	State NY	Zip Code 10029-6504			D : <b>C230483</b> Receipt th	39				
FEC ID number of contributing federal political committee.	С				7	250	.00			
Name of Employer	Occupation									
Mount Sinai Medical Center	Anesthesiol	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General  Other (specify) ▼		250.00								
Full Name (Last, First, Middle Initial)  3. Robert D. Fisher M.D.	- 1		Date of	f Receipt						
Mailing Address 10300 W. Charleston Blvd.,	#13-136		04	/ D	D / Y	2013	Y			
City	State	Zip Code			): C229703					
Las Vegas	NV	89135	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С			7		250.	00			
Name of Employer	Occupation									
Summit Anes. Consultants  Receipt For:	ANESTHES									
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼		250.00								
Full Name (Last, First, Middle Initial)  C. Gerhard W. Flacke M.D.	1		Date of	f Receipt						
Mailing Address 3947 E Ina Rd			M M 04		26 Y	2013	Y			
City	State AZ	Zip Code			) : C231766					
Tucson	AL	85718-1531	Amount	t of Each	Receipt th	is Period				
FEC ID number of contributing federal political committee.	С				,	83	.30			
Name of Employer	Occupation									
Old Pueblo Anesthesia Receipt For:	<del></del>	nesthesiologist	_							
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼		333.20								
SUBTOTAL of Receipts This Page (optional).						583.	30			
TOTAL This Period (last page this line numb	er only)									

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

33 OF 119 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Richard M. Flowerdew M.D. Date of Receipt Mailing Address 38 Hedgerow Dr 04 2013 City Zip Code State Transaction ID: C2305557 ME Falmouth 04105-1407 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Spectrum Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Michael R. Flynn M.D. Date of Receipt Mailing Address 6808 Stone Mill Dr 2013 04 11 City State Zip Code Transaction ID: C2300957 TN Knoxville 37919-7496 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Deanna K. Fox M.D. Date of Receipt Mailing Address 8513 Rosehill Rd 04 29 2013 City State Zip Code Transaction ID: C2325312 KS Lenexa 66215-2837 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation University of Kansas Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

666.64

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

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

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

FOR LINE NUMBER:			PAGE	3	34	OF		119			
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

	Statements may not be sold or used by any pers he name and address of any political committee to				
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	<del></del>			
Full Name (Last, First, Middle Initial)  William A. Frame M.D.  Mailing Address 2300 N Edward St	lliam A. Frame M.D.				
City	State Zip Code	04 13 2013 Transaction ID : C2305553			
Decatur	IL 62526-4163	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.30			
Name of Employer Associated Anesthesiologists of Decatu	Occupation Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20				
Full Name (Last, First, Middle Initial)  Scott R. Frank M.D.  Mailing Address 2426 Gretter PI	Date of Receipt				
		04 23 2013			
City Alexandria	State Zip Code VA 22311-4958	Transaction ID : C2317202  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer Information Requested	Occupation Anesthesiologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00				
Full Name (Last, First, Middle Initial)  C. Wayne A. Fuller M.D.		Date of Receipt			
Mailing Address 1269 E. Giles Rd.	04 06 2013				
City Muskegon	State Zip Code MI 49445	Transaction ID : C2298170  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.30			
Name of Employer	Occupation	-			
Lakeshore Anes. of Muskegon	Anesthesiologist	-			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.54				
SUBTOTAL of Receipts This Page (optional).		416.60			
TOTAL This Period (last page this line number	er only)				

	FOR LINE	NUMBER:	PAGE	= 35
Use separate schedule(s)	(check only	one)		
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12
, 3 -	12	144	15	14

OF

119

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)

Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

Full Name (Last, First, Middle Initial)  A. Wayne A. Fuller M.D.	Date of Receipt				
Mailing Address 1269 E. Giles Rd.	04 11 _ 2013 _				
City	State Zip Code	Transaction ID : C2301131			
Muskegon	MI 49445	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer	Occupation				
Lakeshore Anes. of Muskegon	Anesthesiologist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	Aggregate real-to-Date V				
Other (specify) ▼	416.54				
Full Name (Last, First, Middle Initial) <b>B.</b> Richard A. Gallo M.D.					
Mailing Address P.O. Box 8305	Date of Receipt  04 12 2013				
City	State Zip Code	Transaction ID : C2304796			
Gadsden	AL 35999	Amount of Each Receipt this Period			
FFO ID asserber of contribution		- Timouni of Euch Hoodpt time to hoo			
FEC ID number of contributing federal political committee.	C	2000.00			
Name of Employer	Occupation				
ANESTHESIA ASSOC	ANESTHESIOLOGIST				
Receipt For:		_			
Primary General	Aggregate Year-to-Date ▼				
	2000.00				
Other (specify) ▼	2000.00				
Full Name (Last, First, Middle Initial)  C. Charles J. Garrett M.D.		Date of Receipt			
Mailing Address 1617 Kansas Ave					
	TOTT National Ave				
City	State Zip Code	04			
San Angelo	TX 76904-6834	Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.	C	83.30			
Name of Employer	Occupation	1			
Emory University Hospital Anesthesiolo	Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	19319 10 10 10 10 10				
Other (specify) ▼	333.20				
SUBTOTAL of Receipts This Page (option	nal)	2166.64			
TOTAL This Period (last page this line nu	imber only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 36 OF 119 (check only one)			
			Detailed Summary Page	X   11a			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	ее			
Α.	Full Name (Last, First, Middle Initial) Madalina Gecui M.D.	Date of Receipt					
	Mailing Address 249 Birch Dr.			04 06 2013			
	City Roslyn	State NY	Zip Code 11576-3001	Transaction ID : C2298177  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		83.34			
	Name of Employer	Occupation					
	North Shore Univ. Hosp., Manhasset Ane	physician a	nesthesiologist				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.02				
В.	Full Name (Last, First, Middle Initial) Patrick Giam M.D.	Date of Receipt					
	Mailing Address Greater Houston Anesthesiolo 2411 Fountain View, Suite 20	0		04 04 2013			
	City	State	Zip Code	Transaction ID : C2297500			
	Houston	TX	77057-4817	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		83.30			
	Name of Employer Greater Houston Anesthesiology, P.A.	Occupation Physician					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General  Other (specify) ▼		333.20				
C.	Full Name (Last, First, Middle Initial) William E. Glenn M.D.	Date of Receipt					
	Mailing Address 2693 E ST RT 73	04 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: C2308189			
	Waynesville	ОН	45068	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer	Occupation					
	Information Requested	Anesthesio	logist				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	_		ı			

416.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

250.00

Other (specify)

FOR LINE NUMBER: PAGE 37 OF 119 Use separate schedule( for each category of the Detailed Summary Page

(s)	(check onl		. [17.02	2 07 01	110
e e	X 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial) John C. Glina M.D.  Mailing Address 113 Central Ave.  City Capitola  FEC ID number of contributing federal political committee.  Name of Employer  AMGSC  Receipt For: Primary Other (specify)   Other (specify)	State Zip Code CA 95010  C  Occupation Anesthesiology  Aggregate Year-to-Date ▼	Date of Receipt  04 29 2013  Transaction ID: C2321604  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  David F. Gloyna M.D.  Mailing Address Scott and White, Dept. of A 2401 South 31st  City  Temple  FEC ID number of contributing federal political committee.  Name of Employer Scott and White Clinic  Receipt For:  Primary General Other (specify)	Anes.  State Zip Code TX 76508  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  04 14 2013  Transaction ID : C2305593  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial)  Marilyn J. Goldstein M.D.  Mailing Address 412 Ridgepoint Court  City Piney Flats  FEC ID number of contributing federal political committee.  Name of Employer  Bristol Anesthesia Services  Receipt For:  Primary General Other (specify)	State Zip Code TN 37686  C  Occupation Physician- Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  04
SUBTOTAL of Receipts This Page (optional)	<u> </u>	433.34
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s)

ı	FOR LINE	NUMBER	: PAGE	E 38 OF	119			
	(check only one)							
	<b>X</b> 11a	11b	11c	12				
	13	14	15	16	17			

for each category of the **Detailed Summary Page** 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) Michael C. Gosney M.D. Date of Receipt Mailing Address 108 Chase Dr. 04 05 2013 City State Zip Code Transaction ID : C2298075 Muscle Shoals AL 35661 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesia Medical Consultants, LLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) **B.** Holly J. Graham M.D. Date of Receipt Mailing Address 2500 NE Neff Rd 04 19 2013 City State Zip Code Transaction ID: C2315375 OR Bend 97701-6015 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Bend Anesthesiology Group physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Melanie J. Guthrie A.A.-C, M. Date of Receipt Mailing Address 2411 Holmes Street 2013 04 14 MG-200 City State Zip Code Transaction ID: C2305592 MO Kansas City 64108 Amount of Each Receipt this Period FEC ID number of contributing 41.60 С federal political committee. Name of Employer Occupation University of Missouri - Kansas City Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 291.20 Other (specify)

SUBTOTAL of Receipts This Page (optional)					4.90	
TOTAL This Period (last page this line number only)					_	

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

FOR LINE NUMBE (check only one)

FOR LINE NUMBER:				PAGE	3	39 OF	119		
	(check only one)								
	×	11a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	9
Full Name (Last, First, Middle Initial) Frederick P. Gutt M.D.  Mailing Address 28 Deer Trail Dr  City Mahopac  FEC ID number of contributing federal political committee.  Name of Employer  Vassar Brothers Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code NY 10541-4815  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  M M O4
Full Name (Last, First, Middle Initial)  Rita V. Guttersen M.D.  Mailing Address 9401 N Range Line Rd  City  Milwaukee	State Zip Code WI 53217-1017	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer SELF EMPLOYED  Receipt For:  Primary General Other (specify)	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date   250.00	Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Alan R. Gwertzman M.D.  Mailing Address 118 W. 79th St., Apt. 9-C  City  New York  FEC ID number of contributing federal political committee.  Name of Employer  BAA  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 10024-6445  C  Occupation physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M J 12 2013  Transaction ID: C2304806  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	583.34
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 40 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Gary A. Haag D.O. Date of Receipt Mailing Address 792 Laurel Grove Road 04 2013 02 City Zip Code State Transaction ID: C2297038 VA Winchester 22602 Amount of Each Receipt this Period FEC ID number of contributing 245.78 federal political committee. Name of Employer Occupation Information Requested Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 245.78 Other (specify) Full Name (Last, First, Middle Initial) B. John P. Hagen M.D. Date of Receipt Mailing Address 1101 Richland Meadows Dr 04 06 2013 City State Zip Code Transaction ID: C2298160 MO Ballwin 63021-4401 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Western Anesthesiology Associates, Inc Pediatric Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Aaron Hammond D.O. Date of Receipt Mailing Address 3390 N. Campbell Ave., Ste. 110 04 06 2013 City State Zip Code Transaction ID: C2298164 ΑZ Tucson 85719 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Southern Arizona Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 579.08 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE	- 4	11	OF	119
(che	(check only one)								
×	11a		11b		11c		12		
	13		14		15		16	;	17

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Nancy J. Haring M.D.		Date of Receipt
Mailing Address PO Box 235019		04 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Montgomery	State Zip Code AL 36123-5019	Transaction ID : C2297020  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer  Montgomery Anesthesia Associates, PC  Receipt For:	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Steven Hattamer M.D.  Mailing Address a B.		Date of Receipt
Mailing Address 8 Prospect St  Nashua Anesthesia Partners  City	State Zip Code	04 02 2013 Transaction ID : C2296373
Nashua	NH 03060-3925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer Nashua Anesthesia Partners	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  David A. Heaton M.D.		Date of Receipt
Mailing Address 4694 N. Rocky Crest Place		04 12 2013
City Tucson	State Zip Code AZ 85750	Transaction ID : C2302968  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Southern Arizona Anesthesia Receipt For:	anesthesiologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)		1383.30
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 42 OF 119

- ,	Use separate schedule(s) for each category of the Detailed Summary Page	(ch	eck only	or	ne) 11b 14		11c		12 16		17
projet and Statements may not be sold or used by any parson for the number of soliciting contributions											

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Peter L. Hendricks M.D.		Date of Receipt
Mailing Address 1590 Panorama Dr.		04 08 2013
City	State Zip Code	Transaction ID : C2298252
Vestavia Hills	AL 35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.20	
Full Name (Last, First, Middle Initial)  3. David L. Hepner M.D.		Date of Receipt
Mailing Address Department of Anesthesiolog 75 Francis St L1	у	04 25 _2013 _
City	State Zip Code	Transaction ID : C2317275
Boston	MA 02115-6110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
Brigham and Womens Hosp - Harvard Med	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-bate ¥	
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. Andrew Herlich M.D.		Date of Receipt
Mailing Address 116 Haverford Circle		04 02 2013
City	State Zip Code	Transaction ID : C2296365
Pittsburgh	PA 15228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
University of Pittsburgh Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	222.00	
Other (specify) ▼	333.20	
SUBTOTAL of Receipts This Page (optional)		249.94
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 43 OF 119 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Linda B. Hertzberg M.D. Date of Receipt Mailing Address 6622 N. Forkner Ave. 04 02 2013 City State Zip Code Transaction ID: C2296368 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesia Consultants of Fresno Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Houseman M.D. Date of Receipt Mailing Address PO Box 1025 04 18 2013 City State Zip Code Transaction ID: C2314330 AL Fairhope 36533-1025 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Eastern Shore Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Hayden R. Hughes M.D. Date of Receipt Mailing Address 1941 21st Ave S 04 21 2013 City State Zip Code Transaction ID: C2316288 AL Birmingham 35209-1345 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation University of Alabama Medical Center D physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 249.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:				PAGE		14	OF	•	119	
	(check only one)									
	X	11a	11b		11c		12			
		13	14		15		16			17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any personal parties of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	1
Full Name (Last, First, Middle Initial)  Gregory H. Hulsey M.D.		Date of Receipt
Mailing Address 17216 Osprey Cir		04 02 2013
City	State Zip Code	Transaction ID : C2297340
Edmond	OK 73012-8415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NW Anesthesia	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Robert Impastato M.D.		Date of Receipt
Mailing Address 19 Barrett Hill Rd.		04 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2305747
Hopewell Junction	NY 12533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Vassar Brothers Hospital Anes. Dept.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.20	
Full Name (Last, First, Middle Initial)  C. Michael T Ingoglia M.D.		Date of Receipt
Mailing Address 1014 Sterling Ridge Dr		04 25 2013
City Rensselaer	State Zip Code NY 12144-8460	Transaction ID : C2317274
	12 144-0400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Albany Medical Center	MD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)		416.64
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

