

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71293.21	352570.02
(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 (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	91088.20	493728.72
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1944.45	1944.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	7000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	95032.65	502673.17
20. Total 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2290.25	6668.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2290.25	6668.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44700.00	267200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2063.20	2063.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2063.20	2063.20
29. Other Disbursements	141200.00	253972.67
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	190253.45	529904.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	91088.20	493728.72
34. Total Contribution Refunds (from Line 28(d))	2063.20	2063.20
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89025.00	491665.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2290.25	6668.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1944.45	1944.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	345.80	4723.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John P. Abenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 Name of Employer Mayo Clinic Anes. Dept. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.40

Date of Receipt 04 / 06 / 2013
Transaction ID : C2298172
 Amount of Each Receipt this Period 83.30

B. John P. Abenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 Name of Employer Mayo Clinic Anes. Dept. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.40

Date of Receipt 04 / 10 / 2013
Transaction ID : C2300615
 Amount of Each Receipt this Period 83.30

C. Amr E. Abouleish M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 Name of Employer University of Texas Medical Branch Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 02 / 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 only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Joel D. Ackerman M.D.

Mailing Address 8717 W 110th St Ste 600

City Overland Park State KS Zip Code 66210-2126

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

Name of Employer Anesthesia Assoc of Kansas City Occupation Pain Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2313710

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Olayinka O. Adepitan M.B.,B.S.

Mailing Address 6100 Glenhollow Dr

City Plano State TX Zip Code 75093-7942

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

Name of Employer Information Requested Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : C2317215

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Seth A. Akst M.D., M.B.

Mailing Address 4609 Norwood Dr

City Chevy Chase State MD Zip Code 20815-5348

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

Name of Employer George Washington Medical Ctr. Dept of Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : C2304785

Amount of Each Receipt this Period
 375.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Masroor Alam M.D.		Date of Receipt
Mailing Address 11043 Grandstone Ln		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cincinnati	OH	45249
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Information Requested	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : C2297019
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Peter W. Allen Jr., M.D.		Date of Receipt
Mailing Address PO Box 496		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ross	CA	94957-0496
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
ACM	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : C2298466
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) c. Charles K. Anderson M.D., M.B.		Date of Receipt
Mailing Address 60975 Billadeau Rd		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bend	OR	97702
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Bend Anesthesiology Group, Inc	Anesthesiology	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.20"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : C2297502
		Amount of Each Receipt this Period
		<input type="text" value="83.30"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="583.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jonathan C. Anderson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Jossie Ln
 City Kalispell State MT Zip Code 59901-6961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Rockies Anesthesia Consultant Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 08 / 2013**
Transaction ID : C2298245
 Amount of Each Receipt this Period **100.00**

B. Shane C. Angus M.S., A.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 1st N.E. LL-150, Mail 25
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case School of Medicine Occupation Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 15 / 2013**
Transaction ID : C2305743
 Amount of Each Receipt this Period **83.30**

C. Anthony Arellano-Kruse M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Anesthesia Medical Group 3330 Lomita Blvd
 City Torrance State CA Zip Code 90505-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Torrance Memorial Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 28 / 2013**
Transaction ID : C2317788
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	266.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Judith L. Aronsohn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Mount Tom Rd
 City Pelham State NY Zip Code 10803-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297184
 Amount of Each Receipt this Period
83.34

B. Brett L. Arron M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Lake Street
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Narragansett Bay Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297178
 Amount of Each Receipt this Period
83.30

C. Scott E. Ashcraft M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8900 Indian Creek Parkway Suite 500
 City Overland Park State KS Zip Code 66210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297189
 Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... **2166.64**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Scott R. Atchison M.D.		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 Transaction ID : C2300219
Mailing Address 5115 Twinleaf Drive		Amount of Each Receipt this Period 250.00
City Sioux Falls	State SD	Zip Code 57108
FEC ID number of contributing federal political committee. C	Name of Employer Anesthesia Physicians, LTD	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Craig T. Austin M.D.		Date of Receipt MM / DD / YYYY 04 / 14 / 2013 Transaction ID : C2305599
Mailing Address 1000 E. Primrose, #520		Amount of Each Receipt this Period 83.34
City Springfield	State MO	Zip Code 65807
FEC ID number of contributing federal political committee. C	Name of Employer Ozark Anesthesia Associates	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. David Auyong M.D.		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 Transaction ID : C2296108
Mailing Address 1100 9th Ave MS B2-AN		Amount of Each Receipt this Period 500.00
City Seattle	State WA	Zip Code 98101-2756
FEC ID number of contributing federal political committee. C	Name of Employer Virginia Mason Med Ctr Dept Anes	Occupation Anesthesiology
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Daud Azizi M.D.

Mailing Address 840 Tullis Rd.

City State Zip Code
 Lawrenceville GA 30043-4728

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

Name of Employer Occupation
 Gwinnett Anesthesia Center ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : C2298146

Amount of Each Receipt this Period
 375.00

Full Name (Last, First, Middle Initial)
B. Ruben Azocar M.D.

Mailing Address 88 E Newton St # RM.2806

City State Zip Code
 Boston MA 02118-2308

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

Name of Employer Occupation
 Boston University Medical Center Physician anesthesiologist and intensi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : C2317705

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Danielle J. Belmore M.D.

Mailing Address 6632 Whispering Woods Ct

City State Zip Code
 Plano TX 75024-7440

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

Name of Employer Occupation
 Pinnacle Anesthesia Consultants ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : C2296157

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dean Berkus M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 9675 Brighton Way STE 100

City Beverly Hills	State CA	Zip Code 90210-5100
-----------------------	-------------	------------------------

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

Name of Employer Specialty Surgical Center	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2013

Transaction ID : C2297337

Amount of Each Receipt this Period
250.00

B. Mordechai Bermann M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 7 Plymouth Ln.

City East Brunswick	State NJ	Zip Code 08816
------------------------	-------------	-------------------

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

Name of Employer UMDNJ	Occupation Anesthesiologist
---------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2013

Transaction ID : C2305563

Amount of Each Receipt this Period
83.30

C. Shreyas Bhavsar D.O.
Full Name (Last, First, Middle Initial)
Mailing Address 4808 Braeburn Dr

City Bellaire	State TX	Zip Code 77401-5314
------------------	-------------	------------------------

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

Name of Employer MD Anderson Cancer Center	Occupation physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2013

Transaction ID : C2320344

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	583.30
TOTAL This Period (last page this line number only).....	

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

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

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

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

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

A. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer university of chicago Occupation physican
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 12 / 2013
Transaction ID : C2302976
 Amount of Each Receipt this Period 83.30

B. Timothy M. Bittenbinder M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304
 City Temple State TX Zip Code 76508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.10

Date of Receipt 04 / 15 / 2013
Transaction ID : C2305751
 Amount of Each Receipt this Period 83.30

C. Kenneth J. Bochenek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Spruce Dr
 City Lafayette State IN Zip Code 47905-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates, P.C. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 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 number only)..... ▶

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

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

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

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

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

A. William R. Bohman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 El Camino Real Ste 206
 City Palo Alto State CA Zip Code 94306-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists Medical G Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2013
Transaction ID : C2300871
 Amount of Each Receipt this Period
 250.00

B. Srinivas S. Bollimpalli M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N Central Ave Ste 1600
 City Phoenix State AZ Zip Code 85004-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anes. Consultants, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2013
Transaction ID : C2298220
 Amount of Each Receipt this Period
 83.30

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : C2302987
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.97
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. K P Branam M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013 Transaction ID : C2313783
Mailing Address 160 Green Glades		Amount of Each Receipt this Period 200.00
City Ridgeland	State MS	Zip Code 39157-8662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 205.01
Name of Employer UMC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Amanda K. Brown M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2013 Transaction ID : C2316355
Mailing Address 203 Westchester Dr		Amount of Each Receipt this Period 500.00
City Macon	State GA	Zip Code 31210-7541
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Stephen M. Brzica M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2013 Transaction ID : C2297031
Mailing Address 7120 Kenmare Dr.		Amount of Each Receipt this Period 500.00
City Bloomington	State MN	Zip Code 55438-2834
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Frederick W. Burgess M.D., Ph.D		Date of Receipt
Mailing Address 569 Fruit Hill Ave		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City State Zip Code North Providence RI 02911-2134		Transaction ID : C2305591
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Providence VAMC anesthesiologist		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="733.20"/>	

Full Name (Last, First, Middle Initial) B. Frederick W. Burgess M.D., Ph.D		Date of Receipt
Mailing Address 569 Fruit Hill Ave		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City State Zip Code North Providence RI 02911-2134		Transaction ID : C2317295
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Providence VAMC anesthesiologist		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="733.20"/>	

Full Name (Last, First, Middle Initial) c. John Carney M.D.		Date of Receipt
Mailing Address 534 Ridgeview Drive		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City State Zip Code Erie PA 16505		Transaction ID : C2297181
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.02"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="266.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dominic S. Carollo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6511 Louis XIV St
 City New Orleans State LA Zip Code 70124-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2013
Transaction ID : C2316289
 Amount of Each Receipt this Period
 41.60

