

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day Primary (12P) General (12G) Runoff (12R)
 PRE-Election Report for the: Convention (12C) Special (12S)
 Election on / / in the State of

(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S)
 Report for the: General (30G) Runoff (30R) Special (30S)
 Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer Mr. Thomas Conway [Electronically Filed] Date / /

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**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="2012"/> | <input type="text" value=""/> | <input type="text" value="1770455.33"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="2181589.70"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="70123.03"/> | <input type="text" value="1768768.41"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="2251712.73"/> | <input type="text" value="3539223.74"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="683530.97"/> | <input type="text" value="1971041.98"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="1568181.76"/> | <input type="text" value="1568181.76"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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)..... | 55555.48 | 1445776.88 |
| (ii) Unitemized | 12567.55 | 308991.53 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 68123.03 | 1754768.41 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 1000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 68123.03 | 1755768.41 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 2000.00 | 13000.00 |
| 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))..... ▶ | 70123.03 | 1768768.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 70123.03 | 1768768.41 |

DETAILED SUMMARY PAGE

of Disbursements

| 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 | 73030.97 | 163291.15 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 73030.97 | 163291.15 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 110500.00 | 1020325.00 |
| 24. Independent Expenditures (use Schedule E) | 500000.00 | 619225.83 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 8200.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | -5000.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 3200.00 |
| 29. Other Disbursements | 0.00 | 165000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 683530.97 | 1971041.98 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 683530.97 | 1971041.98 |

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) | 68123.03 | 1755768.41 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 3200.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 68123.03 | 1752568.41 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 73030.97 | 163291.15 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 73030.97 | 163291.15 |

**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 142 |
| | <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. Basem B. Abdelmalak M.D. | | Date of Receipt |
| Mailing Address Dept of General Anesthesiology E-3 9500 Euclid Ave. | | <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/> |
| City Cleveland | State OH | Zip Code 44195 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : C1868511 |
| Name of Employer Cleveland Clinic | | Amount of Each Receipt this Period |
| Occupation Anesthesiologist | | <input type="text" value="41.60"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="499.20"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. John P. Abenstein M.D. | | Date of Receipt |
| Mailing Address 10978 Eleventh Ave N.W. | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> |
| City Oronoco | State MN | Zip Code 55960-2110 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : C1862078 |
| Name of Employer Mayo Clinic Anes. Dept. | | 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="1082.90"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. John P. Abenstein M.D. | | Date of Receipt |
| Mailing Address 10978 Eleventh Ave N.W. | | <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2012"/> |
| City Oronoco | State MN | Zip Code 55960-2110 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : C1865374 |
| Name of Employer Mayo Clinic Anes. Dept. | | 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="1082.90"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="208.20"/> |
| 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 7 OF 142 |
| | <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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Branch Occupation Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.00**

Date of Receipt **11 / 02 / 2012**
Transaction ID : C1861670
 Amount of Each Receipt this Period **83.30**

B. Sean S. Adams M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Aviara Ct
 City Naperville State IL Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer dupage valley anesthesiology ltd Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1150.00**

Date of Receipt **11 / 25 / 2012**
Transaction ID : C1870132
 Amount of Each Receipt this Period **100.00**

C. Kelly J. Allen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 291 Southhall Lane
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Anesth. Assoc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.20**

Date of Receipt **10 / 28 / 2012**
Transaction ID : C1860090
 Amount of Each Receipt this Period **41.60**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 224.90 |
| 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 8 OF 142 |
| | <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. Quaison Alleyne M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012 Transaction ID : C1856084 |
| Mailing Address PO Box 3528 | | Amount of Each Receipt this Period 41.60 |
| City Milton | State FL | Zip Code 32572-3528 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Panhandle Anesthesia Associates | Occupation anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 249.60 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Quaison Alleyne M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2012 Transaction ID : C1870107 |
| Mailing Address PO Box 3528 | | Amount of Each Receipt this Period 41.60 |
| City Milton | State FL | Zip Code 32572-3528 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Panhandle Anesthesia Associates | Occupation anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 249.60 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Jonathan C. Anderson M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2012 Transaction ID : C1862302 |
| Mailing Address 151 Jossie Ln | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 183.20 |
| 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 9 OF 142 |
| | <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. Shane C. Angus A.A.-C, M. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : C1868505 |
| Mailing Address 820 1st N.E. LL-150, Mail 25 | | Amount of Each Receipt this Period 83.30 |
| City Washington | State DC | |
| Zip Code 20002 | | Aggregate Year-to-Date ▼ 1580.30 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Case Western Reserve University | Occupation Program Director | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------------------------|---|
| Full Name (Last, First, Middle Initial) B. James M. Anton M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : C1861879 |
| Mailing Address 2302 Paradise Canyon Dr. | | Amount of Each Receipt this Period 50.00 |
| City Pearland | State TX | |
| Zip Code 77584-3297 | | Aggregate Year-to-Date ▼ 550.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Greater Houston Health Network | Occupation Anesthesiologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Gregory K. Applegate D.O. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2012 Transaction ID : C1853220 |
| Mailing Address 5950 N Pointe Dr | | Amount of Each Receipt this Period 41.60 |
| City Pepper Pike | State OH | |
| Zip Code 44124 | | Aggregate Year-to-Date ▼ 249.60 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University Hospitals Case Medical Cent | Occupation Physician | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 174.90 |
| 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 10 OF 142 |
| | <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 K. Applegate D.O. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2012 Transaction ID : C1868987 |
| Mailing Address 5950 N Pointe Dr | | Amount of Each Receipt this Period 41.60 |
| City Pepper Pike | State OH | Zip Code 44124 |
| FEC ID number of contributing federal political committee. C | Name of Employer University Hospitals Case Medical Cent | |
| Occupation Physician | | Aggregate Year-to-Date ▼ 249.60 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Harendra Arora M.B.,B.S. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2012 Transaction ID : C1861859 |
| Mailing Address N2201 UNC Hospitals Campus Box 7010 | | Amount of Each Receipt this Period 250.00 |
| City Chapel Hill | State NC | Zip Code 27599-7010 |
| FEC ID number of contributing federal political committee. C | Name of Employer University of North Carolina | |
| Occupation Physician | | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Brett L. Arron M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2012 Transaction ID : C1861822 |
| Mailing Address 52 Lake Street | | Amount of Each Receipt this Period 83.30 |
| City Wakefield | State RI | Zip Code 02879 |
| FEC ID number of contributing federal political committee. C | Name of Employer Narragansett Bay Anesthesia | |
| Occupation Physician | | Aggregate Year-to-Date ▼ 833.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| 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 11 OF 142 |
| | <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. J. Suzanne Bailey M.D. | | Date of Receipt MM / DD / YYYY 11 / 07 / 2012 Transaction ID : C1863959 |
| Mailing Address 600 N Robbins Rd, #400 | | Amount of Each Receipt this Period 500.00 |
| City Boise | State ID | Zip Code 83702 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Intermountain Ambulatory Anesthesia | 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. Carolyn F. Bannister M.D. | | Date of Receipt MM / DD / YYYY 10 / 21 / 2012 Transaction ID : C1853244 |
| Mailing Address 5102 Chastleton Drive | | Amount of Each Receipt this Period 83.30 |
| City Stone Mountain | State GA | Zip Code 30087 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer Emory University School of Medicine | Occupation Medical Doctor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.30 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Carolyn F. Bannister M.D. | | Date of Receipt MM / DD / YYYY 11 / 21 / 2012 Transaction ID : C1869087 |
| Mailing Address 5102 Chastleton Drive | | Amount of Each Receipt this Period 83.30 |
| City Stone Mountain | State GA | Zip Code 30087 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer Emory University School of Medicine | Occupation Medical Doctor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.30 | |

| | |
|--|--------|
| 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: PAGE 12 OF 142
(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. Charles R. Beckenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 S Rome Ave Apt 602
 City Tampa State FL Zip Code 33606-2589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UniCom Anesthesia Associates, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 11 / 13 / 2012
Transaction ID : C1865577
 Amount of Each Receipt this Period 41.60

B. Eileen V. Begin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Irving St. NW #G-226
 City Washington State DC Zip Code 20010-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Hospital Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 10 / 25 / 2012
Transaction ID : C1859268
 Amount of Each Receipt this Period 41.60

C. Eileen V. Begin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Irving St. NW #G-226
 City Washington State DC Zip Code 20010-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Hospital Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 11 / 25 / 2012
Transaction ID : C1870135
 Amount of Each Receipt this Period 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.80
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 13 OF 142 |
| | <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 Bentley M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5949 N Camino Del Conde

City Tucson State AZ Zip Code 85718-4311

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

Name of Employer John Bentley, M.D., P.C. Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2012

Transaction ID : C1861857

Amount of Each Receipt this Period
 500.00

B. Mordechai Bermann M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 7 Plymouth Ln

City East Brunswick State NJ Zip Code 08816-3322

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

Name of Employer Rutgers Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : C1865604

Amount of Each Receipt this Period
 83.30

C. Joel L. Bez D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 3806 Viceroy Dr

City Okemos State MI Zip Code 48864-3843

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 ▼ 583.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012