45 OF

119

for each category of the 12 Detailed Summary Page 14 13 15 16 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) Jeffrey S. Jacobs M.D. Date of Receipt Mailing Address 11041 Pine Lodge Trail 04 05 2013 City State Zip Code Transaction ID: C2298073 FL Davie 33328 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Cleveland Clinic Florida Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Aliraza G. Jaffer M.D. Date of Receipt Mailing Address 5070 Brookdale Road 04 13 2013 City State Zip Code Transaction ID: C2305562 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation William Beaumont Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) C. Daniel J. Janik M.D. Date of Receipt Mailing Address 15605 E Prentice Dr 04 13 2013 City Zip Code State Transaction ID: C2305550 CO Centennial 80015-4264 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation University of Colorado Denver Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 249.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 46 OF (check only one) X 11a 11b 11c

119 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) Cynthia L. Jenson M.D. Date of Receipt Mailing Address 434 Main St. 04 2013 03 City Zip Code State Transaction ID: C2297170 ME Waterville 04901-4118 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesia Associates of Lewiston Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) **B.** Brad N. Johnson D.O. Date of Receipt Mailing Address 303 W. Spring Meadows Lane 04 02 2013 City State Zip Code Transaction ID: C2296364 MI Dewitt 48820 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Lansing Anesthesiologist, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Donald K. Jones M.D. Date of Receipt Mailing Address 2043 Alaqua Lakes Blvd. 04 14 2013 City State Zip Code Transaction ID: C2305595 FL Longwood 32779 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation JLR Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 249.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 47 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 13 14 15 16 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) Gary P. Jones A.A. Date of Receipt Mailing Address 6410 Fannin St Suite 480 04 2013 City State Zip Code Transaction ID: C2305556 TX 77030-3000 Houston Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Program Director, AA-C Case Western Reserve University Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Stacy L. Jones M.D. Date of Receipt Mailing Address 8700 Tallwood Dr 04 13 2013 City State Zip Code Transaction ID: C2305569 TX 78759-7530 Austin Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. William M. Jordan M.D. Date of Receipt Mailing Address 1859 Ridge Ave 02 2013 04 City State Zip Code Transaction ID: C2297026 AL Montgomery 36106-1840 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Self Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1166.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR I	:	PAGE	48 O	F				
Use separate schedule(s)	(check	conly	on	ie)					
for each category of the		I1a		11b		11c		12	
Detailed Summary Page	l ⊢₁	13		14		15		16	Г

119

or for commercial purposes, other than using the	name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial) Tripti Kataria M.D.  Mailing Address 130 S Canal St Apt 419		Date of Receipt
City	State Zip Code	04 10 2013
Chicago	State Zip Code IL 60606-3904	Transaction ID : C2300619
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  83.30
Name of Employer University of CHicago	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  James K. Kerr III, M.D.  Mailing Address 2425 Leaster St.		Date of Receipt
Mailing Address 2165 Herschel St		04 28 2013
City	State Zip Code	Transaction ID : C2317784
Jacksonville  FEC ID number of contributing federal political committee.	FL 32204-3819	Amount of Each Receipt this Period 83.34
Name of Employer North Florida anesthesia Consultants,	Occupation anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial)  C. Rubin Kesner D.O.		Date of Descript
Mailing Address 35 Hearthstone Dr		Date of Receipt  O4 13 2013
City Gansevoort	State Zip Code NY 12831-2505	Transaction ID : C2305541
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  83.30
Name of Employer	Occupation	
Anesthesia Group of Albany	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	
SUBTOTAL of Receipts This Page (optional)		249.94
TOTAL This Period (last page this line number of		

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

FOR LINE	NUMBER	PAGE	- 4	19 OI	-	119	
(check only	y one)						
X 11a	11b		11c		12		
13	14		15		16		17

	Statements may not be sold or used by any persole name and address of any political committee to						
NAME OF COMMITTEE (In Full)							
	ologists Political Action Committee						
Full Name (Last, First, Middle Initial)  A. Harold Kim M.D.		Date of Receipt					
Mailing Address 68 South Service Road		M M / D D / Y Y Y Y					
Suite 350		04 03 2013					
City	State Zip Code	Transaction ID : C2297185					
Melville	NY 11747	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	83.34					
Name of Employer	Occupation						
North American Partners in Anesthesia	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	00 0						
Other (specify) ▼	250.02						
	,						
Full Name (Last, First, Middle Initial)  Michael S. Kincaid M.D.	Date of Receipt						
Mailing Address 13029 NE 144th PI		M = M / D = D / Y = Y = Y					
City	State 7in Code	04 22 2013					
City	State Zip Code WA 98034-1305	Transaction ID : C2316318					
Kirkland	WA 98034-1305	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer	Occupation						
Matrix Anesthesia - Evergreen Medical	Anesthesiologist						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	00 0						
Other (specify) ▼	400.00						
Full Name (Last, First, Middle Initial)  Dennis S. Klebba M.D., B.S.		Date of Receipt					
Mailing Address 8235 County Rd. 581		M M / D D / Y Y Y Y					
5 0200 County No. 001		04 05 2013					
City	State Zip Code	Transaction ID : C2298147					
Ishpeming	MI 49849-9024	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	501.00					
Name of Employer	Occupation						
Bell Memorial Hosp	ANESTHESIOLOGIST						
Receipt For:							
Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	501.00						
SUBTOTAL of Receipts This Page (optional)		684.34					
TOTAL This Period (last page this line number	only)						

FOR LINE NUMBER: PAGE 50 OF Use separate schedule(s) (check only one) X 11a 11b 11c

119

for each category of the 12 Detailed Summary Page 14 13 15 16 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) Christopher S. Knop M.D. Date of Receipt Mailing Address 373 1st St W 04 05 2013 City Zip Code State Transaction ID: C2327889 FL Tierra Verde 33715-1706 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Florida Gulf to Bay Anes. Assoc. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Koveleskie M.D. Date of Receipt Mailing Address 5500 Prytania St # 435 04 13 2013 City State Zip Code Transaction ID: C2305568 **New Orleans** LA 70115-4237 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Ochsner Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Jay E. Krauss M.D. Date of Receipt Mailing Address 1526 Northway Dr 04 26 2013 City Zip Code State Transaction ID: C2317704 MN Saint Cloud 56303-1255 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Anesthesiologist Central Minnesota Anes. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

51 OF 119 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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) Susan D. Kreher M.D. Date of Receipt Mailing Address 7719 Wynlakes Blvd. 04 02 2013 City Zip Code State Transaction ID: C2297028 Montgomery AL 36117 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Self Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. David M. Krhovsky M.D. Date of Receipt Mailing Address 2248 Shawnee Dr SE 04 01 2013 City State Zip Code Transaction ID: C2296086 **Grand Rapids** MI 49506-5335 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Catherine M. Kuhn M.D. Date of Receipt Mailing Address 14 Kendall Drive 04 13 2013 City Zip Code State Transaction ID: C2305545 NC Chapel Hill 27517-5644 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation **Duke University Medical School** Associate Professor of Anesthsiology R Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1183.30 SUBTOTAL of Receipts This Page (optional).....

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

	FOR	LINE	NU	MBER	:	PAGE	- :	52	C
Use separate schedule(s)	(che	ck only	or	ıe)					
for each category of the Detailed Summary Page	×	11a		11b		11c		12	
,		12		1/		15		16	

119 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) John E. La Gorio M.D. Date of Receipt Mailing Address 1543 Forest Park Rd 04 2013 City Zip Code State Transaction ID: C2311457 Norton Shores MI 49441-4642 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Lakeshore Anesthesia physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Alice L. Landrum M.D. Date of Receipt Mailing Address 1121 S Hickory Grove School Rd 04 15 2013 City State Zip Code Transaction ID: C2307059 Columbia MO 65279-9785 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of Missouri **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jay B. Lee M.D. Date of Receipt Mailing Address 20 Oakwood Circle 04 2013 04 City Zip Code State Transaction ID: C2297511 NY Roslyn 11030-3816 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify)

666.64

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

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

	FOF	PAGE	5	3	OF	1	119				
Use separate schedule(s) for each category of the	`	ck only	or	ne)		_					
Detailed Summary Page	×	11a		11b		11c		12			
,		13		14		15		16			17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	<del></del>
Full Name (Last, First, Middle Initial)  Maxine M. Lee M.D.  Mailing Address 5432 Woodchuck Ln.		Date of Receipt
City	State Zip Code	04 02 2013 Transaction ID : C2296374
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
Anesthesiology Consultants of Virginia	Anesthesiologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Maxine M. Lee M.D.	Date of Receipt	
Mailing Address 5432 Woodchuck Ln.	04 02 2013	
City	State Zip Code	Transaction ID : C2322501
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer Anesthesiology Consultants of Virginia	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  C. Michael C. Lewis M.D.		Date of Receipt
Mailing Address 1120 NW 14th Street - Suite	960	04 05 2013
City	State Zip Code FL 33136-1005	Transaction ID : C2298071
Miami  FEC ID number of contributing federal political committee.	FL 33136-1005	Amount of Each Receipt this Period  83.30
Name of Employer	Occupation	-
University of Miami School of Medicine	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.20	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	166.64
TOTAL This Period (last page this line number		

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

_	R LINE	_		PAGE	: 5	54	OF		119		
(check only one)											
X	11a		11b		11c		12				
	13		14		15		16			17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  J. Lance Lichtor M.D.  Mailing Address PO Box 4668 #8824		Date of Receipt
Mailing Address PU BUX 4008 #8824		04 05 2013
City	State Zip Code	Transaction ID : C2298070
New York	NY 10163-4668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	-
Yale University Department of Anesthes	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	332.80	
Full Name (Last, First, Middle Initial)  J. Lance Lichtor M.D.	Date of Receipt	
Mailing Address PO Box 4668 #8824		04 18 _ 2013 _
City	State Zip Code	04 18 2013 Transaction ID : C2314328
New York	NY 10163-4668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.60
Name of Employer	Occupation	-
Yale University Department of Anesthes	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.80	
Full Name (Last, First, Middle Initial)  C. Kristen L. Lienhart M.D.	1	Date of Receipt
Mailing Address 4301 W Markham St Lot 519		04
City Little Rock	State Zip Code AR 72205	Transaction ID : C2297508
-	7.11 12200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	_
UAMS December Form	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)		166.54
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE	NUMBER	:   PA0	GE 55 OF	119
(check only	one)			
X 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.

٥,	John Mary Parposoo, Othor than doing the	Tiarre and address of any political committee to	constructions from saon committee.
		logists Political Action Committee	
۸.	Full Name (Last, First, Middle Initial) Rene A. Llera Jr., M.D.  Mailing Address PO Box 235019		Date of Receipt
	City Montgomery	State Zip Code AL 36123-5019	04 02 2013  Transaction ID : C2297025  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Receipt For:	Occupation ANESTHESIOLOGIST	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Asa C. Lockhart M.D.	Date of Receipt	
	Mailing Address 2106 Kennebunk Ln.	State 7in Onla	04 04 2013
	Tyler	State Zip Code TX 75703	Transaction ID : C2297504  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	83.30
	Name of Employer ETAA	Occupation Physician	
_	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Э.	Full Name (Last, First, Middle Initial) Martin London M.D.		Date of Receipt
	Mailing Address Anesthesia 129 4150 Clement St.	Chata	04 16 2013
	City San Francisco	State Zip Code CA 94121-1598	Transaction ID : C2313268  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer	Occupation	
	Veterans Affairs Medical Center Receipt For: Primary General	Anesthesiologist  Aggregate Year-to-Date ▼	
	Other (specify) ▼	300.00	
S	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1383.30

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

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

						PAGE		56	OF		119
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	Statements may not be sold or used by any personal he name and address of any political committee to			
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e		
Full Name (Last, First, Middle Initial)  Michael A. Long M.D.  Mailing Address 3941 Foxfire Ln	Michael A. Long M.D.			
		04 28 2013		
City	State Zip Code TN 37664-4409	Transaction ID : C2317792		
Kingsport	110 37004-4409	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	85.00		
Name of Employer	Occupation	1		
Bristol Anesthesia Services	Staff Anesthesiologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00			
Full Name (Last, First, Middle Initial)  Stephen P. Long M.D.	Date of Receipt			
Mailing Address 1501 Maple Ave Ste 301  Commonwealth Pain Specia	04 19 2013			
City	State Zip Code	Transaction ID : C2314972		
Richmond	VA 23226-2553	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.60		
Name of Employer Commonwealth Pain Specialists, LLC	Occupation Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  374.80			
Full Name (Last, First, Middle Initial)  Deborah A. Lowery M.D.		Date of Receipt		
Mailing Address 6258 Memorial Dr		04 13 2013		
City	State Zip Code	Transaction ID : C2305558		
Dublin	OH 43017-8911	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.30		
Name of Employer	Occupation	1		
The Ohio State Univ Medical Center	physician			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General  Other (specify) ▼	333.20			
SUBTOTAL of Receipts This Page (optional)	<b></b>	209.90		
TOTAL This Period (last page this line number	er only)			

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

FOR LINE NUMBER:					PAGE		57	OF		119	
(c	(check only one)										
	X	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) Ryan L. Lubert M.D. Date of Receipt Mailing Address 1720 Louisiana Blvd., NE, #401 04 2013 City Zip Code State Transaction ID: C2304811 NM Albuquerque 87110 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. Name of Employer Occupation ANES ASSOC NEW MEXICO **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Claudio Lumermann M.D. Date of Receipt Mailing Address Dept. of Anesthesia 270-75 76 Ave, 04 2013 09 City State Zip Code Transaction ID: C2300152 New Hyde Park NY 11040 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Long Island Jewish Med. Ctr. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General C.

Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  Michael C. Mahoney D.O.  Mailing Address 4409 SE Willow Place Court		Date of Receipt  04 25 2013
City Blue Springs FEC ID number of contributing	State Zip Code MO 64014	Transaction ID : C2317650  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	1000.00
Anesthesia Associates of Kansas City Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	

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

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

1683.34

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

					PAGE	. 5	58	OF	•	119	
	(checl	(check only one)									
	X	11a	11b		11c		12				
	-	13	14		15		16			17	

Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per githe name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Mark Mandabach M.D.  Mailing Address Dept. of Anesthesiology		Date of Receipt
619 S. 19th St., JT845		04 13 2013
City	State Zip Code	Transaction ID : C2305571
Birmingham	AL 35249-6810	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Univ. of Alabama - Birmingham	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  Kurt W. Markgraf M.D.	•	Date of Receipt
Mailing Address 3663 McKinley Ave	Chata 7in Cada	04 04 2013
City	State Zip Code FL 33901	Transaction ID : C2297491
Fort Myers	FL 33901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.30
Name of Employer	Occupation	1
MAPMC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 666.40	
Full Name (Last, First, Middle Initial)  C. Kurt W. Markgraf M.D.		Date of Receipt
Mailing Address 3663 McKinley Ave		04 13 2013
City	State Zip Code	Transaction ID : C2305547
Fort Myers	FL 33901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	†
MAPMC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	666.40	
SUBTOTAL of Receipts This Page (optional	l)	249.94
TOTAL This Period (last page this line num	ber only).	

FOR LINE NUMBER: PAGE 59 OF Use separate schedule(s) (check only one) X 11a 11b 11c

119

for each category of the 12 Detailed Summary Page 13 14 15 16 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) Timothy Martin M.D. Date of Receipt Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203 04 2013 City Zip Code State Transaction ID: C2305561 AR Little Rock 72202-3591 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation University of Arkansas for Medical Sci Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Mascia M.D. Date of Receipt Mailing Address 45 Reade Pl 04 06 2013 City State Zip Code Transaction ID: C2298174 NY Poughkeepsie 12601-3947 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Donald M. Mathews M.D. Date of Receipt Mailing Address 340 S Willard St 04 18 2013 City Zip Code State Transaction ID: C2314336 Burlington VT 05401-3908 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation University of Vermont Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 60 OF 119

,	Use separate schedule(s) for each category of the Detailed Summary Page	(ch	eck only 11a 13	or	ne) 11b 14		11c		12 16		17
aports and Statements may not be cold or used by any parson for the purpose of coligiting contributions											

Any information copied from such F

	g the name and address of any political committee to						
NAME OF COMMITTEE (In Full)  American Society of Anesthe	esiologists Political Action Committee	•					
Full Name (Last, First, Middle Initial)  1. Jean-Paul Matter M.D.		Date of Receipt					
Mailing Address 8385 Indian Hill Rd		04 24 2013					
City	State Zip Code	Transaction ID : C2317343					
Cincinnati	OH 45243-3701	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	275.00					
Name of Employer	Occupation						
ANES GRP PRACTICE	ANESTHESIOLOGIST						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	275.00						
Full Name (Last, First, Middle Initial)  3. Stephen C. Maze M.D.	Date of Receipt						
Mailing Address 1550 Boyson Rd.	04 29 2013						
City	State Zip Code	Transaction ID : C2327882					
Hiawatha	IA 52233-2310	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
Linn County Anesthesiologists	ANESTHESIOLOGIST						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00						
Full Name (Last, First, Middle Initial)  C. Anne P. McConville M.D.		Date of Receipt					
Mailing Address 5347 Coliseum St		04 01 2013 _					
City	State Zip Code	Transaction ID : C2296080					
New Orleans	LA 70115-3052	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	41.60					
Name of Employer	Occupation						
Tulane School of Medicine	Anesthesiologist						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	208.00						
SUBTOTAL of Receipts This Page (optional	11)	566.60					
TOTAL This Period (last page this line num	nber only)						

FOR LINE NUMBER: PAGE 61 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 13 14 15 16 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) Anne P. McConville M.D. Date of Receipt Mailing Address 5347 Coliseum St 04 01 2013 City Zip Code State Transaction ID: C2322358 **New Orleans** LA 70115-3052 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Tulane School of Medicine Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian P. McGlinch M.D. Date of Receipt Mailing Address 3364 Hidden Creek Lane, N.E. 04 15 2013 City State Zip Code Transaction ID: C2305745 MN Rochester 55906 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Mayo Clinic Anesthesiology physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) **c.** Cristin A. McMurray M.D. Date of Receipt Mailing Address 591 Franklin St Apt 2 04 20 2013 City Zip Code State Transaction ID: C2315404 MA Cambridge 02139-2923 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Carney Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 374.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 62 OF 119

Use separate schedule(s)	(check	(check only one)							
for each category of the Detailed Summary Page	<b>X</b> 1	1a	11b		11c	1	2		
	1	3	14		15	1	6	1	17
	,			, _					

	I Statements may not be sold or used by any pers the name and address of any political committee to			
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	•		
Full Name (Last, First, Middle Initial)  A. Richard R. McNeer M.D.	Richard R. McNeer M.D.			
Mailing Address 18340 SW 122 St.		04 30 _ 2013 _		
City Miami	State Zip Code FL 33196	Transaction ID : C2321852  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.30		
Name of Employer  University of Miami Dept of Anesthesio  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.20			
Full Name (Last, First, Middle Initial) Timothy E. Mercer M.D.  Mailing Address 1670 Enterprise Rd.	Date of Receipt			
City Piney Flats	State Zip Code TN 37686-3328	Transaction ID : C2317761  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů			
Name of Employer Bristol Anesthesia Services	Occupation Anesthesiologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02			
Full Name (Last, First, Middle Initial)  2. James R. Mesrobian M.D.		Date of Receipt		
Mailing Address 827 E. Birch Avenue		04 02 2013		
City Whitefish Bay	State Zip Code WI 53217	Transaction ID : C2296371  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.30		
Name of Employer	Occupation			
Aurora Medical Group  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  333.20			
SUBTOTAL of Receipts This Page (optional).		249.94		
TOTAL This Period (last page this line number	er only)			

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

FOR LINE NUMBER:					PAGE	: (	53	OF	119
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  James K. Miller M.D.		Date of Receipt
Mailing Address 1924 Alcoa Hwy # U109		M M / D D / Y Y Y Y Y
Anes. Dept. City	State Zip Code	04 10 2013 Transaction ID : C2300620
Knoxville	TN 37920-1511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	-
University of Tennessee Medical Center	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Matthew K. Miller M.D.	•	Date of Receipt
Mailing Address 5331 Bellaire Dr.		04 10 _ 2013 _
City	State Zip Code	Transaction ID : C2300680
New Orleans	LA 70124-1061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Christopher G. Millson M.D.	•	Date of Receipt
Mailing Address 2400 Wimbledon Dr		Date of Receipt    M = M   / D = D   / Y = Y = Y = Y
City	State Zip Code NV 89107-2364	Transaction ID : C2305746
Las Vegas	NV 89107-2364	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	1
Desert Anesthesiologists	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.20	
SUBTOTAL of Receipts This Page (optional).		683.30
TOTAL This Period (last page this line number	er only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 64 OF

119

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check on X 11a 13	11b 14	11c	12 16 17			
Ar or	y information copied from such Reports and story commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any produces of any political committee	erson for the	purpose o	f soliciting from such	contributions committee.			
	NAME OF COMMITTEE (In Full)  American Society of Anesthesic	ologists P	olitical Action Committe	ee						
<b>A</b> .	Full Name (Last, First, Middle Initial)  Mitchell F. Minana M.D.  Mailing Address 1306 E Welden Dr  City  Spokane  FEC ID number of contributing federal political committee.  Name of Employer  PHYSICIAN ANETHESIOLOGIST GROUP  Receipt For:  Primary  General  Other (specify)		Zip Code 99223 SIOLOGIST Year-to-Date ▼	04 Tran	of Receipt  22  saction ID:	: C231635				
В.	Full Name (Last, First, Middle Initial) LeRoy Misuraca M.D.  Mailing Address 700 E. Ocean Blvd., #3104		Date of Receipt  04 22 2013							
	City Long Beach	State CA	Zip Code 90802-5041	Trans	Transaction ID : C2316363  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			200					
	Name of Employer Information Requested	Occupation Anesthesiol								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]						
<del></del>	Full Name (Last, First, Middle Initial) LeRoy Misuraca M.D.			Date of	of Receipt					
	Mailing Address 700 E. Ocean Blvd., #3104			04	/ 22		2013			
	City Long Beach	State CA	Zip Code 90802-5041		saction ID					
	FEC ID number of contributing federal political committee.	С					200.00			
	Name of Employer	Occupation								
	Information Requested	Anesthesio	logist							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]						
s	UBTOTAL of Receipts This Page (optional)						500.00			
Т	OTAL This Period (last page this line number	only)				1 1				

	FOR LINE NUMBER:	PAGE 65 OF 119
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b	11c 12
, ,		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) Karen P. Mitchell M.D. Date of Receipt Mailing Address 3838 N Braeswood Blvd Apt 112 04 2013 27 City State Zip Code Transaction ID: C2317759 TX 77025-3005 Houston Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Memorial Hermann Southwest Hospital physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Tibor G. Mohacsi M.D. Date of Receipt Mailing Address 8929 Parallel Pkwy 04 15 2013 City State Zip Code Transaction ID: C2308812 Kansas City KS 66112-1689 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiology Chartered MD Receipt For:

Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Richard C. Month M.D.		Date of Receipt
Mailing Address 2001 Hamilton Street Apt. 2307		04 122013
City	State Zip Code	Transaction ID : C2302979
Philadelphia	PA 19130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
University of Pennsylvania Dept. of An	Anesthesiologist	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.20	

Aggregate Vear-to-Date

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

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

416.64

FOR LINE NUMBER: PAGE 66 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) James Moore M.D. Date of Receipt Mailing Address Ronald Reagan UCLA Medical Center 757 Westwood Plaza, Suite 3325 04 04 2013 City Zip Code State Transaction ID: C2297501 90095-7403 CA Los Angeles Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Department of Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. George A. Moresea M.D. Date of Receipt Mailing Address 1232 Ashwood Rd 04 30 2013 City State Zip Code Transaction ID: C2322165 OH Akron 44312-5800 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Stark County Anesthesia, Inc. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan B. Morgan M.D. Date of Receipt Mailing Address 60559 Sugar Factory Rd. 04 22 2013 City Zip Code State Transaction ID: C2316545 NF Scottsbluff 69361-5611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Regional West Physicians Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

١.	FOR LINE	_	:	PAGE	: 6	67 OF	119
')	(check only	one)					
	<b>X</b> 11a	11b		11c		12	
	13	14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Caroline Morris M.D.  Mailing Address 2797 Fox Creek Dr.		Date of Receipt
City	State Zip Code	04 29 2013
Germantown	TN 38138	Transaction ID : C2318009  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Medical Anesthesia Group Receipt For:	Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  Jason E. Morris M.D.		Date of Receipt
Mailing Address 2797 Fox Creek Dr.		04 29 2013
City	State Zip Code	Transaction ID : C2318008
Germantown	TN 38138-5723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer Medical Anesthesia Group	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  C. Robert R. Morrison M.D.		Date of Receipt
Mailing Address 5801 Spinnaker Pointe		04 07 _2013 _
City	State Zip Code MO 64152-6102	Transaction ID : C2298218
Parkville FEO. ID acceptance of a contribution	MO 64152-6102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Ad Vivum Anesthesiology, P.C. Receipt For:	Anesthesiologist	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		416.60
TOTAL This Period (last page this line number	only)	

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

F	ЭR	LINE	NU	MBER	:	PAGE	. (	86	OF	119
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

**Detailed Summary Page** 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) Randall D. Morton M.D. Date of Receipt Mailing Address 6235 N Fresno St Ste 103 Pediatric Anes. Assoc. Med. Group 04 2013 City Zip Code State Transaction ID: C2304872 CA Fresno 93710-5269 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Information Requested Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Murray M.D. Date of Receipt Mailing Address 1924 Alcoa Highway, Box U-109 Department of Anesthesia 04 18 2013 City State Zip Code Transaction ID: C2314331 TN Knoxville 37920 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Robert F. Murray III, M.D. Date of Receipt Mailing Address 19 Elm Park Blvd. 2013 04 13 City Zip Code State Transaction ID: C2305566 MI Pleasant Ridge 48069-1106 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)		Ī	Ī	7		Ī	7	Ξ		416	.60	
TOTAL This Period (last page this line number only)		Ī	_	7			7	_	_			

333.20

Anesthesiologist

Aggregate Year-to-Date ▼

William Beaumont Hospital

Other (specify)

General

Receipt For:

Primary

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

F	OR	LINE	NU	IMBER	:	PAGE	. (	69	OF	119
(c	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

**Detailed Summary Page** 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) John D. Nachtigal M.D. Date of Receipt Mailing Address 3901 Rainbow Blvd MS 1034 04 03 2013 City Zip Code State Transaction ID : C2297201 KS Kansas City 66160 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Assistant Professor University of Kansas Physicians Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Y. Nakajima M.D. Date of Receipt Mailing Address PO Box 4918 04 10 2013 City State Zip Code Transaction ID: C2300868 FL Orlando 32802-4918 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Wolverine Anesthesia Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Jobin Nash M.D. Date of Receipt Mailing Address 1045 Tacoma Ave Apt 106 2013 04 26 City Zip Code State Transaction ID: C2317665 ND **Bismarck** 58504-7462 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee.