B. Dominic S. Carollo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6511 Louis XIV St
 City New Orleans State LA Zip Code 70124-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : C2322013
 Amount of Each Receipt this Period
 41.67

c. Claire L. Chandler A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 1253 Citadel Dr. NE
 City Atlanta State GA Zip Code 30324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Healthcare Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : C2302978
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	166.57
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Vishal A. Chandra D.O.		Date of Receipt
Mailing Address 4307 W 74th St		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Prairie Village	KS	66208-2950
FEC ID number of contributing federal political committee.		Transaction ID : C2300139
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="500.00"/>
Anesthesia Assoc. of Kansas City		
Occupation		
Anesthesiologist		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John C. Chatelain M.D.		Date of Receipt
Mailing Address 1319 S.9th St.		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fargo	ND	58103-4105
FEC ID number of contributing federal political committee.		Transaction ID : C2305551
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="41.60"/>
Sanford Health		
Occupation		
Anesthesiologist		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="332.80"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John C. Chatelain M.D.		Date of Receipt
Mailing Address 1319 S.9th St.		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fargo	ND	58103-4105
FEC ID number of contributing federal political committee.		Transaction ID : C2314332
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="41.60"/>
Sanford Health		
Occupation		
Anesthesiologist		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="332.80"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="583.20"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Tzong-Huei H. Chen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Boesch Farm Road
 City East Greenwich State RI Zip Code 02818-1137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Anesthesiologists Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2013
Transaction ID : C2301027
 Amount of Each Receipt this Period
 250.00

B. Mary A. Chernoff M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14905 W. 82nd Terr.
 City Lenexa State KS Zip Code 66215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology, Chartered Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : C2298008
 Amount of Each Receipt this Period
 250.00

C. Daniel N. Chiem M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 Vine St Apt 306S
 City Los Angeles State CA Zip Code 90028-7385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : C2300397
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Bruce D. Chipkin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Forrest Way
 City Poughkeepsie State NY Zip Code 12603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2296375
 Amount of Each Receipt this Period
 83.34

B. Bruce D. Chipkin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Forrest Way
 City Poughkeepsie State NY Zip Code 12603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2322502
 Amount of Each Receipt this Period
 83.34

c. Douglas E. Cleveland M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 W Illinois St Apt 213
 City Chicago State IL Zip Code 60654-5239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Ridge Anesthesiology Associates Occupation Attending Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : C2322246
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Norman A. Cohen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 0841 SW Gaines St # 504
 City Portland State OR Zip Code 97239-2976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Health and Science Univ. Anes. Occupation Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 03 / 2013
Transaction ID : C2297177
 Amount of Each Receipt this Period 83.30

B. Dominick Coleman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Banks Ave Apt 1201
 City Rockville Centre State NY Zip Code 11570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia, Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 04 / 03 / 2013
Transaction ID : C2297187
 Amount of Each Receipt this Period 83.34

C. Roger A. Coleman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Harlow Rd Ste 110
 City Springfield State OR Zip Code 97477-1190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 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 only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John A. Cooley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Fox Hedge Rd
 City Saddle River State NJ Zip Code 07458-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anes Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 14 / 2013**
Transaction ID : C2305597
 Amount of Each Receipt this Period **83.30**

B. David A Cross M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 2401 South 31st Street
 City Temple State TX Zip Code 76508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White Healthcare Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 06 / 2013**
Transaction ID : C2298171
 Amount of Each Receipt this Period **83.30**

c. Jay D. Cunningham D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18808 Saddle River Dr
 City Edmond State OK Zip Code 73012-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Anesthesiologist Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 14 / 2013**
Transaction ID : C2305594
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....	249.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sharon M. Darrow D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Huntington Ave
 City Nichols Hills State OK Zip Code 73116-6212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2013
Transaction ID : C2317768
 Amount of Each Receipt this Period
 83.30

B. Kraig S. de Lanzac M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Tara Pl
 City Metairie State LA Zip Code 70002-1559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Slidell Memorial Hospital Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305564
 Amount of Each Receipt this Period
 83.30

c. Martin L. De Ruyter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address KU Hospital Rm. 2467
 3901 Rainbow Blvd., MS1034
 City Kansas City State KS Zip Code 66160-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas Univ. Medical Center Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297204
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	666.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Abhijit Desai M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 74 Clairmont St

City Longmeadow	State MA	Zip Code 01106-1002
--------------------	-------------	------------------------

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

Name of Employer Milford Anesthesia Associates, Inc Ane	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2013

Transaction ID : C2296089

Amount of Each Receipt this Period

41.60

B. Abhijit Desai M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 74 Clairmont St

City Longmeadow	State MA	Zip Code 01106-1002
--------------------	-------------	------------------------

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

Name of Employer Milford Anesthesia Associates, Inc Ane	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2013

Transaction ID : C2315402

Amount of Each Receipt this Period

41.60

C. Laura I. Dew M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Cason St

City Houston	State TX	Zip Code 77005-3812
-----------------	-------------	------------------------

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

Name of Employer Greater Houston Anesthesiology	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

Transaction ID : C2296367

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional).....▶	166.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John F. Di Capua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 74 Byram Ridge Road
 City Armonk State NY Zip Code 10504-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore University Hospital Anesth Occupation Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 22 / 2013
Transaction ID : C2316316
 Amount of Each Receipt this Period 83.30

B. Mitchell A. Dickson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5315 Bent River Blvd.
 City Knoxville State TN Zip Code 37919-9353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2013
Transaction ID : C2314319
 Amount of Each Receipt this Period 250.00

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

Date of Receipt 04 / 03 / 2013
Transaction ID : C2298006
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 27 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Christian Diez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7915 SW 55 Avenue
 City Miami State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 16 / 2013
Transaction ID : C2311454
 Amount of Each Receipt this Period 83.30

B. Timothy J. Doles M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9149 Brenham Ct
 City Montgomery State AL Zip Code 36117-0923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montgomery Anesthesia Associates Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 02 / 2013
Transaction ID : C2297022
 Amount of Each Receipt this Period 1000.00

C. Timothy S. Dominick M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Crescent Rd
 City Burlington State VT Zip Code 05401-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fletcher Allen Medical Center Dept. of Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2013
Transaction ID : C2304795
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Aleicia J. Donald M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Richland Ave.
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2013
Transaction ID : C2327885
 Amount of Each Receipt this Period
 1000.00

B. Donald D. Downs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Oliver Woods Dr SE
 City Grand Rapids State MI Zip Code 49546-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316315
 Amount of Each Receipt this Period
 83.30

C. Kenneth Elmajian D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 Pine Hollow Dr.
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : C2296084
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	1166.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Jesse Epps M.D., Ph.D		Date of Receipt
Mailing Address 2341 McCallie Ave., #402 Anesthesiologists Associated		M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2013
City Chattanooga	State TN	Zip Code 37404-3231
FEC ID number of contributing federal political committee. C	Transaction ID : C2297176	
Name of Employer Anesthesiologists Associated	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	83.30
		333.20

Full Name (Last, First, Middle Initial) B. Lawrence Epstein M.D.		Date of Receipt
Mailing Address Dept. Of Anesthesiology Box 1192 One Gustave Levy Place		M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2013
City New York	State NY	Zip Code 10029-6574
FEC ID number of contributing federal political committee. C	Transaction ID : C2302980	
Name of Employer Mount Sinai School of Medicine	Occupation Physician Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	83.30
		499.60

Full Name (Last, First, Middle Initial) C. Lawrence Epstein M.D.		Date of Receipt
Mailing Address Dept. Of Anesthesiology Box 1192 One Gustave Levy Place		M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2013
City New York	State NY	Zip Code 10029-6574
FEC ID number of contributing federal political committee. C	Transaction ID : C2313781	
Name of Employer Mount Sinai School of Medicine	Occupation Physician Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	41.60
		499.60

SUBTOTAL of Receipts This Page (optional).....▶	208.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Luis Esparza M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2810 N Swan Rd Ste 100

City Tucson State AZ Zip Code 85712-6300

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

Name of Employer Occupation
OLD PUEBLO ANESTH ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : C2316362

Amount of Each Receipt this Period
85.00

B. Mauro Faibicher M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1328 Chalmette Dr NE

City Atlanta State GA Zip Code 30306-2575

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

Name of Employer Occupation
NEXUS MEDICAL GRP ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2013

Transaction ID : C2316354

Amount of Each Receipt this Period
500.00

C. William Feaster M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 377 Eagle Trace Dr

City Half Moon Bay State CA Zip Code 94019-2291

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

Name of Employer Occupation
Childrens Hospital Orange County Chief Medical Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
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 number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James J. Fehr M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address One Childrens Place
 City State Zip Code
 St. Louis MO 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Louis Childrens Hospital Pediatric Pediatric Anesthesiologist Intensivist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2307285
 Amount of Each Receipt this Period
 365.00

B. Melvin A. Ferlita M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Jade Ct.
 City State Zip Code
 Madisonville LA 70447-3128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APMC, LLC. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : C2298005
 Amount of Each Receipt this Period
 500.00

C. Ralph Fillmore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 Ross Clark Cir., #700
 City State Zip Code
 Dothan AL 36301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACMG Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2013
Transaction ID : C2317803
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1865.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gregory W. Fischer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Gustave L Levy Pl
 P.O. Box 1010
 City New York State NY Zip Code 10029-6504
 Name of Employer Mount Sinai Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2013
Transaction ID : C2304839
 Amount of Each Receipt this Period 250.00

B. Robert D. Fisher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10300 W. Charleston Blvd., #13-136
 City Las Vegas State NV Zip Code 89135
 Name of Employer Summit Anes. Consultants Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 02 / 2013
Transaction ID : C2297037
 Amount of Each Receipt this Period 250.00

C. Gerhard W. Flacke M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3947 E Ina Rd
 City Tucson State AZ Zip Code 85718-1531
 Name of Employer Old Pueblo Anesthesia Occupation physician anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 26 / 2013
Transaction ID : C2317666
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Richard M. Flowerdew M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2013 Transaction ID : C2305557
Mailing Address 38 Hedgerow Dr		Amount of Each Receipt this Period 83.30
City Falmouth	State ME	Zip Code 04105-1407
FEC ID number of contributing federal political committee. C		
Name of Employer Spectrum Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Michael R. Flynn M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2013 Transaction ID : C2300957
Mailing Address 6808 Stone Mill Dr		Amount of Each Receipt this Period 83.34
City Knoxville	State TN	Zip Code 37919-7496
FEC ID number of contributing federal political committee. C		
Name of Employer University Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) C. Deanna K. Fox M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 29 / 2013 Transaction ID : C2325312
Mailing Address 8513 Rosehill Rd		Amount of Each Receipt this Period 500.00
City Lenexa	State KS	Zip Code 66215-2837
FEC ID number of contributing federal political committee. C		
Name of Employer University of Kansas Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	666.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William A. Frame M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 N Edward St
 City Decatur State IL Zip Code 62526-4163
 Name of Employer Associated Anesthesiologists of Decatur Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 13 / 2013
Transaction ID : C2305553
 Amount of Each Receipt this Period 83.30

B. Scott R. Frank M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2426 Gretter Pl
 City Alexandria State VA Zip Code 22311-4958
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2013
Transaction ID : C2317202
 Amount of Each Receipt this Period 250.00

C. Wayne A. Fuller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1269 E. Giles Rd.
 City Muskegon State MI Zip Code 49445
 Name of Employer Lakeshore Anes. of Muskegon Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.54

Date of Receipt 04 / 06 / 2013
Transaction ID : C2298170
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.60
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City Muskegon State MI Zip Code 49445

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

Name of Employer Lakeshore Anes. of Muskegon Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.54**

Date of Receipt **04 / 11 / 2013**

Transaction ID : C2301131

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Richard A. Gallo M.D.