Transaction ID : C1868746

Amount of Each Receipt this Period
 41.60

| | |
|--|--------|
| 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 14 OF 142 |
| | <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. David J. Biel A.A.-C | | Date of Receipt |
| Mailing Address 2929 Edgehill Rd | | <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Cleveland Heights | OH | 44118-2017 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1853246 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="41.60"/> |
| Name of Employer | Occupation | |
| University Hospitals of Cleveland | Anesthesiologist Assistant | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="455.80"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. David J. Biel A.A.-C | | Date of Receipt |
| Mailing Address 2929 Edgehill Rd | | <input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Cleveland Heights | OH | 44118-2017 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1869089 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="41.60"/> |
| Name of Employer | Occupation | |
| University Hospitals of Cleveland | Anesthesiologist Assistant | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="455.80"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Wendy B. Binstock M.D. | | Date of Receipt |
| Mailing Address 1122 W Montana St | | <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Chicago | IL | 60614-2221 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1865400 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="83.30"/> |
| Name of Employer | Occupation | |
| university of chicago | physican | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="583.10"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="166.50"/> |
| 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 15 OF 142 |
| | <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. Robert F. Birch M.D. | | Date of Receipt 11 / 11 / 2012 Transaction ID : C1865381 |
| Mailing Address 582 Summit Ave. | | Amount of Each Receipt this Period 41.60 |
| City St. Paul | State MN | Zip Code 55102-2654 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Fairview Ridges Hospital | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.60 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Timothy M. Bittenbinder M.D. | | Date of Receipt 10 / 25 / 2012 Transaction ID : C1859269 |
| Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304 | | Amount of Each Receipt this Period 83.30 |
| City Temple | State TX | Zip Code 76508 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Texas AM College of Medicine Scott an | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Timothy M. Bittenbinder M.D. | | Date of Receipt 11 / 15 / 2012 Transaction ID : C1868513 |
| Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304 | | Amount of Each Receipt this Period 83.30 |
| City Temple | State TX | Zip Code 76508 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Texas AM College of Medicine Scott an | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.00 | |

| | |
|--|--------|
| 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 16 OF 142 |
| | <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. 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
 Name of Employer Texas AM College of Medicine Scott an Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.00

Date of Receipt 11 / 25 / 2012
Transaction ID : C1870136
 Amount of Each Receipt this Period 83.30

B. Will Blankenship M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2215 viewmont way w
 City Seattle State WA Zip Code 98199
 Name of Employer swedish medical group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt 10 / 25 / 2012
Transaction ID : C1859266
 Amount of Each Receipt this Period 50.00

C. Will Blankenship M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2215 viewmont way w
 City Seattle State WA Zip Code 98199
 Name of Employer swedish medical group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 550.00

Date of Receipt 11 / 25 / 2012
Transaction ID : C1870133
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... 183.30
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 17 OF 142
(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. Srinivas S. Bollimpalli M.D.

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 ▼ **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2012

Transaction ID : C1862172

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. K P Branam M.D.

Mailing Address 160 Green Glades

City State Zip Code
 Ridgeland MS 39157-8662

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

Name of Employer Occupation
 UMC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2012

Transaction ID : C1868800

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Steve L. Brister M.D.

Mailing Address P.O. Box 3294

City State Zip Code
 Tupelo MS 38803-3294

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

Name of Employer Occupation
 Tupelo Anesthesia Group, P.A. 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
11 / 06 / 2012

Transaction ID : C1863708

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **603.30**

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 18 OF 142 |
| | <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. Richard Brouillard A.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Executive Park S
 Dept of Anes
 City Atlanta State GA Zip Code 30322-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University School of Medicine Occupation AA Pprogram Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.70

Date of Receipt 11 / 08 / 2012
Transaction ID : C1862303
 Amount of Each Receipt this Period 83.30

B. Chad M. Brummett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 E. Medical Center Dr.
 UH1 H247 SPC 5048
 City Ann Arbor State MI Zip Code 48109-5048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 16 / 2012
Transaction ID : C1868743
 Amount of Each Receipt this Period 20.00

c. Kurt T. Budenbender D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N. Central Ave Ste 1600
 Valley Anes. Consultants, LTD
 City Phoenix State AZ Zip Code 85004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anesthesia Consultants, LTD Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1416.30

Date of Receipt 11 / 16 / 2012
Transaction ID : C1868744
 Amount of Each Receipt this Period 83.30

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 186.60 |
| 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 19 OF 142
(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. Frederick W. Burgess M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City State Zip Code
 North Providence RI 02911-2134

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

Name of Employer Occupation
 Providence VAMC anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1266.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : C1859267

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Frederick W. Burgess M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City State Zip Code
 North Providence RI 02911-2134

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

Name of Employer Occupation
 Providence VAMC anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1266.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : C1866647

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
C. Frederick W. Burgess M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City State Zip Code
 North Providence RI 02911-2134

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

Name of Employer Occupation
 Providence VAMC anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1266.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2012
Transaction ID : C1870134

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.30

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 20 OF 142 |
| | <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 Burkman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Belmont Ave E Apt A12
 City State Zip Code
 Seattle WA 98102-4801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physicians Anesthesia Service Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 457.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : C1865574
 Amount of Each Receipt this Period
 41.60

B. Frederick Campbell III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Park Forest Dr Ste 210
 City State Zip Code
 Traverse City MI 49684-7306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Traverse Anesthesia Associates, PC physician anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : C1866648
 Amount of Each Receipt this Period
 83.30

C. Nicholas Capone D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9146 Bay Point Drive
 City State Zip Code
 Orlando FL 32819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JLR Medical Group Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 452.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : C1857712
 Amount of Each Receipt this Period
 41.60

| | |
|--|--------|
| 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 21 OF 142 |
| | <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. Nicholas Capone D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9146 Bay Point Drive
 City Orlando State FL Zip Code 32819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **452.80**

Date of Receipt **11 / 24 / 2012**
Transaction ID : C1870130
 Amount of Each Receipt this Period **41.60**

B. Deborah Michelle Chung Carritte M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11201 Benton St
 City Loma Linda State CA Zip Code 92357-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jerry Pettis Memorial VA Hospital Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **10 / 23 / 2012**
Transaction ID : C1854547
 Amount of Each Receipt this Period **83.30**

C. Deborah Michelle Chung Carritte M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11201 Benton St
 City Loma Linda State CA Zip Code 92357-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jerry Pettis Memorial VA Hospital Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **11 / 23 / 2012**
Transaction ID : C1870114
 Amount of Each Receipt this Period **83.30**

| | |
|---|---------------|
| 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 22 OF 142 |
| | <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. Chun K. Chan M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 168 Riverwalk Pl

City Memphis State TN Zip Code 38103

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

Name of Employer Medical Anesthesia Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.40**

Date of Receipt **10 / 28 / 2012**

Transaction ID : C1860108

Amount of Each Receipt this Period **41.60**

B. 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 ▼ **833.00**

Date of Receipt **11 / 12 / 2012**

Transaction ID : C1865401

Amount of Each Receipt this Period **83.30**

c. John C. Chatelain M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1319 S.9th St.

City Fargo State ND Zip Code 58103-4105

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

Name of Employer Sanford Health Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **618.60**

Date of Receipt **10 / 18 / 2012**

Transaction ID : C1850451

Amount of Each Receipt this Period **41.60**

| | |
|--|---------------|
| 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 23 OF 142 |
| | <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 C. Chatelain M.D. | | Date of Receipt |
| Mailing Address 1319 S.9th St. | | <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/> |
| City | State | Transaction ID : C1865584 |
| Fargo | ND | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="41.60"/> |
| 58103-4105 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Sanford Health | Anesthesiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="618.60"/> | |
| <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="11"/> / <input type="text" value="18"/> / <input type="text" value="2012"/> |
| City | State | Transaction ID : C1868845 |
| Fargo | ND | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="41.60"/> |
| 58103-4105 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Sanford Health | Anesthesiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="618.60"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Frederick W. Cheney M.D. | | Date of Receipt |
| Mailing Address 14523 38th Ave NE Campus Box 356540 | | <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2012"/> |
| City | State | Transaction ID : C1868946 |
| Lake Forest Park | WA | Amount of Each Receipt this Period |
| Zip Code | | <input type="text" value="500.00"/> |
| 98155-7807 | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| Univ of WA Sch of Med Anes Dept | Professor of Anesthesiology and Pain M | |
| 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) ▼ | | |

| | |
|--|-------------------------------------|
| 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 24 OF 142 |
| | <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. Robin Church-Hajduk M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 4242 Medical Dr., Ste 3100

| | | |
|---------------------|-------------|-------------------|
| City San Antonio | State TX | Zip Code 78229 |
|---------------------|-------------|-------------------|

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

| | |
|--|--------------------------------|
| Name of Employer Tejas Anesthesia, PA | Occupation Anesthesiologist |
|--|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 29 | / | 2012 |

Transaction ID : C1860186

Amount of Each Receipt this Period
500.00

B. David J. Cohen M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 32630 Bingham Rd

| | | |
|-----------------------|-------------|------------------------|
| City Bingham Farms | State MI | Zip Code 48025-2430 |
|-----------------------|-------------|------------------------|

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

| | |
|---|-------------------------|
| Name of Employer American Anesthesiology of Michigan | Occupation Physician |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
952.80

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 17 | / | 2012 |

Transaction ID : C1868802

Amount of Each Receipt this Period
41.60

C. Lois A. Connolly M.D.
Full Name (Last, First, Middle Initial)

Mailing Address N27W22185 Timberwood Ln

| | | |
|------------------|-------------|------------------------|
| City Waukesha | State WI | Zip Code 53186-1006 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer Medical College of Wisconsin | Occupation physician anesthesiologist |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 13 | / | 2012 |

Transaction ID : C1866119

Amount of Each Receipt this Period
1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1541.60 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) A. James M. Cooper M.D. | | | Date of Receipt |
| Mailing Address PO Box 3294 | | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> |
| City | State | Zip Code | Transaction ID : C1863706 |
| Tupelo | MS | 38803-3294 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="500.00"/> |
| Name of Employer | Occupation | | |
| Tupelo Anesthesia Group P.A. | 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. Clayton W. Cordell III, M.D. | | | Date of Receipt |
| Mailing Address 4435 Ridgeway Dr | | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> |
| City | State | Zip Code | Transaction ID : C1863711 |
| Belden | MS | 38826-9760 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="250.00"/> |
| Name of Employer | Occupation | | |
| Tupelo Anesthesia Group | 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) C. Carey H. Costantini M.D. | | | Date of Receipt |
| Mailing Address 5020 Rollman Estate Dr. | | | <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/> |
| City | State | Zip Code | Transaction ID : C1868577 |
| Cincinnati | OH | 45236-1448 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="500.00"/> |
| Name of Employer | Occupation | | |
| IAPSC | 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) ▼ | | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1250.00"/> |
| 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 26 OF 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Susan G. Curling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2727 Kirby Dr Apt 11D
 City Houston State TX Zip Code 77098-1152
 Name of Employer North Houston Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1082.60