SUBTOTAL of Receipts This Page (optional)		- 5		7	1100	0.00	
TOTAL This Period (last page this line number only)		7		7			

400.00

Occupation

Anesthesiologist

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify)

General

Medcenter One

Receipt For:

	FOR LINE NUMBI	ER:	PAGE	70 OF	119
Use separate schedule(s) for each category of the	(check only one)		_	_	
Detailed Summary Page	X 11a 11b		11c	12	
	13       14		15	16	1 17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Michael J. Need M.D.  Mailing Address 7632 Timber Springs Dr.		Date of Receipt
Maining Address 7032 Hilliber Springs Dr.		04 13 2013
City	State Zip Code	Transaction ID : C2305548
Fishers	IN 46038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Southeast Anesthesiologists	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  3. Vincent G. Nelson M.D.		Date of Receipt
Mailing Address 4822 Locust Street		04 16 2013
City	State Zip Code	Transaction ID : C2311505
Bellaire	TX 77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Greater Houston Anesthesiology, P.A.  Receipt For:	Physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Sheldon B. Newman M.D.		Date of Receipt
Mailing Address 60 Thadford St.		04 03 / 2013
City East Northport	State Zip Code NY 11731	Transaction ID : C2297186  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
North American Partners in Anesthesia	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	666.64
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 71 (check only one) X 11a 11b 12 11c

OF 119 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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) Gregory G Niederauer M.D. Date of Receipt Mailing Address 8424 S Copper Ridge Rd 04 08 2013 City Zip Code State Transaction ID: C2298276 SD Sioux Falls 57108-6300 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiology Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph M. Nounou M.D. Date of Receipt Mailing Address 668 Lakeside Dock Dr 04 13 2013 City State Zip Code Transaction ID: C2305574 TN Kingsport 37663-4109 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Briston Anesthesia Services P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Raymond C. Oakes M.D. Date of Receipt Mailing Address 1850 N. Central Ave., Ste.1600 04 19 2013 City State Zip Code Transaction ID: C2315380 ΑZ Phoenix 85004-4633 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Valley Anes. Consultants, LTD Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOF	LINE	NU	MBER	:	PAGE	- 1	/2	OF	119
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Oluwatosin Oladipupo M.D.  Mailing Address 1836 S Shores Dr		Date of Receipt
City	State Zip Code	04 23 2013
Decatur	State Zip Code IL 62521-5529	Transaction ID : C2316573  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Associated Anes. of Decatur	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Kevin A. Pace D.O.  Mailing Address 231 Charleston Court, South		Date of Receipt
		04 02 2013
City	State Zip Code AL 36117	Transaction ID : C2297024
Montgomery  FEC ID number of contributing federal political committee.	AL 36117	Amount of Each Receipt this Period
Name of Employer Montgomery Anesthesia Assoc.	Occupation  ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)	L	
Parag Pandya M.D.  Mailing Address 210 Royal Vw		Date of Receipt  O4 23 2013
City Pittsford	State Zip Code NY 14534-9633	Transaction ID : C2316572
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	1
Geneva General Hospital Anesthesiology Receipt For:	Anesthesiologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
SUBTOTAL of Receipts This Page (optional)		1208.30
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 73 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) John L. Pappas M.D. Date of Receipt Mailing Address 294 Barden Rd 04 2013 City Zip Code State Transaction ID: C2302977 Bloomfield Hills MI 48304-2711 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation William Beaumont Hospital Troy Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen D. Parker M.D. Date of Receipt Mailing Address 306 Wendover Rd 04 22 2013 City State Zip Code Transaction ID: C2316361 MD **Baltimore** 21218-1127 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Washington Hospital Center **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Harry G. Parr D.O. Date of Receipt Mailing Address 4725 Tully Rd. 04 15 2013 City Zip Code State Transaction ID: C2305748 MI Bloomfield Hills 48302 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Physician South Oakland Anesthesia Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 416.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 74 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

119

14 13 15 16 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) Michael H. Pearman M.D. Date of Receipt Mailing Address 21 Iron Bottom Ln 04 2013 02 City Zip Code State Transaction ID: C2297341 SC Daniel Island 29492-8415 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation SELF-EMPLOYED **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Feyce M. Peralta M.D. Date of Receipt Mailing Address 251 E. Huron St, F5-704 04 13 2013 City State Zip Code Transaction ID: C2305559 IL Chicago 60611 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Northwestern Memorial Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Raymond M. Pesso M.D. Date of Receipt Mailing Address 278 Round Swamp Rd 04 03 2013 City Zip Code State Transaction ID: C2297183 NY Melville 11747-1903 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation NAPA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 374.82 Other (specify) 666.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 75 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Raymond M. Pesso M.D. Date of Receipt Mailing Address 278 Round Swamp Rd 04 2013 26 City Zip Code State Transaction ID: C2317669 NY Melville 11747-1903 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation NAPA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 374.82 Other (specify) Full Name (Last, First, Middle Initial) B. Larry D. Petersen M.D. Date of Receipt Mailing Address 1000 E Primrose St Ste 520 04 15 2013 City State Zip Code Transaction ID: C2307060 MO Springfield 65807-5180 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Ozark Anesth. Assoc. **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd G. Peterson M.D. Date of Receipt Mailing Address 14604 S 1st St 02 04 2013 City Zip Code State Transaction ID: C2297034 ΑZ Phoenix 85048-1827 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST RED MOUNTAIN ANES** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1291.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 76 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Mark C. Phillips M.D. Date of Receipt Mailing Address 619 19th ST S 04 2013 City Zip Code State Transaction ID: C2305554 Birmingham AL 35249-1900 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation UAB Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey Plagenhoef M.D. Date of Receipt Mailing Address 1118 Ross Clark Circle, Suite 700 Anesthesia Consultants Medical Gro 04 15 2013 City Zip Code State Transaction ID: C2305742 AL Dothan 36301 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesia Consultants Medical Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) Johnathan L. Pregler M.D. Date of Receipt Mailing Address 10556 Dunleer Dr 2013 04 01 City State Zip Code Transaction ID: C2296087 CA Los Angeles 90064-4318 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation UCLA Dept of Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 249.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 77 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Matthew D. Price M.D. Date of Receipt Mailing Address 50791 Chesapeake Dr. 04 2013 City Zip Code State Transaction ID: C2314974 Novi MI 48374-2552 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation South Oakland Anesthesia Associates PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Nathan M. Rachman M.D. Date of Receipt Mailing Address 1241 Killarney Dr 04 26 2013 City State Zip Code Transaction ID: C2317660 Ormond Beach FL 32174-2828 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Halifax Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 249.81 Other (specify) Full Name (Last, First, Middle Initial) c. Ned Radich M.D. Date of Receipt Mailing Address 1443 E Starpass Dr 2013 04 17 City State Zip Code Transaction ID: C2313697 CA Fresno 93730-3446 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation St. Agnes physican Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 374.97 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 78 OF 119 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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) Alvin J. Ralston M.D. Date of Receipt Mailing Address 2411 Fountain View Dr Ste 200 Greater Houston Anesthesiology 04 04 2013 City Zip Code State Transaction ID: C2297498 Houston TX 77057-4832 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Greater Houston Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. Sripad P. Rao M.D. Date of Receipt Mailing Address 1504 Bay Rd Apt 3307 04 05 2013 City State Zip Code Transaction ID: C2298067 FL Miami Beach 33139-3281 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Ryder Trauma Center Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. John P. Rask M.D. Date of Receipt Mailing Address 756 Fairway Rd., NW 04 13 2013 City Zip Code State Transaction ID: C2305570 NM Albuquerque 87107-5719 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation University of New Mexico School of Med Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 249.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 79 OF 119 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committe	ее
Full Name (Last, First, Middle Initial)  Joseph M. Rifici A.AC  Mailing Address Lakeside ANES 2532 LKS50  11100 Euclid Ave.  City  Cleveland  FEC ID number of contributing federal political committee.  Name of Employer  Univ Hosp of Cleveland Case Med Ctr  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 44106-1716  C  Occupation Anesthesiologist Assistant  Aggregate Year-to-Date ▼  333.20	Date of Receipt  O4 15 2013  Transaction ID: C2305754  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial) Cara A. Riley M.D.  Mailing Address 411 Smithbridge Rd  City Glen Mills  FEC ID number of contributing federal political committee.  Name of Employer South Jersey Anesthesia  Receipt For: Primary General Other (specify)	State Zip Code PA 19342-1466  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  04 01 2013  Transaction ID : C2296077  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Edwin A. Risi Jr., M.D.  Mailing Address 19543 SW 39th St  City  Miramar  FEC ID number of contributing federal political committee.  Name of Employer  North Shore Anesthesiology Partners L  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 33029  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  400.00	Date of Receipt  04 08 2013  Transaction ID : C2298248  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional)		433.30
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 80 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Daniel Rivera M.D. Date of Receipt Mailing Address 18810 Canoe Brk 04 30 2013 City State Zip Code Transaction ID: C2321855 TX San Antonio 78258 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Clinical Colleagues, Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin W. Roberts M.D. Date of Receipt Mailing Address 240 Walnut Ln. 04 05 2013 City State Zip Code Transaction ID: C2298078 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Albany Medical Center Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Charles M. Robertson M.D. Date of Receipt Mailing Address 660 South Euclid Ave Campus Box 8054 - Anesthesiology 04 22 2013 City Zip Code State Transaction ID: C2316322 MO Saint Louis 63110 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Washington University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 266.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

					PAGE	31	OF	119
(check only one)								
X	11a		11b		11c	12		
	13		14		15	16		17

	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
, ,	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Graph Communication State (Last, First, Middle Initial)		Date of Receipt
Mailing Address 417 E 37th St		M M / D D / Y B Y B Y
		04 13 2013
City	State Zip Code	Transaction ID : C2305543
Kansas City	MO 64109-2604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	
AAKC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name /Lock First Middle Letter		
Full Name (Last, First, Middle Initial)  Leopoldo V. Rodriguez M.D.		Date of Receipt
Mailing Address 21050 NE 38th Ave Apt 305		M M / D D / Y Y Y Y
Atlantic 3 at the Point City	State Zip Code	04 07 2013
Aventura	FL 33180-4073	Transaction ID : C2298221
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Surgery Center of Aventura	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	333.20	
Full Name (Last, First, Middle Initial)  C. Scott T. Roethle M.D.		Date of Receipt
Mailing Address 5005 W 131 Terr		04 04 _2013 _
City	State Zip Code	Transaction ID : C2297503
Leawood	KS 66209	Amount of Each Receipt this Period
FEC ID number of contributing	C	83.30
federal political committee.	<b>O</b>	03.30
Name of Employer	Occupation	
AAKC	MDA	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.20	
☐ Officer (Specify) ▼	333.20	
SUBTOTAL of Receipts This Page (optional)		241.60
	<u>·</u> _	
TOTAL This Period (last page this line number	only)	

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

FOR LINE	NOMBER:	PAGI	E 62 UF	119
(check only	one)			
`		_		
<b>X</b>  11a	11b	11c	12	
l			H40	
13	14	15	16	1/

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  John Rogoski D.O.  Mailing Address Dept of Anes		Date of Receipt
915 Olentangy River Rd Ste	e 1000	04 15 2013
City	State Zip Code	Transaction ID : C2305752
Columbus	OH 43212-3156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	-
Wexner Medical Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  George G. Romero M.D.  Mailing Address 3939 J St., #310		Date of Receipt
		04 30 2013
City	State Zip Code	Transaction ID : C2321848
Sacramento	CA 95819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Sacramento Anesthesia Medical Group In	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Richard C. Romero M.D.		Date of Receipt
Mailing Address 1960 Ogden St Ste 525	State 7:- Code	04 02 2013
City Denver	State Zip Code CO 80218-3675	Transaction ID : C2297033  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Pediatric Anes Consult	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real-tu-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	583.30
TOTAL This Period (last page this line numbe	r only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 83 OF