Mailing Address P.O. Box 8305

City Gadsden State AL Zip Code 35999

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

Name of Employer ANESTHESIA ASSOC Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **04 / 12 / 2013**

Transaction ID : C2304796

Amount of Each Receipt this Period **2000.00**

Full Name (Last, First, Middle Initial)
C. Charles J. Garrett M.D.

Mailing Address 1617 Kansas Ave

City San Angelo State TX Zip Code 76904-6834

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

Name of Employer Emory University Hospital Anesthesiolo Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt **04 / 29 / 2013**

Transaction ID : C2318005

Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **2166.64**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Madalina Gecui M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 249 Birch Dr.
City Roslyn State NY Zip Code 11576-3001
FEC ID number of contributing federal political committee. **C**
Name of Employer North Shore Univ. Hosp., Manhasset Ane Occupation physician anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.02**

Date of Receipt **04 / 06 / 2013**
Transaction ID : C2298177
Amount of Each Receipt this Period **83.34**

B. Patrick Giam M.D.
Full Name (Last, First, Middle Initial)
Mailing Address Greater Houston Anesthesiology 2411 Fountain View, Suite 200
City Houston State TX Zip Code 77057-4817
FEC ID number of contributing federal political committee. **C**
Name of Employer Greater Houston Anesthesiology, P.A. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 04 / 2013**
Transaction ID : C2297500
Amount of Each Receipt this Period **83.30**

C. William E. Glenn M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2693 E ST RT 73
City Waynesville State OH Zip Code 45068
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 12 / 2013**
Transaction ID : C2308189
Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John C. Glina M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Central Ave.
 City Capitola State CA Zip Code 95010
 Name of Employer AMGSC Occupation Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2013
Transaction ID : C2321604
 Amount of Each Receipt this Period 250.00

B. David F. Gloyna M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Scott and White, Dept. of Anes. 2401 South 31st
 City Temple State TX Zip Code 76508
 Name of Employer Scott and White Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2013
Transaction ID : C2305593
 Amount of Each Receipt this Period 100.00

C. Marilyn J. Goldstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Ridgepoint Court
 City Piney Flats State TN Zip Code 37686
 Name of Employer Bristol Anesthesia Services Occupation Physician- Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 04 / 28 / 2013
Transaction ID : C2317791
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Michael C. Gosney M.D.
Mailing Address 108 Chase Dr.
City Muscle Shoals State AL Zip Code 35661
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Medical Consultants, LLC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 05 / 2013
Transaction ID : C2298075
Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. Holly J. Graham M.D.
Mailing Address 2500 NE Neff Rd
City Bend State OR Zip Code 97701-6015
FEC ID number of contributing federal political committee. **C**
Name of Employer Bend Anesthesiology Group Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2013
Transaction ID : C2315375
Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Melanie J. Guthrie A.A.-C, M.
Mailing Address 2411 Holmes Street MG-200
City Kansas City State MO Zip Code 64108
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Missouri - Kansas City Occupation Anesthesiologist Assistant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 14 / 2013
Transaction ID : C2305592
Amount of Each Receipt this Period
41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.90
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frederick P. Gutt M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Deer Trail Dr
 City Mahopac State NY Zip Code 10541-4815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vassar Brothers Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : C2297510
 Amount of Each Receipt this Period
 83.34

B. Rita V. Guttersen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9401 N Range Line Rd
 City Milwaukee State WI Zip Code 53217-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : C2316338
 Amount of Each Receipt this Period
 250.00

C. Alan R. Gwertzman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 W. 79th St., Apt. 9-C
 City New York State NY Zip Code 10024-6445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAA Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : C2304806
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary A. Haag D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 792 Laurel Grove Road
 City Winchester State VA Zip Code 22602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 245.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2297038
 Amount of Each Receipt this Period
 245.78

B. John P. Hagen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Richland Meadows Dr
 City Ballwin State MO Zip Code 63021-4401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western Anesthesiology Associates, Inc Pediatric Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2013
Transaction ID : C2298160
 Amount of Each Receipt this Period
 250.00

C. Aaron Hammond D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3390 N. Campbell Ave., Ste. 110
 City Tucson State AZ Zip Code 85719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Arizona Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2013
Transaction ID : C2298164
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	579.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Nancy J. Haring M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 Transaction ID : C2297020
Mailing Address PO Box 235019		Amount of Each Receipt this Period 1000.00
City Montgomery	State AL	Zip Code 36123-5019
FEC ID number of contributing federal political committee. C		
Name of Employer Montgomery Anesthesia Associates, PC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Steven Hattamer M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 Transaction ID : C2296373
Mailing Address 8 Prospect St Nashua Anesthesia Partners		Amount of Each Receipt this Period 83.30
City Nashua	State NH	Zip Code 03060-3925
FEC ID number of contributing federal political committee. C		
Name of Employer Nashua Anesthesia Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. David A. Heaton M.D.		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 Transaction ID : C2302968
Mailing Address 4694 N. Rocky Crest Place		Amount of Each Receipt this Period 300.00
City Tucson	State AZ	Zip Code 85750
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Arizona Anesthesia	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1383.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Peter L. Hendricks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1590 Panorama Dr.
 City Vestavia Hills State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : C2298252
 Amount of Each Receipt this Period
 83.30

B. David L. Hepner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 75 Francis St L1
 City Boston State MA Zip Code 02115-6110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham and Womens Hosp - Harvard Med Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : C2317275
 Amount of Each Receipt this Period
 83.34

C. Andrew Herlich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Haverford Circle
 City Pittsburgh State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pittsburgh Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2296365
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.94
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Linda B. Hertzberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6622 N. Forkner Ave.
 City Fresno State CA Zip Code 93711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants of Fresno Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 02 / 2013**
Transaction ID : C2296368
 Amount of Each Receipt this Period **83.30**

B. Timothy W. Houseman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1025
 City Fairhope State AL Zip Code 36533-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Shore Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 18 / 2013**
Transaction ID : C2314330
 Amount of Each Receipt this Period **83.30**

C. Hayden R. Hughes M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1941 21st Ave S
 City Birmingham State AL Zip Code 35209-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama Medical Center D Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 21 / 2013**
Transaction ID : C2316288
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....	249.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Gregory H. Hulseley M.D.		Date of Receipt
Mailing Address 17216 Osprey Cir		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Edmond	OK	73012-8415
FEC ID number of contributing federal political committee.		Transaction ID : C2297340
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
NW Anesthesia	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Impastato M.D.		Date of Receipt
Mailing Address 19 Barrett Hill Rd.		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hopewell Junction	NY	12533
FEC ID number of contributing federal political committee.		Transaction ID : C2305747
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.30"/>
Name of Employer	Occupation	
Vassar Brothers Hospital Anes. Dept.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael T Ingoglia M.D.		Date of Receipt
Mailing Address 1014 Sterling Ridge Dr		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rensselaer	NY	12144-8460
FEC ID number of contributing federal political committee.		Transaction ID : C2317274
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Albany Medical Center	MD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeffrey S. Jacobs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11041 Pine Lodge Trail
 City State Zip Code
 Davie FL 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic Florida Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2298073
 Amount of Each Receipt this Period
 83.30

B. Aliraza G. Jaffer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5070 Brookdale Road
 City State Zip Code
 Bloomfield Hills MI 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 William Beaumont Hospital Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305562
 Amount of Each Receipt this Period
 83.30

C. Daniel J. Janik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15605 E Prentice Dr
 City State Zip Code
 Centennial CO 80015-4264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Colorado Denver Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305550
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cynthia L. Jenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Main St.
 City Waterville State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Lewiston Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 03 / 2013**
Transaction ID : C2297170
 Amount of Each Receipt this Period **83.30**

B. Brad N. Johnson D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 W. Spring Meadows Lane
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lansing Anesthesiologist, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 02 / 2013**
Transaction ID : C2296364
 Amount of Each Receipt this Period **83.30**