Date of Receipt 11 / 01 / 2012
Transaction ID : C1861250
 Amount of Each Receipt this Period 83.30

B. Stephan R. Curry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 Cumberland Head Rd
 City Plattsburgh State NY Zip Code 12901-6708
 Name of Employer Champlain Valley Physicians Hospital M Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 457.60

Date of Receipt 11 / 03 / 2012
Transaction ID : C1861830
 Amount of Each Receipt this Period 41.60

C. Michael Danic M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14726 Fox
 City Redford State MI Zip Code 48239-3163
 Name of Employer Great Lakes Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.00

Date of Receipt 11 / 13 / 2012
Transaction ID : C1865576
 Amount of Each Receipt this Period 83.30

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 27 OF 142 |
| | <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. Robert A. Daniel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 Terranova Ct
 City Lexington State KY Zip Code 40513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer bluegrass anesthesia services Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.60**

Date of Receipt **10 / 20 / 2012**
Transaction ID : C1853221
 Amount of Each Receipt this Period **41.60**

B. Robert A. Daniel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 Terranova Ct
 City Lexington State KY Zip Code 40513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer bluegrass anesthesia services Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.60**

Date of Receipt **11 / 20 / 2012**
Transaction ID : C1868988
 Amount of Each Receipt this Period **41.60**

C. 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 anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.80**

Date of Receipt **10 / 27 / 2012**
Transaction ID : C1860080
 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: PAGE 28 OF 142
(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. Anand S. Dash M.D.

Mailing Address 1915 Wrocklage Ave Unit 306
 Unit 306

City State Zip Code
 Louisville KY 40205-2172

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

Name of Employer Occupation
 St. Joseph Valley Anesthesia Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 374.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : C1860185

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
B. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City State Zip Code
 Frisco TX 75035-7451

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

Name of Employer Occupation
 Center for Spine Care Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : C1860184

Amount of Each Receipt this Period
 83.30

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

Mailing Address 74 Clairmont St

City State Zip Code
 Longmeadow MA 01106-1002

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

Name of Employer Occupation
 Milford Anesthesia Associates, Inc Ane anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 536.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2012

Transaction ID : C1853208

Amount of Each Receipt this Period
 41.60

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: PAGE 29 OF 142
(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. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City State Zip Code
Longmeadow MA 01106-1002

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

Name of Employer Occupation
Milford Anesthesia Associates, Inc Ane anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2012
Transaction ID : C1861251

Amount of Each Receipt this Period
41.60

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

Mailing Address 74 Clairmont St

City State Zip Code
Longmeadow MA 01106-1002

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

Name of Employer Occupation
Milford Anesthesia Associates, Inc Ane anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 20 / 2012
Transaction ID : C1868992

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
c. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City State Zip Code
Armonk NY 10504-1210

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

Name of Employer Occupation
North Shore University Hospital Anesth Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.10

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2012
Transaction ID : C1853516

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 30 OF 142 |
| | <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. John F. Di Capua M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2012 |
| Mailing Address 74 Byram Ridge Road | | Transaction ID : C1870088 |
| City Armonk | State NY | Zip Code 10504-1210 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer North Shore University Hospital Anesth | Occupation Anesthesiology | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 583.10 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Christina D. Diaz M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2012 |
| Mailing Address 2433 N Lefebber Ave | | Transaction ID : C1868799 |
| City Milwaukee | State WI | Zip Code 53213-1219 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.60 |
| Name of Employer Medical College of Wisconsin Children | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1457.60 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Christian Diez M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 |
| Mailing Address 7915 SW 55 Avenue | | Transaction ID : C1868742 |
| City Miami | State FL | Zip Code 33143 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer University of Miami | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.30 | |

| | |
|--|--------|
| 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 31 OF 142 |
| | <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 Donielson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 RiverBend Drive
 City Springfield State OR Zip Code 97477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sacred Heart Medical Center Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2012
Transaction ID : C1860124
 Amount of Each Receipt this Period
 250.00

B. Matthew Donovan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 Evergreen Drive N.E.
 Anesthesia Practice Consultants, P
 City Grand Rapids State MI Zip Code 49525-9756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : C1858118
 Amount of Each Receipt this Period
 41.60

C. Matthew Donovan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 Evergreen Drive N.E.
 Anesthesia Practice Consultants, P
 City Grand Rapids State MI Zip Code 49525-9756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2012
Transaction ID : C1870125
 Amount of Each Receipt this Period
 41.60

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 333.20 |
| 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 32 OF 142 |
| | <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. Donald D. Downs M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2012 |
| Mailing Address 7351 Oliver Woods Dr SE | | Transaction ID : C1853514 |
| City Grand Rapids | State MI | Zip Code 49546-9707 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer Anesthesia Practice Consultants | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Donald D. Downs M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2012 |
| Mailing Address 7351 Oliver Woods Dr SE | | Transaction ID : C1870086 |
| City Grand Rapids | State MI | Zip Code 49546-9707 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer Anesthesia Practice Consultants | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Casey M. Drawert M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2012 |
| Mailing Address 3622 Ivory Crk | | Transaction ID : C1858117 |
| City San Antonio | State TX | Zip Code 78258-1621 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.60 |
| Name of Employer UTHSCSA | Occupation Anesthesiologist Intensivist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 208.00 | |

| | |
|--|--------|
| 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 33 OF 142 |
| | <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. Casey M. Drawert M.D. | | Date of Receipt |
| Mailing Address 3622 Ivory Crk | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| San Antonio | TX | 78258-1621 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1870124 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="41.60"/> |
| Name of Employer | Occupation | |
| UTHSCSA | Anesthesiologist Intensivist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="208.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Anthony R. Eldridge M.D. | | Date of Receipt |
| Mailing Address PO Box 3294 | | <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Tupelo | MS | 38803-3294 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1863705 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> |
| Name of Employer | Occupation | |
| Tupelo Anesthesia Gp, P.A. | Physician | |
| 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) C. Kenneth Elmassian D.O. | | Date of Receipt |
| Mailing Address 2399 Pine Hollow Dr. | | <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| East Lansing | MI | 48823 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1861248 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="83.30"/> |
| Name of Employer | Occupation | |
| Ingham Regional Medical Center | Anesthesiologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="833.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="624.90"/> |
| 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 34 OF 142 |
| | <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. Emil D. Engels M.D., M.B. | | Date of Receipt |
| Mailing Address 3127 Windsong Dr | | <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Oakton | VA | 22124-1832 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1861887 |
| Name of Employer Inova Fairfax Hospital | | Amount of Each Receipt this Period |
| Occupation Physician | | <input type="text" value="41.60"/> |
| 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. Jesse Epps M.D., Ph.D | | Date of Receipt |
| Mailing Address 2341 McCallie Ave., #402 Anesthesiologists Associated | | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Chattanooga | TN | 37404-3231 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1861824 |
| Name of Employer Anesthesiologists Associated | | Amount of Each Receipt this Period |
| Occupation Anesthesiologist | | <input type="text" value="83.30"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="249.90"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Lawrence Epstein M.D. | | Date of Receipt |
| Mailing Address 1 Gustave L Levy PI Dept Ofanesthe | | <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| New York | NY | 10029 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1865403 |
| Name of Employer Mount Sinai School of Medicine | | Amount of Each Receipt this Period |
| Occupation Physician Anesthesiologist | | <input type="text" value="83.30"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="624.20"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="208.20"/> |
| 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 35 OF 142 |
| | <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. Lawrence Epstein M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City New York State NY Zip Code 10029

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

Name of Employer Mount Sinai School of Medicine Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **624.20**

Date of Receipt **11 / 17 / 2012**

Transaction ID : C1868798

Amount of Each Receipt this Period **41.60**

B. Monique Espinosa M.D.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 16370 (M-820) Anes. Dept.

City Miami State FL Zip Code 33101-6370

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 ▼ **499.80**

Date of Receipt **11 / 01 / 2012**

Transaction ID : C1861280

Amount of Each Receipt this Period **83.30**

C. Forest L. Evans Jr., M.D.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1928

City Columbia State SC Zip Code 29202-1928

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

Name of Employer Anesthesiology Consultants of Columbia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1416.00**

Date of Receipt **11 / 06 / 2012**

Transaction ID : C1862072

Amount of Each Receipt this Period **41.60**

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 36 OF 142 |
| | <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. William Feaster M.D. | | Date of Receipt |
| Mailing Address 507 Ocean Avenue | | <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2012"/> |
| City Seal Beach State CA Zip Code 90740 | | Transaction ID : C1868514 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Childrens Hospital Orange County Occupation 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="249.90"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Gregory A. Felsheim M.D. | | Date of Receipt |
| Mailing Address 1818 N Water St Unit 207 | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2012"/> |
| City Milwaukee State WI Zip Code 53202-1551 | | Transaction ID : C1860197 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Aurora Medical Group Occupation 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="210.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Peter J. Fishback M.D. | | Date of Receipt |
| Mailing Address 1631 Hospital Dr., Ste. #110 | | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2012"/> |
| City Santa Fe State NM Zip Code 87505-4728 | | Transaction ID : C1861835 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Santa Fe Anesthesia Specialists, P.C. Occupation Anesthesiologist | | <input type="text" value="1000.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="2000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1183.30"/> |
| 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 37 OF 142 |
| | <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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Old Pueblo Anesthesia Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : C1859305
 Amount of Each Receipt this Period
 83.30