119

TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Frank A. Rosinia M.D.  Mailing Address 23 Idlewood PI  City River Ridge  FEC ID number of contributing federal political committee.  Name of Employer  Tulane University School of Medicine  Receipt For:  Primary General Other (specify)	State Zip Code LA 70123-1525  C  Occupation Chairman, Department of Anesthesiology  Aggregate Year-to-Date ▼  283.30	Date of Receipt  04 05 2013  Transaction ID: C2298076  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Richard Russell M.D.  Mailing Address 4190 Skyline Ranch Court  City Rapid City  FEC ID number of contributing federal political committee.  Name of Employer WRAC, Inc  Receipt For:  Primary General Other (specify)	State Zip Code SD 57701  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M O5 2013  Transaction ID: C2298157  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Thomas J. Ryan M.D.  Mailing Address 4655 N. Murray Ave.  City  Milwaukee  FEC ID number of contributing federal political committee.  Name of Employer aurora health care  Receipt For:  Primary  General  Other (specify)	State Zip Code WI 53211-1259  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  04 28 2013  Transaction ID: C2317805  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	800.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE	PAGE	: 8	34	OF	119			
(check on								
<b>X</b> 11a	11c		12					
13		14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Gregg M. Saldutti M.D.  Mailing Address 37 Apple Orchard Rd  City  Moorestown  FEC ID number of contributing federal political committee.  Name of Employer  S JERSEY ANESTH  Receipt For:  Primary  General  Other (specify)	State Zip Code NJ 08057-3843  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	Date of Receipt  04 03 2013  Transaction ID: C2297344  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Mahesh P. Sardesai M.D.  Mailing Address 1304 Fairstead Lane  City  Pittsburgh  FEC ID number of contributing federal political committee.  Name of Employer  UPMC Shadyside  Receipt For:  Primary  General  Other (specify)	State Zip Code PA 15217  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  666.56	Date of Receipt  04 12 2013  Transaction ID: C2302983  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Mahesh P. Sardesai M.D.  Mailing Address 1304 Fairstead Lane  City Pittsburgh  FEC ID number of contributing federal political committee.  Name of Employer  UPMC Shadyside  Receipt For:  Primary General Other (specify)	State Zip Code PA 15217  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  666.56	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	416.64
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER	ፈ:	PAGE	٤ ٢	35 (	_
Use separate schedule(s)	(check only one)					_
for each category of the Detailed Summary Page	X 11a 11b		11c		12	
,	13 14		15		16	

119

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) Ian Schaja D.O. Date of Receipt Mailing Address 1601 Clint Moore Rd Ste 160 04 2013 City State Zip Code Transaction ID: C2327892 FL **Boca Raton** 33487 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Broad Pain Care Consultants** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ryan Schellpfeffer M.D. Date of Receipt Mailing Address 221 W 24th St 04 06 2013 City State Zip Code Transaction ID: C2298185 SD Sioux Falls 57105-1829 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiology Associates, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven B. Schulman M.D. Date of Receipt

Mailing Address 100 Port Washington Blvd 04 13 2013 City Zip Code State Transaction ID: C2305573 NY Roslyn 11576-1353 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician NY Cardiovascular Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify)

583.34

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

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

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

FOR LINE	PAGE	36	OF	119			
(check on							
<b>X</b> 11a	11c	12					
13		14		15	16		17

	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Alvin D. Sewell M.D.  Mailing Address 701 Allison Park  City  Macon  FEC ID number of contributing federal political committee.  Name of Employer  NEXUS MEDICAL GROUP  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code GA 31210-1519  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	Date of Receipt  M M M 22 2013  Transaction ID: C2316356  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Fred E. Shapiro D.O.  Mailing Address Department of Anesthesiology 330 Brookline Ave # F-407  City  Boston  FEC ID number of contributing federal political committee.  Name of Employer  Harvard Medical School  Receipt For:  Primary  General  Other (specify)	State Zip Code MA 02215-5400  C  Occupation Assistant Professor of Anesthesia  Aggregate Year-to-Date ▼  416.50	Date of Receipt  M M M / 01 2013  Transaction ID: C2296083  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Fred E. Shapiro D.O.  Mailing Address Department of Anesthesiology 330 Brookline Ave # F-407  City Boston  FEC ID number of contributing federal political committee.  Name of Employer  Harvard Medical School  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code MA 02215-5400  C  Occupation Assistant Professor of Anesthesia  Aggregate Year-to-Date ▼  416.50	Date of Receipt  M M O1 2013  Transaction ID: C2322360  Amount of Each Receipt this Period  83.30
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	666.60
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 87 OF 119 Use separate schedule(s) for each category of the Detailed Summary Page

(check only one)							
X	11c	12					
	13		14		15	16	17

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Harry C. Sherman Jr., M.D.  Mailing Address 1007 Grove Rd., #B		Date of Receipt
01.	7. 0. 1	04 03 2013
City Greenville	State Zip Code SC 29605	Transaction ID : C2297194
FEC ID number of contributing federal political committee.	C 29003	Amount of Each Receipt this Period  250.00
Name of Employer Greenville Anesthesiology	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)  8. Karen S. Sibert M.D.	<u>'</u>	Date of Receipt
Mailing Address 4146 Sunnyslope Ave.		04 05 2013
City Sherman Oaks	State Zip Code CA 91423	Transaction ID : C2298081  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Cedars-Sinai Medical Center Anes. Dept	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  83.42	
Full Name (Last, First, Middle Initial)  C. Scott Silverberg M.D.	1	Date of Receipt
Mailing Address 240 Meetinghouse Lane East End Anesthesiologist		04 10 2013
City	State Zip Code NY 11968	Transaction ID : C2300847
Southampton  FEC ID number of contributing federal political committee.	C 11968	Amount of Each Receipt this Period  500.00
Name of Employer	Occupation	-
Information Requested	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		833.34
ODDIVIAL OF Receipts This Page (optional)		
TOTAL This Period (last page this line numb	per only)	

	FOR LINE NUMBER:	:   PA
Use separate schedule(s)	(check only one)	
for each category of the		П.,
Detailed Summary Page	X 11a 11b	11c

. 674)	Use separate schedule(s) for each category of the	(check only one)						0 01			
	Detailed Summary Page		X	11a		11b		11c		12	
	, ü			13		14		15		16	17
to and Ctetamente may not be cold as used by any payon for the number of collecting contributions											

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 u	sing the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anest	thesiologists Political Action Committee	€
Full Name (Last, First, Middle Initial)  Michael B. Simon M.D.  Mailing Address 35 Gellatly Dr.  City  Wappingers Falls  FEC ID number of contributing	State Zip Code NY 12590-6452	Date of Receipt  04  05  2013  Transaction ID : C2298069  Amount of Each Receipt this Period  83.30
rederal political committee.  Name of Employer  NAPA  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  Rohit G. Singh M.D.  Mailing Address 140 Stevenson Rd  City	State Zip Code	Date of Receipt  04  14  2013  Transaction ID: C2305588
Clarks Summit  FEC ID number of contributing federal political committee.  Name of Employer Community Medical Center  Receipt For:  Primary General Other (specify)   Other	PA 18411-8977  C  Occupation  MD  Aggregate Year-to-Date ▼  216.40	Amount of Each Receipt this Period  41.60
Full Name (Last, First, Middle Initial) Paul A. Skaff M.D.  Mailing Address 28 Norwood Rd.  City Charleston  FEC ID number of contributing federal political committee.  Name of Employer Gas inc  Receipt For: Primary General Other (specify)	State Zip Code WV 25314  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  O4 15 2013  Transaction ID: C2305763  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (option	onal)	624.90
TOTAL This Period (last page this line r	number only)	

FOR LINE NUMBER: PAGE 89 OF 119 Use separate scl for each categor Detailed Summa

hedule(s)	/obsolventy		. FAGE	_ 09 01	113
v of the	(check only	one)			
ry Page	X   11a	11b	11c	12	
y . ago	13	14	15	16	17

	Statements may not be sold or used by any person and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Jonathan H. Slonin M.D., M.B.  Mailing Address 134 SE Via Verona  City Port Saint Lucie  FEC ID number of contributing federal political committee.  Name of Employer Sheridan Healthcare Receipt For: Primary General Other (specify)	State Zip Code FL 34984  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.20	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Robert H. Small M.D.  Mailing Address Dept of Anes - N411 Doan Ha 410 W 10th Ave  City  Columbus  FEC ID number of contributing federal political committee.  Name of Employer The Ohio State University  Receipt For:  Primary General Other (specify)	State Zip Code OH 43210-1240  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.20	Date of Receipt  M
Full Name (Last, First, Middle Initial)  Blair Smith M.D.  Mailing Address 1046 Lake Colony Ln.  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  UAB  Receipt For:  Primary General Other (specify)	State Zip Code AL 35242-7405  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.20	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	249.90
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 90 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Joshua T. Smith M.D. Date of Receipt Mailing Address 6240 E. Frontier Pl. 04 30 2013 City State Zip Code Transaction ID: C2322199 Tucson ΑZ 85750-5962 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Old Pueblo Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. William D. Smith M.D. Date of Receipt Mailing Address 2223 Edgemont 04 28 2013 City State Zip Code Transaction ID: C2317790 TN **Bristol** 37620 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J. Souter M.B., Ch.B. Date of Receipt Mailing Address 325 9th Ave, Box 359724 04 13 2013 City Zip Code State Transaction ID: C2305555 WA Seattle 98104-2499 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Harborview Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 916.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOF	R LINE	NUN	/IBER:	:	PAGE	. (	91	OF	119
(che	ck only	one	e)						
X	11a	1	11b		11c		12		
	13	1	14		15		16		17

for each category of the **Detailed Summary Page** 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) Christopher L. Southwick M.D. Date of Receipt Mailing Address 10028 Perry Dr 04 2013 15 City Zip Code State Transaction ID : C2307061 KS Overland Park 66212-5418 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiologist Southwick LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brett M. Sprtel M.D. Date of Receipt Mailing Address 11934 Crossing Deer Ct 04 09 2013 City State Zip Code Transaction ID: C2300150 MI 48653-7538 Roscommon Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Mercy Hospital Grayling Dept of Anesth Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas S. Stamos M.D. Date of Receipt Mailing Address 1441 Schoettler Rd. 2013 04 06 City Zip Code State Transaction ID: C2298163 MO Chesterfield 63017-5534 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** WESTERN ANESTHESIOLOGIST ASSOCIATE Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		I	7		Ξ	7		15	83.3	0
TOTAL This Period (last page this line number only)		_	7	_		7	_	_	_	

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

FOR LINE NUMBER (check only one)

_	LINE	:	PAGE	. (	92	OF	119		
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16	;	17

	Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  James Stangl M.D.		Date of Receipt
Mailing Address 314 Martin Luther King Jr W	/ay # 30	04 14 2013
City Tacoma	State Zip Code WA 98405-4250	Transaction ID : C2305596  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer  Tacoma Anesthesia Associates  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  Phyllis L. Steer M.D.  Mailing Address 8935 State Ave		Date of Receipt
City	State Zip Code	04 02 2013 Transaction ID : C2297150
Kansas City  FEC ID number of contributing federal political committee.	KS 66112-1645	Amount of Each Receipt this Period  1000.00
Name of Employer  Heart of America Surgery Center  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Erica Stein M.D.		Date of Receipt
Mailing Address 410 W 10th Ave., Anes. De  N411 Doan Hall  City	pt. State Zip Code	04 05 2013
Columbus	OH 43210-1240	Transaction ID : C2298074  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer The Ohio State University	Occupation  Anesthesiologist	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
SUBTOTAL of Receipts This Page (optional).		1166.60
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 93 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

119

14 13 15 16 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) Steven P. Stein M.D. Date of Receipt Mailing Address 18 Harbor Hill Dr 04 06 2013 City Zip Code State Transaction ID: C2298175 NY Lloyd Harbor 11743-1031 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Steven P. Stein M.D. Date of Receipt Mailing Address 18 Harbor Hill Dr 04 06 2013 City State Zip Code Transaction ID: C2298176 NY Lloyd Harbor 11743-1031 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. John Stephenson M.D. Date of Receipt Mailing Address 5671 Peachtree Dunwoody Road 02 04 2013 Suite 530 City State Zip Code Transaction ID: C2296369 GΑ Atlanta 30342 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia, P Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) 249.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOI	R LINE	NUMBER	₹:	PAGE	= (	94	OF		119
(check only one)									
×	11a	11b		11c		12			
	13	14		15		16			17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  John Stephenson M.D.		Date of Receipt
Mailing Address 5671 Peachtree Dunwoody F Suite 530	Road	04 14 _ 2013 _
City Atlanta	State Zip Code GA 30342	Transaction ID : C2305585  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer  Physician Specialists in Anesthesia, P  Receipt For:  Primary General  Other (specify) ▼	Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  666.40	
Full Name (Last, First, Middle Initial)  Michella M. Stiles M.D.  Mailing Address 11114 Alhambra St		Date of Receipt
City Leawood	State Zip Code KS 66211	04 10 2013 Transaction ID : C2300601
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Anesthesia Associates of Kansas City	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1701 Main Ave SW Ste E		04 20 2013
City Cullman	State Zip Code AL 35055-5385	Transaction ID : C2315395  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	62.50
Name of Employer	Occupation	-
Alabama Pain Center Cullman  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		645.80
TOTAL This Period (last page this line number	<u> </u>	