C. Donald K. Jones M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2043 Alaqua Lakes Blvd.
 City Longwood State FL Zip Code 32779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 14 / 2013**
Transaction ID : C2305595
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **249.90**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 P. Jones A.A.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2013 Transaction ID : C2305556
Mailing Address 6410 Fannin St Suite 480		Amount of Each Receipt this Period 83.30
City Houston	State TX	Zip Code 77030-3000
FEC ID number of contributing federal political committee. C		
Name of Employer Case Western Reserve University	Occupation Program Director, AA-C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Stacy L. Jones M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2013 Transaction ID : C2305569
Mailing Address 8700 Tallwood Dr		Amount of Each Receipt this Period 83.30
City Austin	State TX	Zip Code 78759-7530
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. William M. Jordan M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 02 / 2013 Transaction ID : C2297026
Mailing Address 1859 Ridge Ave		Amount of Each Receipt this Period 1000.00
City Montgomery	State AL	Zip Code 36106-1840
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1166.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Tripti Kataria M.D.		Date of Receipt
Mailing Address 130 S Canal St Apt 419		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60606-3904
FEC ID number of contributing federal political committee.		Transaction ID : C2300619
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.30"/>
Name of Employer	Occupation	
University of CHicago	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James K. Kerr III, M.D.		Date of Receipt
Mailing Address 2165 Herschel St		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jacksonville	FL	32204-3819
FEC ID number of contributing federal political committee.		Transaction ID : C2317784
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
North Florida anesthesia Consultants,	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rubin Kesner D.O.		Date of Receipt
Mailing Address 35 Hearthstone Dr		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Gansevoort	NY	12831-2505
FEC ID number of contributing federal political committee.		Transaction ID : C2305541
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.30"/>
Name of Employer	Occupation	
Anesthesia Group of Albany	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.20"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.94"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Harold Kim M.D.		Date of Receipt MM / DD / YYYY 04 / 03 / 2013 Transaction ID : C2297185
Mailing Address 68 South Service Road Suite 350		Amount of Each Receipt this Period 83.34
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C	Name of Employer North American Partners in Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Michael S. Kincaid M.D.		Date of Receipt MM / DD / YYYY 04 / 22 / 2013 Transaction ID : C2316318
Mailing Address 13029 NE 144th PI		Amount of Each Receipt this Period 100.00
City Kirkland	State WA	Zip Code 98034-1305
FEC ID number of contributing federal political committee. C	Name of Employer Matrix Anesthesia - Evergreen Medical	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dennis S. Klebba M.D., B.S.		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 Transaction ID : C2298147
Mailing Address 8235 County Rd. 581		Amount of Each Receipt this Period 501.00
City Ishpeming	State MI	Zip Code 49849-9024
FEC ID number of contributing federal political committee. C	Name of Employer Bell Memorial Hosp	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

SUBTOTAL of Receipts This Page (optional).....▶	684.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Christopher S. Knop M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 373 1st St W
 City State Zip Code
 Tierra Verde FL 33715-1706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Gulf to Bay Anes. Assoc. physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2327889
 Amount of Each Receipt this Period
 500.00

B. Joseph Koveleskie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 Prytania St # 435
 City State Zip Code
 New Orleans LA 70115-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Medical Center physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305568
 Amount of Each Receipt this Period
 83.30

C. Jay E. Krauss M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1526 Northway Dr
 City State Zip Code
 Saint Cloud MN 56303-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central Minnesota Anes. Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : C2317704
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1083.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Susan D. Kreher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7719 Wynlakes Blvd.
 City State Zip Code
 Montgomery AL 36117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2297028
 Amount of Each Receipt this Period
 1000.00

B. David M. Krhovsky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 Shawnee Dr SE
 City State Zip Code
 Grand Rapids MI 49506-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Practice Consultants Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : C2296086
 Amount of Each Receipt this Period
 83.30

C. Catherine M. Kuhn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Kendall Drive
 City State Zip Code
 Chapel Hill NC 27517-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Duke University Medical School Associate Professor of Anesthsiology R
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305545
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1183.30
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. John E. La Gorio M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1543 Forest Park Rd
 City Norton Shores State MI Zip Code 49441-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Anesthesia Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2311457
 Amount of Each Receipt this Period
 83.30

B. Alice L. Landrum M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1121 S Hickory Grove School Rd
 City Columbia State MO Zip Code 65279-9785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2307059
 Amount of Each Receipt this Period
 500.00

C. Jay B. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Oakwood Circle
 City Roslyn State NY Zip Code 11030-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : C2297511
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.64
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Maxine M. Lee M.D.		Date of Receipt
Mailing Address 5432 Woodchuck Ln.		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City State Zip Code Roanoke VA 24018		Transaction ID : C2296374
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer Anesthesiology Consultants of Virginia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="208.35"/>	

Full Name (Last, First, Middle Initial) B. Maxine M. Lee M.D.		Date of Receipt
Mailing Address 5432 Woodchuck Ln.		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City State Zip Code Roanoke VA 24018		Transaction ID : C2322501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer Anesthesiology Consultants of Virginia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="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		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Miami FL 33136-1005		Transaction ID : C2298071
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.30"/>
Name of Employer University of Miami School of Medicine	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="333.20"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. J. Lance Lichtor M.D.		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 Transaction ID : C2298070
Mailing Address PO Box 4668 #8824		Amount of Each Receipt this Period 41.60
City New York	State NY	Zip Code 10163-4668
FEC ID number of contributing federal political committee. C		
Name of Employer Yale University Department of Anesthes	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.80	

Full Name (Last, First, Middle Initial) B. J. Lance Lichtor M.D.		Date of Receipt MM / DD / YYYY 04 / 18 / 2013 Transaction ID : C2314328
Mailing Address PO Box 4668 #8824		Amount of Each Receipt this Period 41.60
City New York	State NY	Zip Code 10163-4668
FEC ID number of contributing federal political committee. C		
Name of Employer Yale University Department of Anesthes	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.80	

Full Name (Last, First, Middle Initial) C. Kristen L. Lienhart M.D.		Date of Receipt MM / DD / YYYY 04 / 04 / 2013 Transaction ID : C2297508
Mailing Address 4301 W Markham St Lot 515		Amount of Each Receipt this Period 83.34
City Little Rock	State AR	Zip Code 72205
FEC ID number of contributing federal political committee. C		
Name of Employer UAMS	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	166.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rene A. Llera Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 235019
 City Montgomery State AL Zip Code 36123-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2297025
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Asa C. Lockhart M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2106 Kennebunk Ln.
 City Tyler State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ETAA Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : C2297504
 Amount of Each Receipt this Period
 83.30
 Aggregate Year-to-Date ▼
 333.20

C. Martin London M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Anesthesia 129
 4150 Clement St.
 City San Francisco State CA Zip Code 94121-1598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veterans Affairs Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2313268
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1383.30
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Michael A. Long M.D.

Mailing Address 3941 Foxfire Ln

City Kingsport State TN Zip Code 37664-4409

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

Name of Employer Bristol Anesthesia Services Occupation Staff Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
04 / 28 / 2013

Transaction ID : C2317792

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
B. Stephen P. Long M.D.

Mailing Address 1501 Maple Ave Ste 301
 Commonwealth Pain Specialists, LLC

City Richmond State VA Zip Code 23226-2553

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

Name of Employer Commonwealth Pain Specialists, LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.80**

Date of Receipt
04 / 19 / 2013

Transaction ID : C2314972

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
C. Deborah A. Lowery M.D.

Mailing Address 6258 Memorial Dr

City Dublin State OH Zip Code 43017-8911

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

Name of Employer The Ohio State Univ Medical Center Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt
04 / 13 / 2013

Transaction ID : C2305558

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ **209.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ryan L. Lubert M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1720 Louisiana Blvd., NE, #401

City	State	Zip Code
Albuquerque	NM	87110

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

Name of Employer	Occupation
ANES ASSOC NEW MEXICO	ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2013

Transaction ID : C2304811

Amount of Each Receipt this Period

600.00

B. Claudio Lumermann M.D.
Full Name (Last, First, Middle Initial)

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

City	State	Zip Code
New Hyde Park	NY	11040

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

Name of Employer	Occupation
Long Island Jewish Med. Ctr.	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2013

Transaction ID : C2300152

Amount of Each Receipt this Period

83.34

C. Michael C. Mahoney D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 4409 SE Willow Place Court

City	State	Zip Code
Blue Springs	MO	64014

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

Name of Employer	Occupation
Anesthesia Associates of Kansas City	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2013

Transaction ID : C2317650

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1683.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Mark Mandabach M.D.		Date of Receipt MM / DD / YYYY 04 / 13 / 2013 Transaction ID : C2305571
Mailing Address Dept. of Anesthesiology 619 S. 19th St., JT845		Amount of Each Receipt this Period 83.34
City Birmingham	State AL	Zip Code 35249-6810
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Alabama - Birmingham	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Kurt W. Markgraf M.D.		Date of Receipt MM / DD / YYYY 04 / 04 / 2013 Transaction ID : C2297491
Mailing Address 3663 McKinley Ave		Amount of Each Receipt this Period 83.30
City Fort Myers	State FL	Zip Code 33901
FEC ID number of contributing federal political committee. C		
Name of Employer MAPMC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40	

Full Name (Last, First, Middle Initial) C. Kurt W. Markgraf M.D.		Date of Receipt MM / DD / YYYY 04 / 13 / 2013 Transaction ID : C2305547
Mailing Address 3663 McKinley Ave		Amount of Each Receipt this Period 83.30
City Fort Myers	State FL	Zip Code 33901
FEC ID number of contributing federal political committee. C		
Name of Employer MAPMC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40	

SUBTOTAL of Receipts This Page (optional).....▶	249.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Timothy Martin M.D.

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

City **Little Rock** State **AR** Zip Code **72202-3591**

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

Name of Employer **University of Arkansas for Medical Sci** Occupation **Anesthesiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	3

Transaction ID : C2305561

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

100.00

Full Name (Last, First, Middle Initial)
B. John Mascia M.D.

Mailing Address **45 Reade Pl**

City **Poughkeepsie** State **NY** Zip Code **12601-3947**

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

Name of Employer **NAPA** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	3

Transaction ID : C2298174

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

83.34

Full Name (Last, First, Middle Initial)
C. Donald M. Mathews M.D.