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Old Pueblo Anesthesia Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1166.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : C1870153
 Amount of Each Receipt this Period
 83.30

C. Richard M. Flowerdew M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Hedgerow Dr
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : C1865585
 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 38 OF 142 |
| | <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. G. Craig Fox M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 21 Melrose Ln

City Green Village State NJ Zip Code 07935-3035

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

Name of Employer Self Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **916.30**

Date of Receipt **11 / 14 / 2012**

Transaction ID : C1866639

Amount of Each Receipt this Period **83.30**

B. 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

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

Name of Employer Decatur Mem Hosp Anes Dept Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **583.10**

Date of Receipt **11 / 13 / 2012**

Transaction ID : C1865586

Amount of Each Receipt this Period **83.30**

C. Ryan D. Frieder D.O.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 31007

City Santa Fe State NM Zip Code 87594-1007

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

Name of Employer Santa Fe Anesthesia Specialists Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **11 / 03 / 2012**

Transaction ID : C1861828

Amount of Each Receipt this Period **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 39 OF 142 |
| | <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. Wayne A. Fuller M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 833.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : C1862080
 Amount of Each Receipt this Period
 83.30

B. Charles J. Garrett M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : C1860183
 Amount of Each Receipt this Period
 83.30

C. William B. Gentry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 W Markham MS 515
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of AR for Med Sci Anes Dept 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
 11 / 01 / 2012
Transaction ID : C1861461
 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 40 OF 142 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Lawrence M. Gibbons D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Cromwell Dr
 City Portsmouth State RI Zip Code 02871-1346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Massachusetts Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2012
Transaction ID : C1860087
 Amount of Each Receipt this Period
 20.00

B. David F. Gloyna M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 S 31st
 2401 South 31st
 City Temple State TX Zip Code 76508-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White, Dept. of Anes. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : C1866652
 Amount of Each Receipt this Period
 100.00

C. Santiago L. Gomez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Chateau Pontet Canet Dr
 City Kenner State LA Zip Code 70065-2035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane Hospital Occupation Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 457.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : C1868515
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional).....▶ 161.60
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 41 OF 142 |
| | <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. Michael C. Gosney M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : C1861888 |
| Mailing Address 108 Chase Dr | | Amount of Each Receipt this Period 83.30 |
| 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 Anesthesiology | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.80 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Andrew M Gross M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2012 Transaction ID : C1861841 |
| Mailing Address 6801 LAKE DEVONWOOD DR | | Amount of Each Receipt this Period 41.60 |
| City Fort Myers | State FL | Zip Code 33908-7202 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Orthopedic Center of Florida | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 374.40 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Zvi Grunwald M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2012 Transaction ID : C1861812 |
| Mailing Address Anesthesiology Department 111 S 11th Street, # G-8490 | | Amount of Each Receipt this Period 250.00 |
| City Philadelphia | State PA | Zip Code 19107-4824 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Thomas Jefferson University Hospital | Occupation anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | |
|--|--------|
| 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: (check only one) | PAGE 42 OF 142 |
| | <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. Nelson V. Guevara M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6880 Northwest 109 Ct.
 City Doral State FL Zip Code 33178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Anes Dept Occupation Medical Doctor Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : C1859210
 Amount of Each Receipt this Period **50.00**

B. Nelson V. Guevara M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6880 Northwest 109 Ct.
 City Doral State FL Zip Code 33178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Anes Dept Occupation Medical Doctor Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 25 / 2012**
Transaction ID : C1870137
 Amount of Each Receipt this Period **50.00**

C. Allen N. Gustin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 653 W Briar Pl Apt 1
 City Chicago State IL Zip Code 60657-8406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Department of An Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 09 / 2012**
Transaction ID : C1865168
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 43 OF 142 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

A. Melanie J. Guthrie A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2012
Transaction ID : C1861842
 Amount of Each Receipt this Period
 41.60

B. Melanie J. Guthrie A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : C1866653
 Amount of Each Receipt this Period
 41.60

C. Robert S. Hada M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2520 Jordan Grove
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated anesthesiologist 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
 11 / 20 / 2012
Transaction ID : C1869031
 Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 333.20 |
| 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 44 OF 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. 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 Southern Arizona Anesthesia | Occupation Anesthesiologist |
|---|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 06 | / | 2012 |

Transaction ID : C1862070

Amount of Each Receipt this Period
83.30

B. H. David Hardman M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 228 Galway Dr

| | | |
|---------------------|-------------|-------------------|
| City Chapel Hill | State NC | Zip Code 27517 |
|---------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer University of North Carolina | Occupation Physician |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2012 |

Transaction ID : C1851497

Amount of Each Receipt this Period
1000.00

C. James D. Harper M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1009 Hidden Rd.

| | | |
|--------------------|-------------|-------------------|
| City Fort Worth | State TX | Zip Code 76107 |
|--------------------|-------------|-------------------|

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

| | |
|--------------------------|--------------------------------|
| Name of Employer Self | Occupation Anesthesiologist |
|--------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 19 | / | 2012 |

Transaction ID : C1868859

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: PAGE 45 OF 142
(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 E. Harris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 Legacy Trace
 City State Zip Code
 Amberley Village OH 45237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia GROUP PRACTICE, INC Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2012
Transaction ID : C1861817
 Amount of Each Receipt this Period
 41.60

B. Ronald L. Harter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7825 Holiston Ct
 City State Zip Code
 Dublin OH 43016-8659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio State University Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2012
Transaction ID : C1868796
 Amount of Each Receipt this Period
 83.30

C. Steven Hattamer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Prospect St
 Nashua Anesthesia Partners
 City State Zip Code
 Nashua NH 03060-3925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nashua Anesthesia Partners Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 666.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : C1861676
 Amount of Each Receipt this Period
 83.30

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 46 OF 142 |
| | <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. Jonathan C. Hausheer M.D. | | | Date of Receipt |
| Mailing Address 771 Dommerich Dr. | | | <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2012"/> |
| City | State | Zip Code | Transaction ID : C1860208 |
| Maitland | FL | 32751 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="41.60"/> |
| Name of Employer | Occupation | | |
| JLR Medical Group | physician | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="206.20"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial) B. John M. Haworth M.D. | | | Date of Receipt |
| Mailing Address 4421 Marigold Ln. | | | <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2012"/> |
| City | State | Zip Code | Transaction ID : C1859199 |
| Littleton | CO | 80123-2730 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="500.00"/> |
| Name of Employer | Occupation | | |
| South Denver Anesthesiologists. PC | 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) C. David Healy M.D. | | | Date of Receipt |
| Mailing Address 1500 E. Medical Ctr. Dr., 1H247 University of Michigan | | | <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2012"/> |
| City | State | Zip Code | Transaction ID : C1865373 |
| Ann Arbor | MI | 48109 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="20.00"/> |
| Name of Employer | Occupation | | |
| University of Michigan | Anesthesiologist | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="220.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="561.60"/> |
| 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 47 OF 142 |
| | <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 A. Heaton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4694 N. Rocky Crest Place
 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: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **11 / 12 / 2012**
Transaction ID : C1865392
 Amount of Each Receipt this Period **300.00**

B. 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 **999.60**

Date of Receipt **11 / 08 / 2012**
Transaction ID : C1862309
 Amount of Each Receipt this Period **83.30**

C. Richard L. Henry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3046 O'Brien Dr
 City Tallahassee State FL Zip Code 32309-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates of Tallahassee Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **374.40**

Date of Receipt **11 / 06 / 2012**
Transaction ID : C1862076
 Amount of Each Receipt this Period **41.60**

SUBTOTAL of Receipts This Page (optional)..... **424.90**
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 48 OF 142 |
| | <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. Rodney F. Hestdalen M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2012 Transaction ID : C1868851 |
| Mailing Address 5020 S Park Ln | | Amount of Each Receipt this Period 250.00 |
| City Spokane | State WA | Zip Code 99223-1421 |
| FEC ID number of contributing federal political committee. C | Name of Employer Physican Anesthesia Group | Occupation anesthesiologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Rodney F. Hestdalen M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : C1868873 |
| Mailing Address 5020 S Park Ln | | Amount of Each Receipt this Period 80.00 |
| City Spokane | State WA | Zip Code 99223-1421 |
| FEC ID number of contributing federal political committee. C | Name of Employer Physican Anesthesia Group | Occupation anesthesiologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Kevin L Hitt M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 Transaction ID : C1863709 |
| Mailing Address PO Box 3294 | | Amount of Each Receipt this Period 500.00 |
| City Tupelo | State MS | Zip Code 38803-3294 |
| FEC ID number of contributing federal political committee. C | Name of Employer Tupelo Anesthesia Group, P.A. | 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).....▶ | 830.00 |
| 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 49 OF 142 |
| | <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. 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 ▼ **833.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 18 | / | 2012 |

Transaction ID : C1850450

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 ▼ **833.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 18 | / | 2012 |

Transaction ID : C1868843

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 ▼ **831.50**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 21 | / | 2012 |

Transaction ID : C1853247

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 50 OF 142 |
| | <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. Hayden R. Hughes M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2012 |
| Mailing Address 1941 21st Ave S | | Transaction ID : C1869090 |
| City Birmingham | State AL | Zip Code 35209-1345 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer University of Alabama Medical Center D | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 831.50 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Robert W. Hurley M.D., Ph.D | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2012 |
| Mailing Address PO Box 100254- Hurley | | Transaction ID : C1865375 |
| City Gainesville | State FL | Zip Code 32610-0254 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.60 |
| Name of Employer Univ of FL Med Ctr Anes Dept | Occupation Pain Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.60 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Robert Impastato M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 |
| Mailing Address 19 Barrett Hill Rd. | | Transaction ID : C1868509 |
| City Hopewell Junction | State NY | Zip Code 12533 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.30 |
| Name of Employer Vassar Brothers Hospital Anes. Dept. | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.30 | |

| | |
|--|--------|
| 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 51 OF 142 |
| | <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 T. Isaac D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1459 Lexington Ontario Rd
 City Mansfield State OH Zip Code 44903-8631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Mansfield Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 29 / 2012**
Transaction ID : C1860182
 Amount of Each Receipt this Period **100.00**