Use separate sched for each category o Detailed Summary I

-lla/a)	FOR LINE	_	PAG	E 95 OF	119
dule(s) of the	(check only	one)			
Page	<b>X</b> 11a	11b	11c	12	
0	13	14	15	16	17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  A. Robert G. Sugar M.D.		Date of Receipt
Mailing Address 14500 Castlerock Rd.		04 18 2013
City Salinas	State Zip Code CA 93908-9438	Transaction ID : C2314323  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  self  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Erin Sullivan M.D.  Mailing Address Dept of Anes PUH C-224		Date of Receipt
200 Lothrop St.  City  Dittoburgh	State Zip Code PA 15213-2536	04 03 2013 Transaction ID : C2297179
Pittsburgh  FEC ID number of contributing federal political committee.	PA 15213-2536	Amount of Each Receipt this Period  83.30
Name of Employer UPP Department of Anesthesiology	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.20	
Full Name (Last, First, Middle Initial)  C. Rachelle Sutton M.D.		Date of Receipt
Mailing Address 1100 E 26th St.		04 06 2013
City Sioux Falls	State Zip Code SD 57108	Transaction ID : C2298183  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesiology Associates, Inc. Receipt For:	physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	583.30
TOTAL This Period (last page this line number	er only)	

## SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 96 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements may	, , , ,			•	_		i

NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Steven L. Sween M.D. Date of Receipt Mailing Address 240 Marchand Ct NW 04 07 2013 City State Zip Code Transaction ID: C2298222 GΑ 30328-2055 Atlanta Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Physician Physician Specialists in Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) **B.** Thomas H. Swygert M.D. Date of Receipt Mailing Address 7014 Prestonshire Ln. 04 2013 13 City State Zip Code Transaction ID: C2305544 Dallas TX 75225-1742 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Pinnacle Anesthesia Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) c. Edward Tang M.D. Date of Receipt Mailing Address 2452 Trenton Ave 2013 04 12 City State Zip Code Transaction ID: C2304871 CA Clovis 93619-4237 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Self Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X) **ITEMIZE**

FOR LINE NUMBER: PAGE 97 OF

ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only one)    X   11a							2		
			13		14		15		16		17	
ation copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the	pur	oose of	sc	liciting	roo	ntributio	ons		

Any informa 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) Donald R. Tatum Jr., M.D. Date of Receipt Mailing Address 770 Brookwood Walke 04 2013 27 City State Zip Code Transaction ID: C2317757 MI Bloomfield Hills 48304 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Anesthesiologist South Oakland Anesthesia Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. James J. Thomas M.D. Date of Receipt Mailing Address 1403 N Madison St 04 22 2013 City State Zip Code Transaction ID: C2316358 MO Raymore 64083-9501 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Associates **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kyle Thompson M.D. Date of Receipt Mailing Address 333 W Hampden Ave #600 30 2013 04 City State Zip Code Transaction ID: C2321856 CO Englewood 80110 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation South Denver Anesthesiologists, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 1166.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	MOMBER:	:
Use separate schedule(s)	(check only	one)	
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	
zotanou ourinitary i ago			г

ı	FOR LIN	E NUMBEF	R:   PAGE	5 98 OF	119								
	(check only one)												
	<b>X</b> 11a	11b	11c	12									
	13	14	15	16	17								

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Daniel Tivener D.O.  Mailing Address 1000 E Primrose St Ste 520  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer Ozark Anesthesia Associates, Inc.  Receipt For: Primary General Other (specify)	State Zip Code MO 65807-5180  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  04 25 2013  Transaction ID: C2317344  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Christopher A. Troianos M.D.  Mailing Address 427 Heights Dr  City Gibsonia  FEC ID number of contributing federal political committee.  Name of Employer West Penn Allegheny Health System  Receipt For: Primary General Other (specify)	State Zip Code PA 15044-6032  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.20	Date of Receipt  04 05 2013  Transaction ID : C2298068  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Rebecca Twersky M.D., M.P.  Mailing Address 450 Clarkson Ave Box #6  City  Brooklyn  FEC ID number of contributing federal political committee.  Name of Employer  SUNY Downstate Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 11203-2012  C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1166.60
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 99 OF 110

(1 = 0 1 01111 071)		1 011	LIIVL	INCIVIDE	١١.	IAGL		01	110		
CEIPTS	Use separate schedule(s)	(check only one)									
CEIPTS	for each category of the Detailed Summary Page	X	11a	11b		11c	1	2			
	_ :: ::a., . ago		13	14		15	1	6	17		
pied from such Reports and Statements ma	ay not be sold or used by any ne	rson fo	or the n	nurnose	of so	olicitina	cont	ributio	ne		

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 F. Tzeng M.D. Date of Receipt Mailing Address 582 S Rex Blvd 04 2013 City State Zip Code Transaction ID: C2313780 Elmhurst IL 60126-4259 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation DVA physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) Full Name (Last, First, Middle Initial) B. John R. Van Timmeren M.D. Date of Receipt Mailing Address 1835 Flowers Mill Dr. N.E. 2013 04 04 City State Zip Code Transaction ID: C2298007 **Grand Rapids** MI 49525 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Med Consult **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mathew R. Van Vleck M.D. Date of Receipt Mailing Address 1755 Lincolnshire Dr. 04 18 2013 Zip Code City State Transaction ID: C2314333 MI Rochester Hills 48309 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation SOAA Anesthesiologist

			-	-	-		-	-	-	-	_	
SUBTOTAL of Receipts This Page (optional)	L			7			7		43	33.3	0	
												П
TOTAL This Period (last page this line number only)	L	_	_	7	_	_	7	_	_	(H)	_	╛

400.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 100 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 13 14 15 16 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) David Varlotta D.O. Date of Receipt Mailing Address 1303 Bayshore Blvd. 04 05 2013 City State Zip Code Transaction ID: C2298077 FL Tampa 33606-2911 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Greater Florida Anesthesiologists anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 583.10 Other (specify) Full Name (Last, First, Middle Initial) **B.** David Varlotta D.O. Date of Receipt Mailing Address 1303 Bayshore Blvd. 04 16 2013 City State Zip Code Transaction ID: C2311453 FL Tampa 33606-2911 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Greater Florida Anesthesiologists anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 583.10 Other (specify) Full Name (Last, First, Middle Initial) c. Hector Vila Jr., M.D. Date of Receipt Mailing Address 4304 W Azeele St 2013 04 14 City State Zip Code Transaction ID: C2305589 FL Tampa 33609-3824 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Hector Vila Jr MD PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.20 Other (specify) 249.90 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 101 OF 119 Use separate schedule(s) for each category of the Detailed Summary Page

•	·					 	-
(0	che	ck only	or	ıe)			
	X	11a		11b	11c	12	
		13		14	15	16	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	
,	iologists Political Action Committee	<u>;</u>
, , , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)  A. Steven G. Vitcov M.D.		Date of Bassist
·		Date of Receipt
Mailing Address 324 Locust St		04 08 _ 2013 _
City	State Zip Code	04 08 2013 Transaction ID : C2300395
San Francisco	CA 94118-1843	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggrogate rear-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		
J. Michael Vollers M.D.		Date of Receipt
Mailing Address 1 Childrens Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Slot 203, S-319 City	State Zip Code	04 13 2013 Transaction ID : C2305546
Little Rock	AR 72202-3510	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	83.30
Name of Employer	Occupation	
University of Arkansas for Medical Sci	·   '	
Receipt For:	Professor of Anesthesiology	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	333.20	
Full Name (Last, First, Middle Initial)		
Lance W. Wagner M.D.		Date of Receipt
Mailing Address 150 55th St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	04 15 2013 Transaction ID : C2305744
Brooklyn	NY 11220-2559	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
Lutheran Medical Center	Anesthesiology	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
		433.30
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	4-3-3-30
TOTAL This Period (last page this line numbe	r only)	
( page and	- ,,	

FOR LINE NUMBER: PAGE 102 OF (check only one) X 11a 11b 12 11c

119 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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) Samuel H. Wald M.D. Date of Receipt Mailing Address 2160 Sunset Crest Dr 04 2013 City State Zip Code Transaction ID: C2314320 CA Los Angeles 90046-1844 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation David Geffen School of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. James L. Walker M.D. Date of Receipt Mailing Address 1549 N Rocky Creek Ct 2013 04 04 City State Zip Code Transaction ID: C2298011 KS Wichita 67230-1716 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Consulting Services, PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph A Walker III, M.D. Date of Receipt Mailing Address 2711 Silver Creek Dr 04 14 2013 City State Zip Code Transaction ID: C2305723 IN Bloomington 47401 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Bloomington Anesthesiologists, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 103 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Leonard F. Walts M.D. Date of Receipt Mailing Address 10787 Wilshire Blvd. #1201 04 2013 City Zip Code State Transaction ID: C2300859 CA Los Angeles 90024 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Retired Retire Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Harper R. Ward M.D. Date of Receipt Mailing Address 2300 Belleview Ter 04 16 2013 City State Zip Code Transaction ID: C2311462 OK Oklahoma City 73112-7741 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Harper R Ward MD PLLC Attending Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ralph M. Weatherford M.D. Date of Receipt Mailing Address 218 Morning Glory Ln 04 06 2013 City State Zip Code Transaction ID: C2298184 ΑL Dothan 36305-5818 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Anesthesia Consultants Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 104 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

119

for each category of the Detailed Summary Page 14 13 15 16 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) Joshua D. Weber M.D. Date of Receipt Mailing Address 2718 W. 49th Terrace 04 02 2013 City State Zip Code Transaction ID: C2296422 KS Westwood 66205 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Midwest Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ivan Jared Weiner M.D. Date of Receipt Mailing Address 10527 Emerald Chase Dr 04 04 2013 City State Zip Code Transaction ID: C2297497 FL Orlando 32836-5862 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation JLR Medical Group MD Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) c. Eric Weissend M.D. Date of Receipt Mailing Address 8717 West 110th St., Suite 600 30 04 2013 State Zip Code Transaction ID: C2322225 KS Overland Park 66210 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Anesthesia Assoc. of Kansas City Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2083.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 105 OF 119 Use separate schedule(s) for each category of the Detailed Summary Page

1 011		VOIVI	DLI 1.	IIAGL	 00 01	
(checl	k only	one)	)			
X	11a	1	1b	11c	12	
	13	1	4	15	16	17

or for commercial purposes, other than using the name		on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesiologi	sts Political Action Committee	
Full Name (Last, First, Middle Initial)  Kevin K. Whitrock M.D.		Date of Receipt
Mailing Address 318 Court North Dr		04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	tate Zip Code NY 11747-8102	Transaction ID : C2297182  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.34
NAPA Phy	cupation vsician gregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  John S. Whittington M.D.  Mailing Address 23 Circle Dr NE		Date of Receipt
,	tate Zip Code IM 87122-2109	7 2013 2013 2013 2013 2013 2013 2013 2013
FEC ID number of contributing federal political committee.		250.00
Anes. Assoc. of New Mexico, P.C.	cupation	
Receipt For:  Primary General  Other (specify) ▼	gregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial)  Dana Williams M.D.		Date of Receipt
Mailing Address 1725 Pine St		04 02 2013
•	tate Zip Code AL 36106-1109	Transaction ID : C2297030  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
' '	cupation	
Possint For:	ESTHESIOLOGIST  gregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (optional)		1333.34
TOTAL This Period (last page this line number only).	<u>-</u> _	

	FOR LINE NUMBER:	PAGE 106 OF
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 1	I1c 12
		[] [

119

	Dotailed Calliniary 1 age	13	14	15	16	1
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	, , , ,			_		
NAME OF COMMITTEE (In Full)						_

UI	tor commercial purposes, other than using the	name and address of any political committee to	SOUCH COMMUNICITS HOTH SUCH COMMINEE.
$\left. \right\rangle$		logists Political Action Committee	
Δ.	Full Name (Last, First, Middle Initial) Timothy C. Williams M.D.  Mailing Address 2512 Westgate Dr Unit 17  City Albany  FEC ID number of contributing federal political committee.  Name of Employer Phoebe Putney Physician Practice Group  Receipt For:  Primary  General  Other (specify)	State Zip Code GA 31707-2271  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / 16 2013  Transaction ID: C2311504  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Kenneth A. Woodward M.D.  Mailing Address 34365 Deerwood Dr  City Eugene  FEC ID number of contributing federal political committee.  Name of Employer Northwest Anesthesia Physicians  Receipt For:  Primary General Other (specify)	State Zip Code OR 97405-9662  C  Occupation physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M / 24 _ 2013  Transaction ID : C2317196  Amount of Each Receipt this Period  250.00
C.	Full Name (Last, First, Middle Initial) Granville B. Work M.D.  Mailing Address 3749 Lynnfield Dr  City Virginia Beach  FEC ID number of contributing federal political committee.  Name of Employer Sentara Norfolk General Hospital  Receipt For:  Primary General Other (specify)	State Zip Code VA 23452-4721  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  333.20	Date of Receipt  M M / 10 2013  Transaction ID : C2300618  Amount of Each Receipt this Period  83.30
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	583.30
T	OTAL This Period (last page this line number of	only)	

## SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 107 OF 119

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14		11c 15	$\vdash$	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the	purpose o	of so	liciting	con	ntributi	ons	