Mailing Address **340 S Willard St**

City **Burlington** State **VT** Zip Code **05401-3908**

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

Name of Employer **University of Vermont** Occupation **Anesthesiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	1	3

Transaction ID : C2314336

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

83.34

SUBTOTAL of Receipts This Page (optional).....▶	266.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jean-Paul Matter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8385 Indian Hill Rd
 City Cincinnati State OH Zip Code 45243-3701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES GRP PRACTICE Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2013
Transaction ID : C2317343
 Amount of Each Receipt this Period
 275.00

B. Stephen C. Maze M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 Boyson Rd.
 City Hiawatha State IA Zip Code 52233-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Linn County Anesthesiologists Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2327882
 Amount of Each Receipt this Period
 250.00

C. Anne P. McConville M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5347 Coliseum St
 City New Orleans State LA Zip Code 70115-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane School of Medicine Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : C2296080
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional).....▶	566.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Anne P. McConville M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5347 Coliseum St
 City New Orleans State LA Zip Code 70115-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane School of Medicine Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.00**

Date of Receipt **04 / 01 / 2013**
Transaction ID : C2322358
 Amount of Each Receipt this Period **41.60**

B. Brian P. McGlinch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3364 Hidden Creek Lane, N.E.
 City Rochester State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Anesthesiology Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 15 / 2013**
Transaction ID : C2305745
 Amount of Each Receipt this Period **83.30**

C. Cristin A. McMurray M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 591 Franklin St Apt 2
 City Cambridge State MA Zip Code 02139-2923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carney Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : C2315404
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **374.90**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 62 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Richard R. McNeer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18340 SW 122 St.
 City Miami State FL Zip Code 33196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Dept of Anesthesio Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : C2321852
 Amount of Each Receipt this Period
 83.30

B. Timothy E. Mercer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1670 Enterprise Rd.
 City Piney Flats State TN Zip Code 37686-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2013
Transaction ID : C2317761
 Amount of Each Receipt this Period
 83.34

C. James R. Mesrobian M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 E. Birch Avenue
 City Whitefish Bay State WI Zip Code 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2296371
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.94
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. James K. Miller M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Hwy # U109
Anes. Dept.

City Knoxville State TN Zip Code 37920-1511

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

Name of Employer University of Tennessee Medical Center Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2013
Transaction ID : C2300620

Amount of Each Receipt this Period 100.00

B. Matthew K. Miller M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5331 Bellaire Dr.

City New Orleans State LA Zip Code 70124-1061

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2013
Transaction ID : C2300680

Amount of Each Receipt this Period 500.00

C. Christopher G. Millson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2400 Wimbledon Dr

City Las Vegas State NV Zip Code 89107-2364

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

Name of Employer Desert Anesthesiologists Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 15 / 2013
Transaction ID : C2305746

Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.30

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

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

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

FOR LINE NUMBER: PAGE 64 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Mitchell F. Minana M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1306 E Welden Dr
 City State Zip Code
 Spokane WA 99223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PHYSICIAN ANETHESIOLOGIST GROUP ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316359
 Amount of Each Receipt this Period
 100.00

B. LeRoy Misuraca M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 E. Ocean Blvd., #3104
 City State Zip Code
 Long Beach CA 90802-5041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316363
 Amount of Each Receipt this Period
 200.00

C. LeRoy Misuraca M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 E. Ocean Blvd., #3104
 City State Zip Code
 Long Beach CA 90802-5041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316364
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karen P. Mitchell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3838 N Braeswood Blvd Apt 112
 City Houston State TX Zip Code 77025-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Southwest Hospital Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 27 / 2013**
Transaction ID : C2317759
 Amount of Each Receipt this Period **83.34**

B. Tibor G. Mohacsi M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8929 Parallel Pkwy
 City Kansas City State KS Zip Code 66112-1689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Chartered Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 15 / 2013**
Transaction ID : C2308812
 Amount of Each Receipt this Period **250.00**

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

Date of Receipt **04 / 12 / 2013**
Transaction ID : C2302979
 Amount of Each Receipt this Period **83.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James Moore M.D.
Full Name (Last, First, Middle Initial)

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

City Los Angeles State CA Zip Code 90095-7403

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

Name of Employer Department of Anesthesiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 04 / 2013
Transaction ID : C2297501

Amount of Each Receipt this Period 83.30

B. George A. Moresea M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1232 Ashwood Rd

City Akron State OH Zip Code 44312-5800

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

Name of Employer Stark County Anesthesia, Inc. Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt 04 / 30 / 2013
Transaction ID : C2322165

Amount of Each Receipt this Period 83.30

C. Jonathan B. Morgan M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 60559 Sugar Factory Rd.

City Scottsbluff State NE Zip Code 69361-5611

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

Name of Employer Regional West Physicians Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2013
Transaction ID : C2316545

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2797 Fox Creek Dr.

City Germantown State TN Zip Code 38138

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

Name of Employer Medical Anesthesia Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt **04 / 29 / 2013**

Transaction ID : C2318009

Amount of Each Receipt this Period **83.30**

B. Jason E. Morris M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2797 Fox Creek Dr.

City Germantown State TN Zip Code 38138-5723

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

Name of Employer Medical Anesthesia Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt **04 / 29 / 2013**

Transaction ID : C2318008

Amount of Each Receipt this Period **83.30**

C. Robert R. Morrison M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Spinnaker Pointe

City Parkville State MO Zip Code 64152-6102

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

Name of Employer Ad Vivum Anesthesiology, P.C. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 07 / 2013**

Transaction ID : C2298218

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Randall D. Morton M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 6235 N Fresno St Ste 103
Pediatric Anes. Assoc. Med. Group

City Fresno State CA Zip Code 93710-5269

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

Name of Employer Occupation
Information Requested Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013
Transaction ID : C2304872

Amount of Each Receipt this Period
250.00

B. Mark Murray M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Highway, Box U-109
Department of Anesthesia

City Knoxville State TN Zip Code 37920

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

Name of Employer Occupation
University Anesthesiologists Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2013
Transaction ID : C2314331

Amount of Each Receipt this Period
83.30

C. Robert F. Murray III, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 19 Elm Park Blvd.

City Pleasant Ridge State MI Zip Code 48069-1106

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

Name of Employer Occupation
William Beaumont Hospital Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.20

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2013
Transaction ID : C2305566

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....	416.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John D. Nachtigal M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Rainbow Blvd MS 1034
 City Kansas City State KS Zip Code 66160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kansas Physicians Occupation Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297201
 Amount of Each Receipt this Period
 500.00

B. Mark Y. Nakajima M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4918
 City Orlando State FL Zip Code 32802-4918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wolverine Anesthesia Consultants Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : C2300868
 Amount of Each Receipt this Period
 500.00

C. Jobin Nash M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1045 Tacoma Ave Apt 106
 City Bismarck State ND Zip Code 58504-7462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medcenter One Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : C2317665
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Michael J. Need M.D.

Mailing Address 7632 Timber Springs Dr.

City Fishers State IN Zip Code 46038

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

Name of Employer Southeast Anesthesiologists Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt
04 / 13 / 2013

Transaction ID : C2305548

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. Vincent G. Nelson M.D.

Mailing Address 4822 Locust Street

City Bellaire State TX Zip Code 77401

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

Name of Employer Greater Houston Anesthesiology, P.A. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
04 / 16 / 2013

Transaction ID : C2311505

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Sheldon B. Newman M.D.

Mailing Address 60 Thadford St.

City East Northport State NY Zip Code 11731

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

Name of Employer North American Partners in Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
04 / 03 / 2013

Transaction ID : C2297186

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ► **666.64**

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

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

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

FOR LINE NUMBER: PAGE 71 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Gregory G Niederauer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8424 S Copper Ridge Rd
 City State Zip Code
 Sioux Falls SD 57108-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : C2298276
 Amount of Each Receipt this Period
 250.00

B. Joseph M. Nounou M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 668 Lakeside Dock Dr
 City State Zip Code
 Kingsport TN 37663-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Briston Anesthesia Services P.C. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305574
 Amount of Each Receipt this Period
 83.34

C. Raymond C. Oakes M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N. Central Ave., Ste.1600
 City State Zip Code
 Phoenix AZ 85004-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anes. Consultants, LTD Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : C2315380
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Oluwatosin Oladipupo M.D.			Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2013 Transaction ID : C2316573
Mailing Address 1836 S Shores Dr			Amount of Each Receipt this Period 125.00
City Decatur	State IL	Zip Code 62521-5529	
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Anes. of Decatur	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Kevin A. Pace D.O.			Date of Receipt M M / D D / Y Y Y Y Y 04 / 02 / 2013 Transaction ID : C2297024
Mailing Address 231 Charleston Court, South			Amount of Each Receipt this Period 1000.00
City Montgomery	State AL	Zip Code 36117	
FEC ID number of contributing federal political committee. C			
Name of Employer Montgomery Anesthesia Assoc.	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Parag Pandya M.D.			Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2013 Transaction ID : C2316572
Mailing Address 210 Royal Vw			Amount of Each Receipt this Period 83.30
City Pittsford	State NY	Zip Code 14534-9633	
FEC ID number of contributing federal political committee. C			
Name of Employer Geneva General Hospital Anesthesiology	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John L. Pappas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 294 Barden Rd
 City Bloomfield Hills State MI Zip Code 48304-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hospital Troy Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 12 / 2013**
Transaction ID : C2302977
 Amount of Each Receipt this Period **83.30**

B. Stephen D. Parker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Wendover Rd
 City Baltimore State MD Zip Code 21218-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Hospital Center Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 22 / 2013**
Transaction ID : C2316361
 Amount of Each Receipt this Period **250.00**

c. Harry G. Parr D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4725 Tully Rd.
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 15 / 2013**
Transaction ID : C2305748
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **416.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Michael H. Pearman M.D.		Date of Receipt
Mailing Address 21 Iron Bottom Ln		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Transaction ID : C2297341
Daniel Island	SC	Amount of Each Receipt this Period
Zip Code		<input type="text" value="500.00"/>
29492-8415		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Feyce M. Peralta M.D.		Date of Receipt
Mailing Address 251 E. Huron St, F5-704		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Transaction ID : C2305559
Chicago	IL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.30"/>
60611		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Northwestern Memorial Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raymond M. Pessa M.D.		Date of Receipt
Mailing Address 278 Round Swamp Rd		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Transaction ID : C2297183
Melville	NY	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.34"/>
11747-1903		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NAPA	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="374.82"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="666.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Raymond M. Pessa M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 278 Round Swamp Rd
 City Melville State NY Zip Code 11747-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **374.82**