B. William B. Isaacs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 401805
 City Las Vegas State NV Zip Code 89140-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants, Inc. Crede Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2012**
Transaction ID : C1860083
 Amount of Each Receipt this Period **500.00**

C. Jeffrey S. Jacobs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11041 Pine Lodge Trail
 City Davie State FL Zip Code 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Florida Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1082.90**

Date of Receipt **11 / 05 / 2012**
Transaction ID : C1861889
 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: (check only one) | PAGE 52 OF 142 |
| | <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. Jeffrey S. Jacobs M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 Transaction ID : C1868741 |
| Mailing Address 11041 Pine Lodge Trail | | Amount of Each Receipt this Period 83.30 |
| City Davie | State FL | Zip Code 33328 |
| FEC ID number of contributing federal political committee. C | Name of Employer Cleveland Clinic Florida | Occupation Anesthesiologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1082.90 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Aliraza G. Jaffer M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1865587 |
| Mailing Address 5070 Brookdale Road | | Amount of Each Receipt this Period 83.30 |
| City Bloomfield Hills | State MI | Zip Code 48304 |
| FEC ID number of contributing federal political committee. C | Name of Employer William Beaumont Hospital | Occupation Anesthesiologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1166.60 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Bruce R. James M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 Transaction ID : C1861808 |
| Mailing Address 302 37th St. | | Amount of Each Receipt this Period 500.00 |
| City Des Moines | State IA | Zip Code 50312 |
| FEC ID number of contributing federal political committee. C | Name of Employer Assoc Anesthesiologists, P.C. | 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).....▶ | 666.60 |
| 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 53 OF 142 |
| | <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 J. Janik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15605 E Prentice Dr
 City Centennial State CO Zip Code 80015-4264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Denver Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **833.00**

Date of Receipt **11 / 13 / 2012**
Transaction ID : C1865588
 Amount of Each Receipt this Period **83.30**

B. 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 **1082.30**

Date of Receipt **11 / 03 / 2012**
Transaction ID : C1861831
 Amount of Each Receipt this Period **83.30**

C. James N. Jeter Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 Cypress Cove
 City Florence State AL Zip Code 35634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Medical Consultants LLC Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 02 / 2012**
Transaction ID : C1861807
 Amount of Each Receipt this Period **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 54 OF 142 |
| | <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. Brad N. Johnson D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 303 W Spring Meadows Ln

City Dewitt State MI Zip Code 48820-7711

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 ▼ 666.60

Date of Receipt 11 / 02 / 2012

Transaction ID : C1861668

Amount of Each Receipt this Period 83.30

B. 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 ▼ 666.60

Date of Receipt 11 / 14 / 2012

Transaction ID : C1866654

Amount of Each Receipt this Period 83.30

C. Gary P. Jones A.A.
Full Name (Last, First, Middle Initial)

Mailing Address 6410 Fannin St Suite 480

City Houston State TX Zip Code 77030-3000

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

Name of Employer Case Western Reserve University Occupation Program Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.20

Date of Receipt 11 / 13 / 2012

Transaction ID : C1865589

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 55 OF 142 |
| | <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. Zachary S. Jones M.D. | | Date of Receipt |
| Mailing Address 320 Jackson Hill St Apt 105 | | <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Houston | TX | 77007-7444 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1861878 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="200.00"/> |
| Name of Employer | Occupation | |
| UT Houston Department of Anesthesia | Physician | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="220.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Vilma A. Joseph M.D. | | Date of Receipt |
| Mailing Address 682 Frick St | | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Elmont | NY | 11003-4135 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1860109 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="41.60"/> |
| Name of Employer | Occupation | |
| Monetefiore Medical Center Albert Eins | Physician | |
| 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. Wendy B. Kang M.D., J.D. | | Date of Receipt |
| Mailing Address 7703 Floyd Curl Dr Mail Code 7838 University of Texas Health Science | | <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| San Antonio | TX | 78229-3901 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1863978 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer | Occupation | |
| University of Texas Health Science Cen | Clinical Professor of Anesthesiology | |
| 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) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="311.60"/> |
| 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: PAGE 56 OF 142
(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. Geetha Kannan M.D.

Mailing Address 249 Maison Ct

City State Zip Code
 Altamonte Springs FL 32714-5905

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

Name of Employer Occupation
 JLR Medical Group Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 224.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2012

Transaction ID : C1860089

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
B. Suresh Kannan M.D.

Mailing Address 249 Maison Ct

City State Zip Code
 Altamonte Springs FL 32714-5905

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

Name of Employer Occupation
 JLR 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
 10 / 21 / 2012

Transaction ID : C1853235

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Suresh Kannan M.D.

Mailing Address 249 Maison Ct

City State Zip Code
 Altamonte Springs FL 32714-5905

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

Name of Employer Occupation
 JLR 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
 11 / 21 / 2012

Transaction ID : C1869093

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.60

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 57 OF 142 |
| | <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. Suzanne B. Karan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 Highland Ave
 City Rochester State NY Zip Code 14620-1876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester - Strong Memor Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **416.00**

Date of Receipt **11 / 01 / 2012**
Transaction ID : C1861278
 Amount of Each Receipt this Period **41.60**

B. Thomas J. Kass M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 31207
 City Spokane State WA Zip Code 99223-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Anesthesia Group, P.S. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 21 / 2012**
Transaction ID : C1869074
 Amount of Each Receipt this Period **250.00**

C. Tripti Kataria M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 S Canal St Apt 419
 City Chicago State IL Zip Code 60606-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **916.30**

Date of Receipt **11 / 10 / 2012**
Transaction ID : C1865379
 Amount of Each Receipt this Period **83.30**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 142 |
| | <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. Scott Kercheville M.D.
Full Name (Last, First, Middle Initial)

Mailing Address Mail Code 7838
7703 Floyd Curl Drive

City San Antonio State TX Zip Code 78229-3900

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

Name of Employer UTHSCSA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.50

Date of Receipt
11 / 01 / 2012
Transaction ID : C1861252

Amount of Each Receipt this Period
83.30

B. James K. Kerr III, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2165 Herschel St

City Jacksonville State FL Zip Code 32204-3819

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

Name of Employer North Florida anesthesia Consultants, Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1082.90

Date of Receipt
10 / 18 / 2012
Transaction ID : C1850452

Amount of Each Receipt this Period
83.30

C. James K. Kerr III, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2165 Herschel St

City Jacksonville State FL Zip Code 32204-3819

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

Name of Employer North Florida anesthesia Consultants, Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1082.90

Date of Receipt
11 / 11 / 2012
Transaction ID : C1865383

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 59 OF 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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 K. Kerr III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Herschel St
 City Jacksonville State FL Zip Code 32204-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Florida anesthesia Consultants, Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1082.90

Date of Receipt 11 / 18 / 2012
Transaction ID : C1868846
 Amount of Each Receipt this Period 83.30

B. Rubin Kesner D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Hearthstone Dr
 City Gansevoort State NY Zip Code 12831-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Group of Albany Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.30

Date of Receipt 11 / 13 / 2012
Transaction ID : C1865575
 Amount of Each Receipt this Period 83.30

C. Michael S. Kincaid M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13029 NE 144th Pl
 City Kirkland State WA Zip Code 98034-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Matrix Anesthesia - Evergreen Medical Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1098.00

Date of Receipt 10 / 22 / 2012
Transaction ID : C1853518
 Amount of Each Receipt this Period 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 266.60 |
| 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 60 OF 142 |
| | <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. Michael S. Kincaid M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13029 NE 144th Pl
 City Kirkland State WA Zip Code 98034-1305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Matrix Anesthesia - Evergreen Medical Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1098.00**

Date of Receipt **11 / 22 / 2012**
Transaction ID : C1870090
 Amount of Each Receipt this Period **100.00**

B. Brian W. King M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 23
 City Willimantic State CT Zip Code 06226-0023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : C1851686
 Amount of Each Receipt this Period **250.00**

C. Jeffrey G. King M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2763 Meeting Pl
 City Orlando State FL Zip Code 32814-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **665.80**

Date of Receipt **10 / 25 / 2012**
Transaction ID : C1859204
 Amount of Each Receipt this Period **41.60**

SUBTOTAL of Receipts This Page (optional)..... **391.60**
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 142 |
| | <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. Jeffrey G. King M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2763 Meeting Pl
 City Orlando State FL Zip Code 32814-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.80

Date of Receipt 11 / 25 / 2012
Transaction ID : C1870140
 Amount of Each Receipt this Period 41.60

B. Steven M. Koppel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Woodland Dr
 City Deerfield State IL Zip Code 60015-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NorthShore University Health Systems Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 21 / 2012
Transaction ID : C1853245
 Amount of Each Receipt this Period 25.00

c. Steven M. Koppel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Woodland Dr
 City Deerfield State IL Zip Code 60015-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NorthShore University Health Systems Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 21 / 2012
Transaction ID : C1869088
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.60
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 62 OF 142 |
| | <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. Aristides Koutrouvelis M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2012 Transaction ID : C1868574 |
| Mailing Address 301 University Blvd Ste 2A - Anes University of Texas Medical Branch | | Amount of Each Receipt this Period 1000.00 |
| City Galveston State TX Zip Code 77555-0591 | FEC ID number of contributing federal political committee. C | |
| Name of Employer University of Texas Medical Branch Gal | Occupation Physician | |
| 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. David M. Krhovsky M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012 Transaction ID : C1861244 |
| Mailing Address 2248 Shawnee Dr SE | | Amount of Each Receipt this Period 83.30 |
| City Grand Rapids State MI Zip Code 49506-5335 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Anesthesia Practice Consultants | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.30 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Catherine M. Kuhn M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1865581 |
| Mailing Address 14 Kendall Drive Duke University Medical School | | Amount of Each Receipt this Period 100.00 |
| City Chapel Hill State NC Zip Code 27517-5644 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Duke University Medical School | Occupation Associate Professor of Anesthsiology R | |
| 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).....▶ | 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: (check only one) | PAGE 63 OF 142 |
| | <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. Scott M. Kuhnert M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 4640 Hawk Hollow Dr E