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Man Dick Young M.D.  Mailing Address 945 N 12th St  Anesthesia and Surgical S		Date of Receipt  04 24 2013
City	State Zip Code	Transaction ID : C2317244
Milwaukee	WI 53233-1305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	†
Aurora Sinai Medical Center	Anesthesiologist	
Receipt For:		+
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Philip J. Zitello M.D.  Mailing Address on Ticker Merch Last	•	Date of Receipt
Mailing Address 26 Timber Marsh Ln		04 04 _ 2013 _
City	State Zip Code	U4 U4 2013 Transaction ID : C2298003
Hilton Head Island	SC 29926-2787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PALMELTO ANES PAIN	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)	'	
Philip J. Zitello M.D.		Date of Receipt
Mailing Address 26 Timber Marsh Ln  City	State Zip Code	04 12 2013  Transaction ID : C2304786
Hilton Head Island	SC 29926-2787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
PALMELTO ANES PAIN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	)	1000.00
TOTAL This Period (last page this line numb	per only)	71293.21

## S 17

for each category of the Detailed Summary Page    11a	CHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 OF 119
r 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)  Revolution Media Group  Mailing Address 1020 Princess St.  City  State  VA  22314-2247  FEC ID number of contributing foderal Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City  State  Zip Code  Transaction 10: c2316585  Amount of Employer  Partial refund of media buy from Schedule E for that did not air.  Full Name (Last, First, Middle Initial)  Mailing Address  City  State  Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State  Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State  Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼	TEMIZED RECEIPTS	for each category of the	11a 11b 11c 12
MAME OF COMMITTEE (in Full) American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial) Revolution Media Group  Mailing Address 1020 Princess St  City State Zip Code Alexandria VA 22314-2247  FEC ID number of contributing federal political committee.  Cupation  Facelipt For: 2012 Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary Figure 1944.45	ny information copied from such Reports an	d Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions
American Society of Anesthesiologists Political Action Committee    Full Name (Last, First, Middle Initial)		the name and address of any political committee	to solicit contributions from such committee.
Date of Receipt	, ,	siologists Political Action Committe	ee
City  Alexandria  Alexandria  Alexandria  Alexandria  Alexandria  Alexandria  Alexandria  Alexandria  Alexandria  C  C  Alexandria  C  Alexandria  C  Agregate Year-to-Date ▼  Primary  General  Other (specify) ▼  State  C  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  State  C  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt this Period  Amount of Each Receipt this Period	D 1 1 1 1 0		Date of Receipt
Amount of Each Receipt this Period  FEC ID number of contributing tederal political committee.  Name of Employer  Receipt For: 2012		Chate 7in Code	04 26 2013
FEC ID number of contributing federal political committee.  Name of Employer    Partial refund of media buy from Schedule E for it stat did not air.	•		
Name of Employer  Receipt For:    Date of Receipt   Date of Recei	FEC ID number of contributing		
Receipt For: 2012	•		
Primary			
Tull Name (Last, First, Middle Initial)  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Other (specify) ▼  Aggregate Year-to-Date ▼  Till Name (Last, First, Middle Initial)  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼		Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Subtrotal of Receipts This Page (optional)		1944 45	Partial refund of media buy from Schedule E for r
Date of Receipt    Mailing Address	Curer (specify)	1044.40	l lat did not all.
Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Cocupation  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Cocupation  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  ■ 1944.45			Date of Receipt
Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer    C	·		<del>-</del>
Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer    C	City	Ctata Zin Coda	_
FEC ID number of contributing federal political committee.  Name of Employer    C	City	State Zip Code	Amount of Each Receipt this Period
federal political committee.  Name of Employer    Occupation	FEC ID number of contributing		Amount of Each receipt this remod
Receipt For:    Primary		C	7 7 7
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Substotal of Receipts This Page (optional)	Name of Employer	Occupation	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)	Receipt For:	Aggregate Vegr to Date W	-
Full Name (Last, First, Middle Initial)  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify)  Other (specify)   SUBTOTAL of Receipts This Page (optional).	Primary General	Aggregate real-to-bate ¥	
Date of Receipt  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1944.45	Other (specify) ▼		
City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	,	<u>'</u>	Date of Receipt
Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For: Primary General Other (specify)  Other (specify)  1944.45			<u> </u>
FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)  1944.45	City	State Zip Code	
Name of Employer    Occupation	FFO ID words and a satisfaction		Amount of Each Receipt this Period
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)		C	
Primary General Other (specify)   SUBTOTAL of Receipts This Page (optional)	Name of Employer	Occupation	
Other (specify)   SUBTOTAL of Receipts This Page (optional)		Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			
SOBTOTAL OF Necepts Trils Page (optional)	Carlot (Speelily)		
1044 45	SUBTOTAL of Receipts This Page (optional)	· )	1944.45
			10// /5

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 109 OF 119 (check only one)
Any information conicd from such Deports and	Statamenta m	Detailed Summary Page	erson for the purpose of soliciting contributions
or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. FRIENDS OF DAN MAFFEI			Date of Receipt
Mailing Address PO BOX 230			04 16 2013 -
City SYRACUSE	State NY	Zip Code 13201	Transaction ID : C2315376
FEC ID number of contributing federal political committee.		0417550	Amount of Each Receipt this Period  2000.00
Name of Employer	Occupation	1	
Receipt For: 2010 Primary General Other (specify)  Runoff	Aggregate	Year-to-Date ▼ 2000.00	Refund of 2010 Recount Contribution
Full Name (Last, First, Middle Initial)	'		Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	]
SUBTOTAL of Receipts This Page (optional).			2000.00

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

2000.00

## S ľ

							PAGE	110 (	OF_	119			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	\ I	check	c only	only one)						_	00
		Detailed Summary Page			21b 27	22 28a		23 28b		24 28c	25 29	H	26 30b
Δr	ny information copied from such Reports and Statem	lents may not be sold or u	sed by	anv			nur 4		of s			tions	
	for commercial purposes, other than using the name												
$\setminus$	NAME OF COMMITTEE (In Full)		_										
	American Society of Anesthesiolog	ists Political Action	Con	nmi	ttee								
_	Full Name (Last, First, Middle Initial)												
Α.	First Data					Date of	of Di	sburse	mer				
	Mailing Address P.O. Box 6600					04	/	3		/ Y	2013	Y	
	City	State Zip Code				T		: ID		4.45504			
	. agerete	MD 21741				iran	sact	ion iD	: ט	145581			
	Purpose of Disbursement Credit Card Merchant Fees			003		Amour	nt of	Each	Dis	burseme	nt this	Perio	d
	Candidate Name		Cat	tegor	y/			-	_		2200	) 2E	٦
	Office Cought   House   Dishurs or	and Fam. 2011		Гуре			-	7	_	7	2290	).23	_
		nent For: 2014 Primary General											
		Other (specify) ▼											
	State: District:	Credit Card Mer	chant										
В.	Full Name (Last, First, Middle Initial)					Doto	of Di	oburoo	mai	ot.			
В.						Date of	וט וכ	Spurse			Y	V	
	Mailing Address									Ĺ			
	City	State Zip Code											
	Purpose of Disbursement												
	Tulpose of Disbursement		П.			Amour	nt of	Each	Dis	burseme	nt this	Perio	d
	Candidate Name		Cat	tegor	y/			-					٦
	Office Sought: House Disbursen	ant Far	1	Гуре			-	7	_	7		-	_
		Primary General											
		Other (specify) ▼											
	State: District:												
_	Full Name (Last, First, Middle Initial)					Date o	٠ţ D:	oboo		n+			
C.						M N		SDUISE			Y	V	
	Mailing Address					IVI - K				/			
	City	State Zip Code											
	Purpose of Disbursement												
	Turpose of Biobarcomonic				П	Amour	nt of	Fach	Dis <sup>i</sup>	burseme	nt this	Perio	d
	Candidate Name			tegor Type	y/			40.1		45			7
	Office Sought: House Disbursen												
		Primary General											
	State: District:	Other (specify) ▼											
Г	Similar Biotriot					_	-		_		_		_
s	SUBTOTAL of Disbursements This Page (optional)				•						2290	.25	
H					_		7				2200	QF.	ī
T	<b>'OTAL</b> This Period (last page this line number only).				<b>•</b>			7		7	2290	.∠5	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 111 OF					
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.				
BIODONOLINENTO	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26				
	_ states callinary rage	27	28a 28b 28c 29 30				
Any information copied from such Reports and Staten							
or for commercial purposes, other than using the name	ne and address of any politica	al committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	into Dalitiani Antino (	<b>.</b>					
American Society of Anesthesiolog	ists Political Action (	Jommittee					
Full Name (Last, First, Middle Initial)							
A. ALAMO PAC			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA			04 03 2013				
	State Zip Code						
AUSTIN	TX 78701		Transaction ID : D145124				
Purpose of Disbursement							
2013 Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
Office Sought: House Disburser	nent For: 2014	Туре					
Senate	Primary General						
President	Other (specify) ▼						
State: District:	2013 Contribution	on					
Full Name (Last, First, Middle Initial)							
3. National Republican Senatorial Co	mmittee		Date of Disbursement				
Marie Add			M = M / D = D / Y = Y = Y				
Mailing Address 425 Second St. NE			04 17 2013				
City	State Zip Code		Towns at law ID D445400				
Washington	DC 20002		Transaction ID : D145196				
Purpose of Disbursement 2013 Contribution		044	Assessed of Early Dichesses and this David				
Candidate Name		011	Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	15000.00				
Office Sought: House Disbursen	nent For: 2014	Турс	, , , , , , , , , , , , , , , , , , , ,				
Senate	Primary General						
President	Other (specify) ▼						
State: District:	2013 Contribution	on					
Full Name (Last, First, Middle Initial)			5				
SCHOCK FOR CONGRESS			Date of Disbursement				
Mailing Address PO Box 10555			04 23 2013				
Maining Addition 1 C Box 10000			2010				
City	State Zip Code		Transaction ID : D145342				
Peoria	IL 61612		Transaction ib . D143342				
Purpose of Disbursement 2014 Primary Contribution		044					
Candidate Name		011	Amount of Each Disbursement this Period				
Rep. Aaron Schock		Category/ Type	4000.00				
•	nent For: 2014	.,,,,,					
Senate	Primary General						
President	Other (specify) ▼						
State: IL District: 18							
			24000.00				
SUBTOTAL of Disbursements This Page (optional)		······· <b>&gt;</b>	24000.00				
TOTAL This Davied (lost was a this line asset or a this							
TOTAL This Period (last page this line number only)			T 1 1 40 1 1 40 1 1 40 1				

S	CHEDULE B (FEC Form 3X)			FOR	LINE N	NUMBER:		PAG	E 112 (	OF 119	
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the		k only	one)					
			Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b	
Δ.	us information conicd from such Densite and Older	l nonto reser	not be sold as	and by a							
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam										
	NAME OF COMMITTEE (In Full)										
$ \rangle$	American Society of Anesthesiolog	ists Po	litical Action	Comm	ittee						
	Full Name (Last, First, Middle Initial)										
Α.	DAVE CAMP FOR CONGRESS					Date of	f Disburse	ement			
	Mailing Address 5915 Eastman Avenue					04	2	3 / Y	2013	Y	
	City	State	Zip Code					5445044			
	Midland	MI	48640			Trans	action ID	: D145344			
	Purpose of Disbursement 2014 Primary Contribution			011		Amoun	t of Each	Disbursem	ent this	Period	
	Candidate Name			Catego					2500	0.00	
	Rep. Dave Camp			Туре	;		7	7	2000	5.00	
	Senate	nent For: Primary Other (spe	General								
	State: MI District: 04										
_	Full Name (Last, First, Middle Initial)										
В.	DIANE BLACK FOR CONGRESS					Date of	f Disburse	ement			
	Mailing Address PO Box 1437					04	/ D	7 Y	2013	Y	
	Gallatin	State TN	Zip Code 37066			Trans	saction ID	: D145200	l		
	Purpose of Disbursement 2014 Primary Contribution			011		Amoun	t of Each	Disbursem	ent this	Period	
	Candidate Name			Catego	ry/				100	2.00	
	Rep. Diane Black			Туре			7	7	1000	0.00	
	Senate X	nent For: Primary Other (spe	General								
_	Full Name (Last, First, Middle Initial)						, D: 1				
Ċ.	GARY MILLER FOR CONGRESS						f Disburse				
	Mailing Address 721 S. Brea Canyon Road, Suite 7					04	2		2013	Y	
	,	State CA	Zip Code			Trans	saction ID	: D145343	·		
	Diamond Bar Purpose of Disbursement	<u> </u>	91789								
	2014 Primary Contribution			011		Amoun	t of Each	Disbursem	ent this	Period	
	Candidate Name			Catego	rv/	-					
	Rep. Gary G. Miller			Туре					1000	0.00	
		nent For: Primary Other (spe	General								
Г	State: On Biodisti 42										
s	UBTOTAL of Disbursements This Page (optional)				• •	Ļ.			4500	0.00	
Т	OTAL This Period (last page this line number only)				. •		,				