Date of Receipt **04 / 26 / 2013**
Transaction ID : C2317669
 Amount of Each Receipt this Period **41.60**

B. Larry D. Petersen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 E Primrose St Ste 520
 City Springfield State MO Zip Code 65807-5180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ozark Anesth. Assoc. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 15 / 2013**
Transaction ID : C2307060
 Amount of Each Receipt this Period **1000.00**

C. Todd G. Peterson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14604 S 1st St
 City Phoenix State AZ Zip Code 85048-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RED MOUNTAIN ANES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 02 / 2013**
Transaction ID : C2297034
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1291.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark C. Phillips M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 19th ST S
 City Birmingham State AL Zip Code 35249-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305554
 Amount of Each Receipt this Period
 83.30

B. Jeffrey Plagenhoef M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 Ross Clark Circle, Suite 700
 Anesthesia Consultants Medical Group
 City Dothan State AL Zip Code 36301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants Medical Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2305742
 Amount of Each Receipt this Period
 83.30

c. Johnathan L. Pregler M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10556 Dunleer Dr
 City Los Angeles State CA Zip Code 90064-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Dept of Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : C2296087
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 77 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Matthew D. Price M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 50791 Chesapeake Dr.
 City State Zip Code
 Novi MI 48374-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Oakland Anesthesia Associates PC Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : C2314974
 Amount of Each Receipt this Period
 83.30

B. Nathan M. Rachman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 Killarney Dr
 City State Zip Code
 Ormond Beach FL 32174-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Halifax Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : C2317660
 Amount of Each Receipt this Period
 41.67

C. Ned Radich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1443 E Starpass Dr
 City State Zip Code
 Fresno CA 93730-3446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Agnes physican
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : C2313697
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.97
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Alvin J. Ralston M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2411 Fountain View Dr Ste 200
Greater Houston Anesthesiology

City Houston State TX Zip Code 77057-4832

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

Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt
04 / 04 / 2013
Transaction ID : C2297498

Amount of Each Receipt this Period
83.30

B. Sripad P. Rao M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1504 Bay Rd Apt 3307

City Miami Beach State FL Zip Code 33139-3281

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

Name of Employer Ryder Trauma Center Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt
04 / 05 / 2013
Transaction ID : C2298067

Amount of Each Receipt this Period
83.30

C. John P. Rask M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 756 Fairway Rd., NW

City Albuquerque State NM Zip Code 87107-5719

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

Name of Employer University of New Mexico School of Med Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt
04 / 13 / 2013
Transaction ID : C2305570

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....	249.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph M. Rifici A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address Lakeside ANES 2532 LKS5007
 11100 Euclid Ave.
 City Cleveland State OH Zip Code 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ Hosp of Cleveland Case Med Ctr Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 15 / 2013**
Transaction ID : C2305754
 Amount of Each Receipt this Period **83.30**

B. Cara A. Riley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Smithbridge Rd
 City Glen Mills State PA Zip Code 19342-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Jersey Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 01 / 2013**
Transaction ID : C2296077
 Amount of Each Receipt this Period **250.00**

C. Edwin A. Risi Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19543 SW 39th St
 City Miramar State FL Zip Code 33029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore Anesthesiology Partners L Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 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 only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel Rivera M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18810 Canoe Brk
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Colleagues, Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : C2321855
 Amount of Each Receipt this Period
 100.00

B. Kevin W. Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Walnut Ln.
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2298078
 Amount of Each Receipt this Period
 83.34

C. Charles M. Robertson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 South Euclid Ave
 Campus Box 8054 - Anesthesiology
 City Saint Louis State MO Zip Code 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : C2316322
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	266.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Edward S. Robinson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 E 37th St
 City Kansas City State MO Zip Code 64109-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 13 / 2013**
Transaction ID : C2305543
 Amount of Each Receipt this Period **75.00**

B. Leopoldo V. Rodriguez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 21050 NE 38th Ave Apt 305 Atlantic 3 at the Point
 City Aventura State FL Zip Code 33180-4073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgery Center of Aventura Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 07 / 2013**
Transaction ID : C2298221
 Amount of Each Receipt this Period **83.30**

C. Scott T. Roethle M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5005 W 131 Terr
 City Leawood State KS Zip Code 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC Occupation MDA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 04 / 2013**
Transaction ID : C2297503
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....	241.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. John Rogoski D.O.		Date of Receipt
Mailing Address Dept of Anes 915 Olentangy River Rd Ste 1000		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Columbus	State OH	Zip Code 43212-3156
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2305752
Name of Employer Wexner Medical Center		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="333.20"/>	

Full Name (Last, First, Middle Initial) B. George G. Romero M.D.		Date of Receipt
Mailing Address 3939 J St., #310		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Sacramento	State CA	Zip Code 95819
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2321848
Name of Employer Sacramento Anesthesia Medical Group In		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Richard C. Romero M.D.		Date of Receipt
Mailing Address 1960 Ogden St Ste 525		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City Denver	State CO	Zip Code 80218-3675
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2297033
Name of Employer Pediatric Anes Consult		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="583.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Frank A. Rosinia M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Idlewood Pl
 City River Ridge State LA Zip Code 70123-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane University School of Medicine Occupation Chairman, Department of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **283.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2298076
 Amount of Each Receipt this Period
50.00

B. Richard Russell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4190 Skyline Ranch Court
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WRAC, Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2298157
 Amount of Each Receipt this Period
250.00

C. Thomas J. Ryan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4655 N. Murray Ave.
 City Milwaukee State WI Zip Code 53211-1259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer aurora health care Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2013
Transaction ID : C2317805
 Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gregg M. Saldutti M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 37 Apple Orchard Rd

City Moorestown State NJ Zip Code 08057-3843

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

Name of Employer S JERSEY ANESTH Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2013
Transaction ID : C2297344

Amount of Each Receipt this Period 250.00

B. Mahesh P. Sardesai M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1304 Fairstead Lane

City Pittsburgh State PA Zip Code 15217

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

Name of Employer UPMC Shadyside Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.56

Date of Receipt 04 / 12 / 2013
Transaction ID : C2302983

Amount of Each Receipt this Period 83.34

c. Mahesh P. Sardesai M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1304 Fairstead Lane

City Pittsburgh State PA Zip Code 15217

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

Name of Employer UPMC Shadyside Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.56

Date of Receipt 04 / 18 / 2013
Transaction ID : C2314329

Amount of Each Receipt this Period 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Ian Schaja D.O.		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 Transaction ID : C2327892
Mailing Address 1601 Clint Moore Rd Ste 160		Amount of Each Receipt this Period 250.00
City Boca Raton	State FL	Zip Code 33487
FEC ID number of contributing federal political committee. C	Name of Employer Broad Pain Care Consultants	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ryan Schellpfeffer M.D.		Date of Receipt MM / DD / YYYY 04 / 06 / 2013 Transaction ID : C2298185
Mailing Address 221 W 24th St		Amount of Each Receipt this Period 250.00
City Sioux Falls	State SD	Zip Code 57105-1829
FEC ID number of contributing federal political committee. C	Name of Employer Anesthesiology Associates, Inc.	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Steven B. Schulman M.D.		Date of Receipt MM / DD / YYYY 04 / 13 / 2013 Transaction ID : C2305573
Mailing Address 100 Port Washington Blvd		Amount of Each Receipt this Period 83.34
City Roslyn	State NY	Zip Code 11576-1353
FEC ID number of contributing federal political committee. C	Name of Employer NY Cardiovascular Anesthesiologists	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 86 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Alvin D. Sewell M.D.

Mailing Address 701 Allison Park

City Macon State GA Zip Code 31210-1519

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

Name of Employer NEXUS MEDICAL GROUP Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 22 / 2013**

Transaction ID : C2316356

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. Fred E. Shapiro D.O.

Mailing Address Department of Anesthesiology
 330 Brookline Ave # F-407

City Boston State MA Zip Code 02215-5400

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

Name of Employer Harvard Medical School Occupation Assistant Professor of Anesthesia

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.50**

Date of Receipt **04 / 01 / 2013**

Transaction ID : C2296083

Amount of Each Receipt this Period **83.30**

Full Name (Last, First, Middle Initial)
C. Fred E. Shapiro D.O.

Mailing Address Department of Anesthesiology
 330 Brookline Ave # F-407

City Boston State MA Zip Code 02215-5400

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

Name of Employer Harvard Medical School Occupation Assistant Professor of Anesthesia

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.50**

Date of Receipt **04 / 01 / 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Harry C. Sherman Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., #B
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297194
 Amount of Each Receipt this Period
 250.00

B. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4146 Sunnyslope Ave.
 City Sherman Oaks State CA Zip Code 91423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars-Sinai Medical Center Anes. Dept Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 83.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2298081
 Amount of Each Receipt this Period
 83.34

C. Scott Silverberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Meetinghouse Lane
 East End Anesthesiologists, LLC
 City Southampton State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : C2300847
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael B. Simon M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 35 Gellatly Dr.