City Bath State MI Zip Code 48808-8776

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

Name of Employer Matrix Pain Management, PC Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.20

Date of Receipt 11 / 17 / 2012
Transaction ID : C1868801

Amount of Each Receipt this Period 83.30

B. Hung-Chi Kwok M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2732 Muir Woods Dr., SE

City Hampton Cove State AL Zip Code 35763

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

Name of Employer Alabama Anes. of Huntsville, LLC Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 11 / 17 / 2012
Transaction ID : C1868790

Amount of Each Receipt this Period 175.00

C. 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 ▼ 916.30

Date of Receipt 11 / 16 / 2012
Transaction ID : C1868748

Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 341.60

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 142 |
| | <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 A. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6650 Pasture Lands Pl.
 City Winter Garden State FL Zip Code 34787-6229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt 11 / 11 / 2012
Transaction ID : C1865382
 Amount of Each Receipt this Period 41.60

B. Michael C. Lewis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 W 8th St Professor Chair Anesthesiology
 City Jacksonville State FL Zip Code 32209-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida College of Medic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.10

Date of Receipt 11 / 05 / 2012
Transaction ID : C1861886
 Amount of Each Receipt this Period 83.30

C. J. Lance Lichtor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4668 #8824
 City New York State NY Zip Code 10163-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Department of Anesthes Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.80

Date of Receipt 10 / 18 / 2012
Transaction ID : C1850443
 Amount of Each Receipt this Period 41.60

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 65 OF 142 |
| | <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 11 / 05 / 2012 |
| Mailing Address PO Box 4668 #8824 | | Transaction ID : C1861885 |
| City New York | State NY | Zip Code 10163-4668 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 41.60 | |
| 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 ▼ 540.80 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. J. Lance Lichtor M.D. | | Date of Receipt MM / DD / YYYY 11 / 18 / 2012 |
| Mailing Address PO Box 4668 #8824 | | Transaction ID : C1868839 |
| City New York | State NY | Zip Code 10163-4668 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 41.60 | |
| 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 ▼ 540.80 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. John E. Lindsey Jr., M.D. | | Date of Receipt MM / DD / YYYY 11 / 13 / 2012 |
| Mailing Address 2502 S. 186th Circle | | Transaction ID : C1865583 |
| City Omaha | State NE | Zip Code 68130 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 83.30 | |
| Name of Employer Orthopaedic Anesthesia Specialists | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1082.90 | |

| | |
|--|--------|
| 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 66 OF 142 |
| | <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 E. Lindsey Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2502 S. 186th Circle
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Anesthesia Specialists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1082.90**

Date of Receipt **11 / 15 / 2012**
Transaction ID : C1868517
 Amount of Each Receipt this Period **83.30**

B. Maria Lozano-Gorena M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5001 Quince Ave
 City McAllen State TX Zip Code 78501-8185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rio Grande Regional Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **11 / 13 / 2012**
Transaction ID : C1865579
 Amount of Each Receipt this Period **83.30**

C. Joshua L. Lumbley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Medical Cent Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **540.80**

Date of Receipt **10 / 20 / 2012**
Transaction ID : C1853217
 Amount of Each Receipt this Period **41.60**

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 67 OF 142 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

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

A. Joshua L. Lumbley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Medical Cent Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **540.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2012
Transaction ID : C1861851
 Amount of Each Receipt this Period
41.60

B. Joshua L. Lumbley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 N411 Doan Hall
 City Columbus State OH Zip Code 43210-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Medical Cent Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **540.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : C1868984
 Amount of Each Receipt this Period
41.60

C. Li Ma M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Linden Pl Apt 2
 City Brookline State MA Zip Code 02445-7856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : C1868749
 Amount of Each Receipt this Period
25.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 108.20 |
| 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 68 OF 142 |
| | <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. Asif M. Malik M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2012 Transaction ID : C1858116 |
| Mailing Address 2760 Charnwood Dr | | Amount of Each Receipt this Period 83.30 |
| City Troy | State MI | Zip Code 48098-2184 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Henry Ford West Bloomfield Hospital An | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Asif M. Malik M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2012 Transaction ID : C1870123 |
| Mailing Address 2760 Charnwood Dr | | Amount of Each Receipt this Period 83.30 |
| City Troy | State MI | Zip Code 48098-2184 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Henry Ford West Bloomfield Hospital An | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Murali K. Mamidi M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1866569 |
| Mailing Address 4242 Medical Drive Suite 3100 | | Amount of Each Receipt this Period 250.00 |
| City San Antonio | State TX | Zip Code 78229 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Tejas Anesthesia | Occupation Anesthesiologist | |
| 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).....▶ | 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 142 |
| | <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 M M / D D / Y Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1865658 |
| Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845 | | Amount of Each Receipt this Period 83.34 |
| City Birmingham | State AL | Zip Code 35249-0001 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer UAB Department of Anesthesiology | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 830.34 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Kurt W. Markgraf M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2012 Transaction ID : C1861840 |
| 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 Medical Anesthesia and Pain Management | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1082.90 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Kurt W. Markgraf M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1865591 |
| 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 Medical Anesthesia and Pain Management | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1082.90 | |

| | |
|--|--------|
| 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 70 OF 142 |
| | <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. Timothy Martin M.D.
Full Name (Last, First, Middle Initial)

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 ▼ **698.00**

Date of Receipt
11 / 13 / 2012

Transaction ID : C1865592

Amount of Each Receipt this Period
100.00

B. Lena M. Mayes M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2803 Joliet St

City Denver State CO Zip Code 80238-3230

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

Name of Employer UNC Hospitals at Chapel Hill; Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
11 / 08 / 2012

Transaction ID : C1863971

Amount of Each Receipt this Period
300.00

C. Richard A. McCluney M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3077 Plantation Cir E

City Tupelo State MS Zip Code 38804-9738

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

Name of Employer Tupelo Anesthesia Group, P.A. Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 06 / 2012

Transaction ID : C1863713

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **650.00**

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 71 OF 142 |
| | <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. 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 ▼ 249.60

Date of Receipt 11 / 01 / 2012
Transaction ID : C1861279
 Amount of Each Receipt this Period 41.60

B. Felicia M. McCreary M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4724 N. 69th St.
 City Scottsdale State AZ Zip Code 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anesthesiology Consultants Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 21 / 2012
Transaction ID : C1853243
 Amount of Each Receipt this Period 100.00

C. Felicia M. McCreary M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4724 N. 69th St.
 City Scottsdale State AZ Zip Code 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anesthesiology Consultants Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 21 / 2012
Transaction ID : C1869086
 Amount of Each Receipt this Period 100.00

| | |
|--|--------|
| 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: (check only one) | PAGE 72 OF 142 |
| | <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. William A. McDade M.D., Ph.D | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012 |
| Mailing Address 5801 S Ellis Ave, RM 514 Dept of Anes & Critical Care | | Transaction ID : C1860079 |
| City Chicago | State IL | Zip Code 60637 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 41.60 |
| Name of Employer Univ. of Chicago | 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. Brian P. McGlinch M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2012 |
| Mailing Address 3364 Hidden Creek Lane, N.E. | | Transaction ID : C1865593 |
| City Rochester | State MN | Zip Code 55906 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 83.30 |
| Name of Employer Mayo Clinic Anesthesiology | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1580.90 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Brian P. McGlinch M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2012 |
| Mailing Address 3364 Hidden Creek Lane, N.E. | | Transaction ID : C1868507 |
| City Rochester | State MN | Zip Code 55906 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 83.30 |
| Name of Employer Mayo Clinic Anesthesiology | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1580.90 | |

| | |
|--|--------|
| 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 73 OF 142 |
| | <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. 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 ▼ **913.90**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 30 | / | 2012 |

Transaction ID : C1860209

Amount of Each Receipt this Period

| |
|-------|
| 83.30 |
|-------|

B. James R. Mesrobian M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 827 E Birch Ave

| | | |
|-----------------------|-------------|------------------------|
| City Whitefish Bay | State WI | Zip Code 53217-5360 |
|-----------------------|-------------|------------------------|

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 ▼ **1166.60**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 02 | / | 2012 |

Transaction ID : C1861675

Amount of Each Receipt this Period

| |
|-------|
| 83.30 |
|-------|

C. Berend Mets M.B.,Ch.B.
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Anes, H187
500 University Dr Rm C2840

| | | |
|-----------------|-------------|------------------------|
| City Hershey | State PA | Zip Code 17033-0850 |
|-----------------|-------------|------------------------|

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

| | |
|---|------------------------|
| Name of Employer Penn State Hershey Medical Center | Occupation Chairman |
|---|------------------------|

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 |
| 11 | / | 07 | / | 2012 |

Transaction ID : C1863956

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 74 OF 142 |
| | <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. Gregory S. Miller M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3523 S CROYDON CT

City Spokane State WA Zip Code 99203-1641

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

Name of Employer Occupation
PAG Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 08 / 2012
Transaction ID : C1863984

Amount of Each Receipt this Period
240.00

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

Mailing Address 15936 Oak Park Ct

City Westfield State IN Zip Code 46074-9140

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

Name of Employer Occupation
ACI-LLC Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
874.00