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER:	PAGE 113 OF 119				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ne)					
	Detailed Summary Page	21b 27		25 26 29 30b				
Any information copied from such Departs and Chite	nonte may not be cald as							
Any information copied from such Reports and States or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
American Society of Anesthesiolog	gists Political Action (	Committee						
Full Name (Last, First, Middle Initial)			Date of Dishamson and					
A. FRIENDS OF JOHN BOEHNER			Date of Disbursement	Y				
Mailing Address 7908 CINCINNATI DAYTON ROA ROADSUITE I	)		04 17	2013				
City	State Zip Code		Transaction ID : D14	5199				
WEST CHESTER Purpose of Disbursement	OH 45069		Transaction ib . b14	3133				
2014 Primary Contribution			Amount of Each Disbu	rsement this Period				
Candidate Name		Category/		5000.00				
Rep. John A. Boehner		Туре		3000.00				
Senate President	ment For: 2014  Primary General  Other (specify) ▼							
State: OH District: 08								
Full Name (Last, First, Middle Initial)			Data of Diahimana					
B. ROTHFUS FOR CONGRESS			Date of Disbursement	V V V				
Mailing Address PO BOX 435			04 23	2013				
City SEWICKLEY Purpose of Disbursement	State Zip Code PA 15143		Transaction ID : D14	5346				
2014 Primary Contribution		011	Amount of Each Disbu	rsement this Period				
Candidate Name		Category/		1000.00				
Rep. Keith Rothfus		Type		1000.00				
	nent For: 2014 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)								
C. FITZPATRICK FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 185			04 / 17	2013				
,	State Zip Code		Transaction ID : D14	5201				
LANGHORNE Purpose of Disbursement	PA 19047							
2014 Primary Contribution		011	Amount of Each Disbu	rsement this Period				
Candidate Name		Category/						
Rep. Michael G. Fitzpatrick		Туре		1500.00				
Office Sought:    House   Disburse	ment For: 2014 Primary General Other (specify) ▼							
Cidio. FA District. U6								
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	7	7500.00				
TOTAL This Period (last page this line number only	)	·····		,				

SCHEDU	JLE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 114 OF 119			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check only	one)		
		Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29	26 30b	
Any inform	tion copied from such Benevic and City	nonte may not be cold as				
	tion copied from such Reports and Stater ercial purposes, other than using the nan					
NAME O	F COMMITTEE (In Full)					
Ameri	can Society of Anesthesiolog	ists Political Action	Committee			
_	e (Last, First, Middle Initial)					
A. TIBER	RI FOR CONGRESS	Date of Disbursement				
Mailing A	ddress 2931 E Dublin Granville Road	04 17 2013				
City	;	State Zip Code		Transaction ID D445400		
Columbus		OH 43231		Transaction ID : D145136		
2014 Pri	of Disbursement imary Contribution			Amount of Each Disbursement this Pe	riod	
Candidate			Category/	1200.0	0	
Rep. F	Pat Tiberi pught: ✓ House Disburser	ment For: 2014	Туре	1200.0		
Office 30		Primary General				
	President	Other (specify)				
State:	OH District: 12					
	e (Last, First, Middle Initial)					
B. DR. R	AUL RUIZ FOR CONGRESS	Date of Disbursement				
Mailing A	ddress 73373 COUNTRY CLUB DRIVE #	04 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City			Transaction ID - D445947			
PALM DE	ESERT	State Zip Code CA 92260		Transaction ID : D145347		
	of Disbursement imary Contribution		011	Amount of Each Disbursement this Pe	riod	
Candidate				, and of Each Distriction this Fe		
Rep. F	Raul Ruiz M.D.		Category/ Type	1500.0	0	
Office So	ught: House Disburser	nent For: 2014				
		Primary General				
Ct-t-	President	Other (specify) ▼				
	CA District: 36					
_	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS			Date of Disbursement		
311VE	STIVENS FOR CONGRESS			M M / D D / Y Y Y Y Y	-	
Mailing A	Mailing Address 4679 Winterset Drive			04 24 2013		
City		State Zip Code		Transposition ID + D4.452.45		
Columbus		OH 43220		Transaction ID: D145345		
	of Disbursement imary Contribution		011			
Candidate			011	Amount of Each Disbursement this Pe	riod	
	Steve Stivers		Category/ Type	1000.0	0	
Office So		ment For: 2014	.,,,,	7 7		
	Senate	Primary General				
	President	Other (specify) ▼				
State:	OH District: 15					
				3700.00		
SUBTOTAL	of Disbursements This Page (optional)		······	3700.00		
TOTAL Thi	s Period (last page this line number only)					
	( 1 0					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 115 OF 119
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NOMBEN.
Any information copied from such Reports and Staten		ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)	11.10		Data of Dishara and
ALEXANDER FOR SENATE 2014 INC			Date of Disbursement
Mailing Address 228 S WASHINGTON STREET SUITE 115			04 24 2013
City S ALEXANDRIA	State Zip Code VA 22314		Transaction ID : D145348
Purpose of Disbursement 2014 Primary Contribution	22011	044	
Candidate Name		011	Amount of Each Disbursement this Period
Sen. Lamar Alexander		Category/ Type	5000.00
	nent For: 2014  Primary General  Other (specify)		
State: TN District: 00			
Full Name (Last, First, Middle Initial) <b>B.</b>	Full Name (Last, First, Middle Initial)		
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify) ▼		
State: District:  Full Name (Last, First, Middle Initial)			
Tuli Name (Last, 1 list, Wildlie limital)		Date of Disbursement	
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	71	
			5000.00
SUBTOTAL of Disbursements This Page (optional)		······	5000.00
TOTAL This Period (last page this line number only)			44700.00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 116 OF 119			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.		
	for each category of the Detailed Summary Page	21b	22 23 24 25 26		
	Detailed Suffillary Fage	27	X 28a 28b 28c 29 30b		
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
$ \; angle$ American Society of Anesthesiolog	ists Political Action C	Committee			
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Melinda A. Aquino M.D.					
Mailing Address 1376 Midland Ave., #201	04 18 2013				
5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1					
City	Transaction ID : D145261				
Bronxville	NY 10708-6853		11a115aCtiOi1 ID . D143201		
Purpose of Disbursement REFUND OF CONTRIBUTION		010	Amount of Each Dishurson and this David		
Candidate Name		010	Amount of Each Disbursement this Period		
Candidate Hame		Category/ Type	1000.00		
Office Sought: House Disburser	nent For: 2014	туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:	Refund of 03/13				
Full Name (Last, First, Middle Initial)					
B. Shaheen F. Shaikh M.D.			Date of Disbursement		
Mailing Address 93 Harrington Farms Way	Mailing Address 93 Harrington Farms Way				
City	City State Zip Code				
Shrewsbury	MA 01545-4064		Transaction ID : D144856		
Purpose of Disbursement					
Refund of Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	30.00		
000		Type	30.00		
	nent For: 2014				
Senate President	Primary General				
State: District:	Other (specify) ▼ Refund of 03/13	,			
Full Name (Last, First, Middle Initial)	. 13.3114 51 55/10				
C. Karen S. Sibert M.D.			Date of Disbursement		
TGTOTT O. OIDOTT WILD.	Adion C. Cibor W.B.				
Mailing Address 4146 Sunnyslope Ave.			04 12 2013		
,	State Zip Code		Transaction ID : D145777		
Sherman Oaks Purpose of Disbursement	CA 91423				
REFUND OF CONTRIBUTIONS					
Candidate Name		Category/	Amount of Each Disbursement this Period		
		Type	333.20		
Office Sought: House Disburser	nent For: 2014	-			
Senate	Primary General				
President	Other (specify) ▼				
State: District:	Refund of Contrib	uti			
			1262 20		
SUBTOTAL of Disbursements This Page (optional)		·····•	1363.20		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 117 OF 119			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	TOWELL:		
		21b	22 23 24 25 26		
	Betailed Gairmary 1 age	27	X 28a 28b 28c 29 30b		
Any information copied from such Reports and State	ments may not be sold or us	ed by any perso	on for the purpose of soliciting contributions		
or for commercial purposes, other than using the nar	ne and address of any politic	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		_			
American Society of Anesthesiolog	gists Political Action	Committee			
Full Name (Last, First, Middle Initial)					
A. Glen J. Strange Jr., M.D.	Glen J. Strange Jr., M.D.				
Mailing Address 5166 Colleton Way			04 19 2013		
City	State Zip Code		Transaction ID D445004		
Brentwood	TN 37027		Transaction ID : D145661		
Purpose of Disbursement REFUND OF CONTRIBUTIONS					
			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	200.00		
	ment For: 2014				
Senate	Primary General				
State: President State:	Other (specify) ▼ Refund of 9/1:	,			
	Returna of 9/12	2			
Full Name (Last, First, Middle Initial)  B. Glen J. Strange Jr. M.D.			Date of Disbursement		
B. Glen J. Strange Jr., M.D.	Glen J. Strange Jr., M.D.				
Mailing Address 5166 Colleton Way			04 30 2013		
5 The Group Condition Way					
City	State Zip Code		Transaction ID : D145493		
Brentwood	TN 37027		Transaction ib . b145455		
Purpose of Disbursement REFUND OF CONTRIBUTIONS			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Type	500.00		
Office Sought: House Disburse	ment For: 2014				
Senate	Primary General				
	Other (specify) ▼				
State: District:	Refund of 11/12-	3/13			
Full Name (Last, First, Middle Initial)  C.			Data of Diskussessess		
			Date of Disbursement		
Mailing Address			M = M / D = D / Y = Y = Y		
City	City State Zip Code				
Purpose of Disbursement	Purpose of Disbursement				
Candidate Name		Category/ Type			
Office Sought: House Disburse	ment For:	1,700			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		·····•	700.00		
			2063.20		
TOTAL This Period (last page this line number only	)		2003.20		

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 118 OF 119		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(check only	one)		
		Detailed Sumr		21b 27	22 23 28b	24 25 26 28c <b>X</b> 29 30b
Αı	ny information copied from such Reports and Staten	nents mav not be	e sold or used			
	for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)	=				
$ \rangle$	American Society of Anesthesiolog	ists Politica	I Action C	ommittee		
<u></u>	Full Name (Last, First, Middle Initial)					
Α.	Biden for Attorney General				Date of Disbursem	nent
	Mailing Address PO Box 2838				04 / 17	2013
	City	State Zip	Code			
	Wilmington		805-0838		Transaction ID:	D145202
	Purpose of Disbursement Non-Federal Disbursement			011	Amount of Each D	isbursement this Period
	Candidate Name			Category/		1200.00
	Beau Biden Office Sought: House Disbursen	nent For: 2014		Туре	7	1200.00
	Senate Disburser	Primary	General			
		Other (specify)				
_	State: DE District:	Non-	Federal Disbur	se		
В.	Full Name (Last, First, Middle Initial)				Date of Disbursem	nent
٠.	Democratic Attorneys General Ass	ociation			M M / D D	
	Mailing Address 1580 Lincoln St Ste 1125				04 17	
			Code		Transaction ID :	D145198
	Purpose of Disbursement	CO 80:	203-1501			
	Non-Federal Disbursement				Amount of Each D	sisbursement this Period
	Candidate Name			Category/		35000.00
	Office Sought: House Disbursen	nent For: 2014		Туре	7	33000.00
		Primary	General			
		Other (specify)				
	State: District:		Federal Disbu	rse		
_	Full Name (Last, First, Middle Initial)				Data of Dichura	nont
C.	Democratic Governors Association				Date of Disbursem	
	Mailing Address 1401 K Street NW Suite 200			04 18	2013	
		State Zip	Code		Transaction ID	D445407
	Washington		005		Transaction ID:	145 וע 45 אוע
	Purpose of Disbursement Non-Federal Disbursement				A	dahamaan ah data Barta B
	Candidate Name Category/			Amount of Each D	isbursement this Period	
				Type		100000.00
		nent For: 2014	10			
	Senate President	Primary Other (specify)	General			
	State: District:		▼ Federal Disbur	-se		
Г						
5	SUBTOTAL of Disbursements This Page (optional)				4	136200.00
ľ	<b>'OTAL</b> This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		F05 : 11:-	NUMBER   DAGE 110 OF 110	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 119 OF 119 (check only one)		
I LIVIIZED DISDUNSEIVIEN IS		21b	22 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c X 29 30	
Any information copied from such Reports and Statem	ents may not be sold or us	sed by any pers	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiologic	ists Political Action	Committee	}	
Full Name (Last, First, Middle Initial)		ı		
•			Date of Disbursement	
Republican Party of Kentucky	Republicant arty of Rentucky			
Mailing Address P.O. Box 1068			04 01 2013	
,	tate Zip Code KY 40602		Transaction ID : D145203	
Frankfort Purpose of Disbursement	KY 40602			
Non-Federal Disbursement		011	Amount of Each Disbursement this Period	
Candidate Name				
		Category/ Type	5000.00	
Office Sought: House Disbursem	ent For: 2014			
	Primary General			
	Other (specify)			
State: District:	Non-Federal Disk	ouise		
Full Name (Last, First, Middle Initial)			Date of Disbursement	
•				
Mailing Address			M = M / D = D / Y = Y = Y	
City	tate Zip Code			
Purpose of Disbursement				
. a.pesso of biobardomont			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type		
Office Sought: House Disbursem				
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
uli Name (Last, First, Middle Initial)			Date of Disbursement	
· ·			M M / D D / Y Y Y Y	
Mailing Address				
City State Zip Code				
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/	7.11.04.11.01.21.01.01.01.01.01.01.01.01.01.01.01.01.01	
		Type		
Office Sought: House Disbursem				
	Primary General			
State: District:	Other (specify) ▼			
Giate. District.				
SUBTOTAL of Disbursements This Page (optional)			5000.00	
		············		
TOTAL This Period (last page this line number only).			141200.00	