City Wappingers Falls State NY Zip Code 12590-6452

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

Name of Employer NAPA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2298069

Amount of Each Receipt this Period
 83.30

B. Rohit G. Singh M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 140 Stevenson Rd

City Clarks Summit State PA Zip Code 18411-8977

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

Name of Employer Community Medical Center Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2013
Transaction ID : C2305588

Amount of Each Receipt this Period
 41.60

C. Paul A. Skaff M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 28 Norwood Rd.

City Charleston State WV Zip Code 25314

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

Name of Employer Gas inc Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2305763

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jonathan H. Slonin M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 SE Via Verona
 City Port Saint Lucie State FL Zip Code 34984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheridan Healthcare Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297180
 Amount of Each Receipt this Period
 83.30

B. Robert H. Small M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Anes - N411 Doan Hall
 410 W 10th Ave
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305552
 Amount of Each Receipt this Period
 83.30

C. Blair Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 Lake Colony Ln.
 City Birmingham State AL Zip Code 35242-7405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : C2298247
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joshua T. Smith M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 6240 E. Frontier Pl.

City Tucson State AZ Zip Code 85750-5962

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

Name of Employer Old Pueblo Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : C2322199

Amount of Each Receipt this Period
750.00

B. William D. Smith M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2223 Edgemont

City Bristol State TN Zip Code 37620

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

Name of Employer Bristol Anesthesia Services Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2013

Transaction ID : C2317790

Amount of Each Receipt this Period
83.34

C. Michael J. Souter M.B.,Ch.B.
Full Name (Last, First, Middle Initial)

Mailing Address 325 9th Ave, Box 359724

City Seattle State WA Zip Code 98104-2499

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

Name of Employer Harborview Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2013

Transaction ID : C2305555

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....▶	916.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Christopher L. Southwick M.D.		Date of Receipt MM / DD / YYYY 04 / 15 / 2013 Transaction ID : C2307061
Mailing Address 10028 Perry Dr		Amount of Each Receipt this Period 500.00
City Overland Park	State KS	Zip Code 66212-5418
FEC ID number of contributing federal political committee. C		
Name of Employer Southwick LLC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Brett M. Sprtel M.D.		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 Transaction ID : C2300150
Mailing Address 11934 Crossing Deer Ct		Amount of Each Receipt this Period 83.30
City Roscommon	State MI	Zip Code 48653-7538
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Hospital Grayling Dept of Anesth	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Thomas S. Stamos M.D.		Date of Receipt MM / DD / YYYY 04 / 06 / 2013 Transaction ID : C2298163
Mailing Address 1441 Schoettler Rd.		Amount of Each Receipt this Period 1000.00
City Chesterfield	State MO	Zip Code 63017-5534
FEC ID number of contributing federal political committee. C		
Name of Employer WESTERN ANESTHESIOLOGIST ASSOCIATE	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1583.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James Stangl M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 314 Martin Luther King Jr Way # 30

City Tacoma	State WA	Zip Code 98405-4250
----------------	-------------	------------------------

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

Name of Employer Tacoma Anesthesia Associates	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2013

Transaction ID : C2305596

Amount of Each Receipt this Period

83.30

B. Phyllis L. Steer M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 8935 State Ave

City Kansas City	State KS	Zip Code 66112-1645
---------------------	-------------	------------------------

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

Name of Employer Heart of America Surgery Center	Occupation physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2013

Transaction ID : C2297150

Amount of Each Receipt this Period

1000.00

C. Erica Stein M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 410 W 10th Ave., Anes. Dept.
N411 Doan Hall

City Columbus	State OH	Zip Code 43210-1240
------------------	-------------	------------------------

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

Name of Employer The Ohio State University	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	05	/	2013

Transaction ID : C2298074

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional).....▶	1166.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven P. Stein M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 18 Harbor Hill Dr

City Lloyd Harbor State NY Zip Code 11743-1031

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

Name of Employer NAPA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
04 / 06 / 2013
Transaction ID : C2298175

Amount of Each Receipt this Period
83.34

B. Steven P. Stein M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 18 Harbor Hill Dr

City Lloyd Harbor State NY Zip Code 11743-1031

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

Name of Employer NAPA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
04 / 06 / 2013
Transaction ID : C2298176

Amount of Each Receipt this Period
83.34

C. John Stephenson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Peachtree Dunwoody Road Suite 530

City Atlanta State GA Zip Code 30342

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

Name of Employer Physician Specialists in Anesthesia, P Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.40

Date of Receipt
04 / 02 / 2013
Transaction ID : C2296369

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....▶ 249.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. John Stephenson M.D.		Date of Receipt MM / DD / YYYY 04 / 14 / 2013 Transaction ID : C2305585
Mailing Address 5671 Peachtree Dunwoody Road Suite 530		Amount of Each Receipt this Period 83.30
City Atlanta	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. C		
Name of Employer Physician Specialists in Anesthesia, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40	

Full Name (Last, First, Middle Initial) B. Michella M. Stiles M.D.		Date of Receipt MM / DD / YYYY 04 / 10 / 2013 Transaction ID : C2300601
Mailing Address 11114 Alhambra St		Amount of Each Receipt this Period 500.00
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Kansas City	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ann Still M.D.		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 Transaction ID : C2315395
Mailing Address 1701 Main Ave SW Ste E		Amount of Each Receipt this Period 62.50
City Cullman	State AL	Zip Code 35055-5385
FEC ID number of contributing federal political committee. C		
Name of Employer Alabama Pain Center Cullman	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	645.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Robert G. Sugar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14500 Castlerock Rd.
 City Salinas State CA Zip Code 93908-9438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 18 / 2013**
Transaction ID : C2314323
 Amount of Each Receipt this Period **250.00**

B. Erin Sullivan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Anes PUH C-224
 200 Lothrop St.
 City Pittsburgh State PA Zip Code 15213-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPP Department of Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **04 / 03 / 2013**
Transaction ID : C2297179
 Amount of Each Receipt this Period **83.30**

C. Rachelle Sutton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 E 26th St.
 City Sioux Falls State SD Zip Code 57108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates, Inc. Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 06 / 2013**
Transaction ID : C2298183
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **583.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven L. Sween M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Marchand Ct NW
 City Atlanta State GA Zip Code 30328-2055
 Name of Employer Physician Specialists in Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 333.20

Date of Receipt 04 / 07 / 2013
 Transaction ID : C2298222
 Amount of Each Receipt this Period 83.30

B. Thomas H. Swygert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7014 Prestonshire Ln.
 City Dallas State TX Zip Code 75225-1742
 Name of Employer Pinnacle Anesthesia Consultants Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 333.20

Date of Receipt 04 / 13 / 2013
 Transaction ID : C2305544
 Amount of Each Receipt this Period 83.30

C. Edward Tang M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Trenton Ave
 City Clovis State CA Zip Code 93619-4237
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 12 / 2013
 Transaction ID : C2304871
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... 416.60
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Donald R. Tatum Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Brookwood Walke
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 27 / 2013
Transaction ID : C2317757
 Amount of Each Receipt this Period 83.34

B. James J. Thomas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1403 N Madison St
 City Raymore State MO Zip Code 64083-9501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2013
Transaction ID : C2316358
 Amount of Each Receipt this Period 1000.00

C. Kyle Thompson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 W Hampden Ave #600
 City Englewood State CO Zip Code 80110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Denver Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2013
Transaction ID : C2321856
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Daniel Tivener D.O.		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 Transaction ID : C2317344
Mailing Address 1000 E Primrose St Ste 520		Amount of Each Receipt this Period 1000.00
City Springfield	State MO	Zip Code 65807-5180
FEC ID number of contributing federal political committee. C		
Name of Employer Ozark Anesthesia Associates, Inc.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Christopher A. Troianos M.D.		Date of Receipt MM / DD / YYYY 04 / 05 / 2013 Transaction ID : C2298068
Mailing Address 427 Heights Dr		Amount of Each Receipt this Period 83.30
City Gibsonia	State PA	Zip Code 15044-6032
FEC ID number of contributing federal political committee. C		
Name of Employer West Penn Allegheny Health System	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Rebecca Twersky M.D., M.P.		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 Transaction ID : C2296372
Mailing Address 450 Clarkson Ave Box #6		Amount of Each Receipt this Period 83.30
City Brooklyn	State NY	Zip Code 11203-2012
FEC ID number of contributing federal political committee. C		
Name of Employer SUNY Downstate Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

SUBTOTAL of Receipts This Page (optional).....▶	1166.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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.

Mailing Address 582 S Rex Blvd

City Elmhurst State IL Zip Code 60126-4259

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

Name of Employer DVA Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : C2313780

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. John R. Van Timmeren M.D.

Mailing Address 1835 Flowers Mill Dr. N.E.

City Grand Rapids State MI Zip Code 49525

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

Name of Employer Anesthesia Med Consult Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2013

Transaction ID : C2298007

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City Rochester Hills State MI Zip Code 48309

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

Name of Employer SOAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2013

Transaction ID : C2314333

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	433.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Varlotta D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Bayshore Blvd.
 City Tampa State FL Zip Code 33606-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Florida Anesthesiologists Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : C2298077
 Amount of Each Receipt this Period
 83.30

B. David Varlotta D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Bayshore Blvd.
 City Tampa State FL Zip Code 33606-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Florida Anesthesiologists Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2311453
 Amount of Each Receipt this Period
 83.30

C. Hector Vila Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 W Azeele St
 City Tampa State FL Zip Code 33609-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hector Vila Jr MD PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 14 / 2013
Transaction ID : C2305589
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Steven G. Vitcov M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Locust St
 City San Francisco State CA Zip Code 94118-1843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2013
Transaction ID : C2300395
 Amount of Each Receipt this Period
 250.00

B. J. Michael Vollers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Childrens Way Slot 203, S-319
 City Little Rock State AR Zip Code 72202-3510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Professor of Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2013
Transaction ID : C2305546
 Amount of Each Receipt this Period
 83.30

C. Lance W. Wagner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 55th St
 City Brooklyn State NY Zip Code 11220-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lutheran Medical Center Occupation Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C2305744
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Samuel H. Wald M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2160 Sunset Crest Dr
 City Los Angeles State CA Zip Code 90046-1844
 Name of Employer David Geffen School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2013
Transaction ID : C2314320
 Amount of Each Receipt this Period 250.00