Date of Receipt
11 / 06 / 2012
Transaction ID : C1862073

Amount of Each Receipt this Period
83.30

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 Occupation
Desert Anesthesiologists physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.30

Date of Receipt
11 / 15 / 2012
Transaction ID : C1868508

Amount of Each Receipt this Period
83.30

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 406.60 |
| 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 75 OF 142
(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. Brian Mitchell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3710 SW US Veterans Hospital Rd
 City Portland State OR Zip Code 97239-2964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Portland VA Medical Center P3- ANES Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 11 / 13 / 2012
Transaction ID : C1865608
 Amount of Each Receipt this Period 41.60

B. Richard C. Month M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Hamilton St 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 ▼ 330.60

Date of Receipt 11 / 12 / 2012
Transaction ID : C1865404
 Amount of Each Receipt this Period 83.30

C. 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 ▼ 499.80

Date of Receipt 11 / 04 / 2012
Transaction ID : C1861852
 Amount of Each Receipt this Period 83.30

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 76 OF 142 |
| | <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. Roger A. Moore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 435 Camden Ave
 City Moorestown State NJ Zip Code 08057
 Name of Employer Deborah Heart and Lung Center Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2012
Transaction ID : C1859187
 Amount of Each Receipt this Period 1000.00

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
 Name of Employer Stark County Anesthesia, Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt 10 / 30 / 2012
Transaction ID : C1860223
 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
 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 11 / 07 / 2012
Transaction ID : C1862169
 Amount of Each Receipt this Period 250.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 142 |
| | <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. William E. Moss D.O. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 Transaction ID : C1851148 |
| Mailing Address 3142 Rock Park Dr | | Amount of Each Receipt this Period 500.00 |
| City Fort Collins | State CO | Zip Code 80528-9483 |
| FEC ID number of contributing federal political committee. C | Name of Employer Northern CO Anesth. Prof. Consultants | 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. Martin C. Muller M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2012 Transaction ID : C1870096 |
| Mailing Address 707 SW Washington St., Suite 700 | | Amount of Each Receipt this Period 250.00 |
| City Portland | State OR | Zip Code 97205 |
| FEC ID number of contributing federal political committee. C | Name of Employer OAG | 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. Joel H. Mumford M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1865594 |
| Mailing Address 221 Elm Hill St | | Amount of Each Receipt this Period 87.10 |
| City Springfield | State VT | Zip Code 05156-2424 |
| FEC ID number of contributing federal political committee. C | Name of Employer V A Medical Center | Occupation anesthesiologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 795.10 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 837.10 |
| 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 142 |
| | <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 Murray M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 Transaction ID : C1850453 |
| Mailing Address 1924 Alcoa Highway, Box U-109 Department of Anesthesia | | Amount of Each Receipt this Period 83.30 |
| City Knoxville | State TN | Zip Code 37920 |
| 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 ▼ 333.20 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mark Murray M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2012 Transaction ID : C1868844 |
| Mailing Address 1924 Alcoa Highway, Box U-109 Department of Anesthesia | | Amount of Each Receipt this Period 83.30 |
| City Knoxville | State TN | Zip Code 37920 |
| 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 ▼ 333.20 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Robert F. Murray III, M.D. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1865609 |
| Mailing Address 19 Elm Park Blvd. | | Amount of Each Receipt this Period 83.30 |
| City Pleasant Ridge | State MI | Zip Code 48069-1106 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer William Beaumont Hospital | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.30 | |

| | |
|--|--------|
| 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 142 |
| | <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. Matthew M. Myers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 3294
 City State Zip Code
 Tupelo MS 38803-3294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tupelo Anesthesia Group, P.A. 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
 11 / 06 / 2012
Transaction ID : C1863712
 Amount of Each Receipt this Period
 500.00

B. Peter A. Nagi M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 Forest Ave
 City State Zip Code
 Mountain Brk AL 35213-2929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Alabama at Birmingham Dept of Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : C1860204
 Amount of Each Receipt this Period
 41.60

c. Jobin Nash M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 East Avenue #1304
 City State Zip Code
 Rochester NY 14604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medcenter One Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : C1859304
 Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 641.60 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 142 |
| | <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. Jobin Nash M.D. | | Date of Receipt 11 / 26 / 2012 Transaction ID : C1870152 |
| Mailing Address 200 East Avenue #1304 | | Amount of Each Receipt this Period 100.00 |
| City Rochester | State NY | Zip Code 14604 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Medcenter One | 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. Norah N. Naughton M.D. | | Date of Receipt 10 / 25 / 2012 Transaction ID : C1859265 |
| Mailing Address 4270 Plymouth Road | | Amount of Each Receipt this Period 83.30 |
| City Ann Arbor | State MI | Zip Code 48109 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer University of Michigan | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Donald L. Neirink M.D. | | Date of Receipt 10 / 28 / 2012 Transaction ID : C1860086 |
| Mailing Address 7018 Oakhurst Ridge Rd | | Amount of Each Receipt this Period 25.00 |
| City Clarkston | State MI | Zip Code 48348 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer South Oakland Anesthesia Associates | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1050.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 208.30 |
| 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 81 OF 142
(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 S. Nichols A.A.-C

Mailing Address 2580 Hillandale Cir

City State Zip Code
 Cumming GA 30041-6320

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

Name of Employer Occupation
 Case Western Reserve University MSA Pr Anesthesiologist Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1082.90

Date of Receipt
 11 / 05 / 2012
Transaction ID : C1861890

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Michael S. Nichols A.A.-C

Mailing Address 2580 Hillandale Cir

City State Zip Code
 Cumming GA 30041-6320

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

Name of Employer Occupation
 Case Western Reserve University MSA Pr Anesthesiologist Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1082.90

Date of Receipt
 11 / 15 / 2012
Transaction ID : C1868502

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
C. James J. Nicholson M.D.

Mailing Address W3117 County Road Pp

City State Zip Code
 Sheboygan Falls WI 53085

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

Name of Employer Occupation
 Aurora health care Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 18 / 2012
Transaction ID : C1850987

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 82 OF 142 |
| | <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. Orion Nohr M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Starlight Way
 City Falmouth State ME Zip Code 04105-2487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maine Medical Center Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : C1851498
 Amount of Each Receipt this Period
 20.00

B. Orion Nohr M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Starlight Way
 City Falmouth State ME Zip Code 04105-2487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maine Medical Center Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : C1868856
 Amount of Each Receipt this Period
 20.00

c. Richard P. O'Flynn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 White Pine Ln.
 City Rose Valley State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Society Hill Anesthesia Consultants at Occupation 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
 11 / 13 / 2012
Transaction ID : C1865603
 Amount of Each Receipt this Period
 41.60

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 81.60 |
| 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 83 OF 142 |
| | <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 F. O'Connor M.D., FCCM

Mailing Address 1919 Central Ave

City Wilmette State IL Zip Code 60091-2351

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

Name of Employer University of Chicago Hospitals 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
11 / 16 / 2012

Transaction ID : C1868755

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Anne D. Oakley M.D.

Mailing Address 707 W. Saxon Dr.

City Spokane State WA Zip Code 99203

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

Name of Employer Physician Anesthesia Group Occupation MD 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
11 / 19 / 2012

Transaction ID : C1868865

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City Decatur State IL Zip Code 62521-5529

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

Name of Employer Associated Anes. of Decatur Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1266.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1856083

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **850.00**

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

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

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

FOR LINE NUMBER: PAGE 84 OF 142
(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. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City State Zip Code
 Decatur IL 62521-5529

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

Name of Employer Occupation
 Associated Anes. of Decatur Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : C1870106

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Ronald D. Osborn D.O.

Mailing Address 14621 White Oak Dr.

City State Zip Code
 Burnsville MN 55337

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

Name of Employer Occupation
 Ridges Anesthesia PA Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : C1860077

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City State Zip Code
 Pittsford NY 14534-9633

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

Name of Employer Occupation
 Geneva General Hospital Anesthesiology Staff Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : C1856082

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: (check only one) | PAGE 85 OF 142 |
| | <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. Parag Pandya M.D. | | Date of Receipt MM / DD / YYYY 11 / 23 / 2012 Transaction ID : C1870105 |
| 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 Staff Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 916.30 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Leila Mei Pang M.D. | | Date of Receipt MM / DD / YYYY 11 / 04 / 2012 Transaction ID : C1861860 |
| Mailing Address 10 Carlotta Way | | Amount of Each Receipt this Period 500.00 |
| City Demarest | State NJ | Zip Code 07627-2501 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer New York Presbyterian Hospital Columbi | Occupation Pediatric 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) c. Thomas J. Papadimos M.D. | | Date of Receipt MM / DD / YYYY 11 / 14 / 2012 Transaction ID : C1866640 |
| Mailing Address 4313 Oak Wood Ct | | Amount of Each Receipt this Period 41.60 |
| City Dublin | State OH | Zip Code 43016-7344 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ohio State University Medical Center | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.60 | |

| | |
|--|--------|
| 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 86 OF 142 |
| | <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 ▼ 999.60

Date of Receipt 11 / 12 / 2012
Transaction ID : C1865405
 Amount of Each Receipt this Period 83.30

B. 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 ▼ 916.30

Date of Receipt 11 / 15 / 2012
Transaction ID : C1868510
 Amount of Each Receipt this Period 83.30

C. William J. Pekarske M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 E. Calle De La Cabra
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.00

Date of Receipt 11 / 09 / 2012
Transaction ID : C1864717
 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 87 OF 142 |
| | <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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.60**

Date of Receipt **11 / 13 / 2012**
Transaction ID : C1865598
 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 Gro
 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 **1916.30**

Date of Receipt **11 / 15 / 2012**
Transaction ID : C1868503
 Amount of Each Receipt this Period **83.30**