B. James L. Walker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1549 N Rocky Creek Ct
 City Wichita State KS Zip Code 67230-1716
 Name of Employer Anesthesia Consulting Services, PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 04 / 2013
Transaction ID : C2298011
 Amount of Each Receipt this Period 1000.00

C. Joseph A Walker III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 Silver Creek Dr
 City Bloomington State IN Zip Code 47401
 Name of Employer Bloomington Anesthesiologists, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2013
Transaction ID : C2305723
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Leonard F. Walts M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 10787 Wilshire Blvd. #1201

City Los Angeles	State CA	Zip Code 90024
---------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retire
-----------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2013

Transaction ID : C2300859

Amount of Each Receipt this Period
250.00

B. Harper R. Ward M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Belleview Ter

City Oklahoma City	State OK	Zip Code 73112-7741
-----------------------	-------------	------------------------

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

Name of Employer Harper R Ward MD PLLC	Occupation Attending
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	16	/	2013

Transaction ID : C2311462

Amount of Each Receipt this Period
250.00

C. Ralph M. Weatherford M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 218 Morning Glory Ln

City Dothan	State AL	Zip Code 36305-5818
----------------	-------------	------------------------

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

Name of Employer Anesthesia Consultants Medical Group	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2013

Transaction ID : C2298184

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Joshua D. Weber M.D.		Date of Receipt MM / DD / YYYY 04 / 02 / 2013 Transaction ID : C2296422
Mailing Address 2718 W. 49th Terrace		Amount of Each Receipt this Period 1000.00
City Westwood	State KS	Zip Code 66205
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ivan Jared Weiner M.D.		Date of Receipt MM / DD / YYYY 04 / 04 / 2013 Transaction ID : C2297497
Mailing Address 10527 Emerald Chase Dr		Amount of Each Receipt this Period 83.30
City Orlando	State FL	Zip Code 32836-5862
FEC ID number of contributing federal political committee. C		
Name of Employer JLR Medical Group	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.50	

Full Name (Last, First, Middle Initial) C. Eric Weissend M.D.		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : C2322225
Mailing Address 8717 West 110th St., Suite 600		Amount of Each Receipt this Period 1000.00
City Overland Park	State KS	Zip Code 66210
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Assoc. of Kansas City	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2083.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 105 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Kevin K. Whitrock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 318 Court North Dr
 City Melville State NY Zip Code 11747-8102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NAPA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C2297182
 Amount of Each Receipt this Period
 83.34

B. John S. Whittington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Circle Dr NE
 City Albuquerque State NM Zip Code 87122-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anes. Assoc. of New Mexico, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2013
Transaction ID : C2317760
 Amount of Each Receipt this Period
 250.00

C. Dana Williams M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Pine St
 City Montgomery State AL Zip Code 36106-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montgomery Anesthesia Associates Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2013
Transaction ID : C2297030
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Timothy C. Williams M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2512 Westgate Dr Unit 17
 City Albany State GA Zip Code 31707-2271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phoebe Putney Physician Practice Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2013
Transaction ID : C2311504
 Amount of Each Receipt this Period
 250.00

B. Kenneth A. Woodward M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 34365 Deerwood Dr
 City Eugene State OR Zip Code 97405-9662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Physicians Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2013
Transaction ID : C2317196
 Amount of Each Receipt this Period
 250.00

C. Granville B. Work M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3749 Lynnfield Dr
 City Virginia Beach State VA Zip Code 23452-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Norfolk General Hospital Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2013
Transaction ID : C2300618
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Man Dick Young M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 945 N 12th St
 Anesthesia and Surgical Services
 City Milwaukee State WI Zip Code 53233-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Sinai Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2013
Transaction ID : C2317244
 Amount of Each Receipt this Period
 500.00

B. Philip J. Zitello M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Timber Marsh Ln
 City Hilton Head Island State SC Zip Code 29926-2787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PALMELTO ANES PAIN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2013
Transaction ID : C2298003
 Amount of Each Receipt this Period
 250.00

C. Philip J. Zitello M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Timber Marsh Ln
 City Hilton Head Island State SC Zip Code 29926-2787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PALMELTO ANES PAIN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : C2304786
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	71293.21

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 108 OF 119	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Revolution Media Group

Mailing Address 1020 Princess St

City Alexandria State VA Zip Code 22314-2247

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1944.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : C2316585

Amount of Each Receipt this Period
1944.45

Partial refund of media buy from Schedule E for media that did not air.

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1944.45
TOTAL This Period (last page this line number only).....▶	1944.45

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF DAN MAFFEI		Date of Receipt
Mailing Address PO BOX 230		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
SYRACUSE	NY	13201
FEC ID number of contributing federal political committee.		Transaction ID : C2315376
FEC ID number of contributing federal political committee. C C00417550		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	Refund of 2010 Recount Contribution
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼ Runoff		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="text"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2000.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Credit Card Merchant

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		3	0		2	0	1	3		

Transaction ID : D145581

Amount of Each Disbursement this Period

2	2	9	0	.	2	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

2	2	9	0	.	2	5
---	---	---	---	---	---	---

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

2	2	9	0	.	2	5
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. ALAMO PAC

Mailing Address 919 CONGRESS AVE SUITE 1400
FROST BANK PLAZA

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2013

Transaction ID : D145124

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2013

Transaction ID : D145196

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2013

Transaction ID : D145342

Amount of Each Disbursement this Period

4000.00

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

24000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

City Midland State MI Zip Code 48640

Transaction ID : D145344

Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Name

Rep. Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Full Name (Last, First, Middle Initial)

B. DIANE BLACK FOR CONGRESS

Mailing Address PO Box 1437

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

City Gallatin State TN Zip Code 37066

Transaction ID : D145200

Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Name

Rep. Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Full Name (Last, First, Middle Initial)

C. GARY MILLER FOR CONGRESS

Mailing Address 721 S. Brea Canyon Road, Suite 7

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

City Diamond Bar State CA Zip Code 91789

Transaction ID : D145343

Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Name

Rep. Gary G. Miller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 42

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

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
ROADSUITE I

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
Rep. John A. Boehner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OH District: 08

Date of Disbursement

/ /

Transaction ID : **D145199**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ROTHFUS FOR CONGRESS

Mailing Address PO BOX 435

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
Rep. Keith Rothfus

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 12

Date of Disbursement

/ /

Transaction ID : **D145346**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FITZPATRICK FOR CONGRESS

Mailing Address PO BOX 185

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
Rep. Michael G. Fitzpatrick

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 08

Date of Disbursement

/ /

Transaction ID : **D145201**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : D145136

Amount of Each Disbursement this Period

1	2	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS 2012 COMMITTEE

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Raul Ruiz M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : D145347

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	3

Transaction ID : D145345

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

3	7	0	0	.	0	0
---	---	---	---	---	---	---

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

3	7	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. ALEXANDER FOR SENATE 2014 INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Sen. Lamar Alexander

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 24 / 2013

Transaction ID : D145348

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

44700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial) A. Melinda A. Aquino M.D.		Date of Disbursement MM / DD / YYYY 04 / 18 / 2013
Mailing Address 1376 Midland Ave., #201		Transaction ID : D145261
City Bronxville	State NY	
Zip Code 10708-6853	Purpose of Disbursement REFUND OF CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Refund of 03/13	

Full Name (Last, First, Middle Initial) B. Shaheen F. Shaikh M.D.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2013
Mailing Address 93 Harrington Farms Way		Transaction ID : D144856
City Shrewsbury	State MA	
Zip Code 01545-4064	Purpose of Disbursement Refund of Contribution	Amount of Each Disbursement this Period 30.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Refund of 03/13	

Full Name (Last, First, Middle Initial) C. Karen S. Sibert M.D.		Date of Disbursement MM / DD / YYYY 04 / 12 / 2013
Mailing Address 4146 Sunnyslope Ave.		Transaction ID : D145777
City Sherman Oaks	State CA	
Zip Code 91423	Purpose of Disbursement REFUND OF CONTRIBUTIONS	Amount of Each Disbursement this Period 333.20
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Refund of Contributi	

SUBTOTAL of Disbursements This Page (optional).....▶	1363.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial) A. Glen J. Strange Jr., M.D.		Date of Disbursement MM / DD / YYYY 04 / 19 / 2013
Mailing Address 5166 Colleton Way		Transaction ID : D145661
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement REFUND OF CONTRIBUTIONS	Amount of Each Disbursement this Period 200.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Refund of 9/12	
State: District:		

Full Name (Last, First, Middle Initial) B. Glen J. Strange Jr., M.D.		Date of Disbursement MM / DD / YYYY 04 / 30 / 2013
Mailing Address 5166 Colleton Way		Transaction ID : D145493
City Brentwood	State TN	
Zip Code 37027	Purpose of Disbursement REFUND OF CONTRIBUTIONS	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Refund of 11/12-3/13	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	2063.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Biden for Attorney General

Mailing Address PO Box 2838

City State Zip Code
Wilmington DE 19805-0838

Purpose of Disbursement
Non-Federal Disbursement

011

Category/
Type

Candidate Name
Beau Biden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Non-Federal Disburse

State: DE District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : D145202

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Democratic Attorneys General Association

Mailing Address 1580 Lincoln St
Ste 1125

City State Zip Code
Denver CO 80203-1501

Purpose of Disbursement
Non-Federal Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Non-Federal Disburse

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013

Transaction ID : D145198

Amount of Each Disbursement this Period

35000.00

Full Name (Last, First, Middle Initial)

C. Democratic Governors Association

Mailing Address 1401 K Street NW
Suite 200

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Non-Federal Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Non-Federal Disburse

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2013

Transaction ID : D145197

Amount of Each Disbursement this Period

100000.00

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

136200.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Party of Kentucky

Mailing Address P.O. Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement
Non-Federal Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Non-Federal Disburse

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : D145203

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

141200.00