C. Vita S. Pliskow M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3502 Olympic Blvd. W.
 City University Place State WA Zip Code 98466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 13 / 2012**
Transaction ID : C1866123
 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 88 OF 142 |
| | <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 A. Poage M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Roan Dr
 City Danville State CA Zip Code 94526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MACMGI Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : C1862081
 Amount of Each Receipt this Period
 25.00

B. Dean Polce D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3092 Red Arrow Dr
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants, Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : C1868751
 Amount of Each Receipt this Period
 100.00

C. Roma C. Polce M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3092 Red Arrow Dr.
 City Las Vegas State NV Zip Code 89135-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAMC Southern Nevada Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1663.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : C1868752
 Amount of Each Receipt this Period
 83.30

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 208.30 |
| 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 89 OF 142 |
| | <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. Trevor G. Pollard M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4242 Medical Dr., Suite #3100
 City San Antonio State TX Zip Code 78229-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Anesthesia, P.A. 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
 11 / 06 / 2012
Transaction ID : C1863703
 Amount of Each Receipt this Period
 500.00

B. 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 ▼ 833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : C1861246
 Amount of Each Receipt this Period
 83.30

C. Matthew D. Price M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 50791 Chesapeake Dr.
 City Novi State MI Zip Code 48374-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : C1851621
 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: | PAGE 90 OF 142 |
| | (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. Matthew D. Price M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2012 Transaction ID : C1868855 |
| Mailing Address 50791 Chesapeake Dr. | | Amount of Each Receipt this Period 83.30 |
| City Novi | State MI | Zip Code 48374-2552 |
| FEC ID number of contributing federal political committee. C | Name of Employer South Oakland Anesthesia Associates PC | Occupation Anesthesiologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 249.90 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kevin L. Queen A.A.-C | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2012 Transaction ID : C1854173 |
| Mailing Address 11727 Old Ballas Rd Apt 401 | | Amount of Each Receipt this Period 250.00 |
| City Saint Louis | State MO | Zip Code 63141-3408 |
| FEC ID number of contributing federal political committee. C | Name of Employer Western Anesthesiology Associates Inc. | Occupation Anesthesiologist Assistant |
| 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. Timothy J. Quill M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : C1868728 |
| Mailing Address 27 Stevens Rd | | Amount of Each Receipt this Period 250.00 |
| City Hanover | State NH | Zip Code 03755-3115 |
| FEC ID number of contributing federal political committee. C | Name of Employer Dartmouth Hitchcock Medical Center | Occupation Physician |
| 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).....▶ | 583.30 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 91 OF 142
(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. Nathan M. Rachman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 Killarney Dr
 City Ormond Beach State FL Zip Code 32174-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Halifax Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 10 / 18 / 2012
Transaction ID : C1850449
 Amount of Each Receipt this Period 41.60

B. Nathan M. Rachman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 Killarney Dr
 City Ormond Beach State FL Zip Code 32174-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Halifax Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 11 / 18 / 2012
Transaction ID : C1868842
 Amount of Each Receipt this Period 41.60

C. Mark A. Rainosek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Central, S.E.
 City Albuquerque State NM Zip Code 87106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 27 / 2012
Transaction ID : C1860078
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ► 108.20
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 92 OF 142 |
| | <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. Sripad P. Rao M.D. | | Date of Receipt 11 / 05 / 2012 Transaction ID : C1861882 |
| Mailing Address 1504 Bay Rd Apt 3307 | | Amount of Each Receipt this Period 83.30 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 913.90 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Deborah K. Rasch M.D. | | Date of Receipt 11 / 04 / 2012 Transaction ID : C1861858 |
| Mailing Address 4242 Medical Drive Suite 3100 | | Amount of Each Receipt this Period 250.00 |
| City San Antonio | State TX | Zip Code 78229 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Tejas Anesthesia | Occupation pediatric 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. David R. Rehn M.D. | | Date of Receipt 10 / 20 / 2012 Transaction ID : C1853227 |
| Mailing Address 555 Clarissa Ct | | Amount of Each Receipt this Period 250.00 |
| City Naperville | State IL | Zip Code 60540-8101 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Dupage Valley Anesthesiologists, Ltd. | Occupation Anesthesiologist | |
| 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).....▶ | 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 93 OF 142 |
| | <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. Alan D. Reitz M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 922 10th Ave. North

City Sartell State MN Zip Code 56377

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

Name of Employer Anesthesia Associates of St. Cloud Occupation Physician

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
11 / 13 / 2012

Transaction ID : C1865655

Amount of Each Receipt this Period
250.00

B. Thomas J. Rich M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Keelingwood Ct.

City Virginia Beach State VA Zip Code 23454

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

Name of Employer Atlantic Anesthesia, Inc. Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : C1862075

Amount of Each Receipt this Period
41.60

C. Jeffrey M. Ricketts D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 880 Bradford Holw NE

City Grand Rapids State MI Zip Code 49525-3300

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

Name of Employer Anesthesia Medical Consultants, P.C. Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : C1860119

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **791.60**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 142 |
| | <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 M. Ricketts D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 Bradford Holw NE
 City Grand Rapids State MI Zip Code 49525-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Medical Consultants, P.C. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2012
Transaction ID : C1860120
 Amount of Each Receipt this Period
 50.00

B. Cameron J. Ricks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 33965 Malaga Dr
 City Dana Point State CA Zip Code 92629-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Irvine Dept Anes Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : C1868753
 Amount of Each Receipt this Period
 41.60

C. Russell D. Rider M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5315 S. Park Lane
 City Spokane State WA Zip Code 99223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PAG Occupation M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : C1869014
 Amount of Each Receipt this Period
 240.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 331.60 |
| 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 95 OF 142 |
| | <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. Edwin A. Risi Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19543 SW 39th St
 City Miramar State FL Zip Code 33029-2734
 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 **11 / 08 / 2012**
Transaction ID : C1862305
 Amount of Each Receipt this Period **100.00**

B. Russell S. Roberson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Blue Jay Lane
 City Coppell State TX Zip Code 75019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNH Hospitals Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **11 / 05 / 2012**
Transaction ID : C1861894
 Amount of Each Receipt this Period **250.00**

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 **10 / 22 / 2012**
Transaction ID : C1853522
 Amount of Each Receipt this Period **83.30**

| | |
|---|---------------|
| 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 96 OF 142 |
| | <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. Charles M. Robertson M.D. | | Date of Receipt 11 / 22 / 2012 Transaction ID : C1870094 |
| Mailing Address 660 South Euclid Ave Campus Box 8054 - Anesthesiology | | Amount of Each Receipt this Period 83.30 |
| 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: <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. Edward S. Robinson M.D. | | Date of Receipt 11 / 13 / 2012 Transaction ID : C1865578 |
| Mailing Address 417 E 37th St | | Amount of Each Receipt this Period 75.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Leopoldo V. Rodriguez M.D. | | Date of Receipt 11 / 07 / 2012 Transaction ID : C1862173 |
| Mailing Address 21050 NE 38th Ave Apt 305 | | Amount of Each Receipt this Period 83.30 |
| City Aventura | State FL | Zip Code 33180-4073 |
| FEC ID number of contributing federal political committee. C | Name of Employer Sheridan Healthcare Inc | Occupation Anesthesiology |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 416.50 | |

| | |
|--|--------|
| 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: (check only one) | PAGE 97 OF 142 |
| | <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. Scott T. Roethle M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2012 Transaction ID : C1861854 |
| Mailing Address 5005 W 131 Terr | | Amount of Each Receipt this Period 83.30 |
| City Leawood | State KS | Zip Code 66209 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer AAKC | Occupation MDA | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1166.60 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. John Rogoski D.O. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 Transaction ID : C1850442 |
| Mailing Address Dept. of Anesthesiology Doan Hall N411 | | Amount of Each Receipt this Period 83.30 |
| City Columbus | State OH | Zip Code 43210 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Wexner Medical Center | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.60 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. John Rogoski D.O. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 Transaction ID : C1868518 |
| Mailing Address Dept. of Anesthesiology Doan Hall N411 | | Amount of Each Receipt this Period 83.30 |
| City Columbus | State OH | Zip Code 43210 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Wexner Medical Center | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 999.60 | |

| | |
|--|--------|
| 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 98 OF 142 |
| | <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. Frank A. Rosinia M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 Transaction ID : C1850445 |
| Mailing Address 23 Idlewood PI | | Amount of Each Receipt this Period 83.30 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1016.30 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Frank A. Rosinia M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : C1861891 |
| Mailing Address 23 Idlewood PI | | Amount of Each Receipt this Period 50.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1016.30 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Frank A. Rosinia M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2012 Transaction ID : C1868841 |
| Mailing Address 23 Idlewood PI | | Amount of Each Receipt this Period 83.30 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1016.30 | |

| | |
|--|--------|
| 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: (check only one) | PAGE 99 OF 142 |
| | <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. Deborah A. Rusy M.D. | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2012 Transaction ID : C1866122 |
| Mailing Address 412 Farwell Dr | | | Amount of Each Receipt this Period 250.00 |
| City Madison | State WI | Zip Code 53704-6026 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 250.00 |
| Name of Employer UWMF Dept of Anesthesiology | | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) B. Rita Fattouch Saikali M.D. | | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2012 Transaction ID : C1860180 |
| Mailing Address 52 Prince of Wales Ct | | | Amount of Each Receipt this Period 50.00 |
| City Williamsville | State NY | Zip Code 14221-1900 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 450.00 |
| Name of Employer Wagdy Ghaly MD PC | | Occupation Resident | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|--------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mahesh P. Sardesai M.D. | | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 Transaction ID : C1850444 |
| Mailing Address 1304 Fairstead Lane | | | Amount of Each Receipt this Period 83.30 |
| City Pittsburgh | State PA | Zip Code 15217 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date ▼ 916.30 |
| Name of Employer UPMC Shadyside | | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 383.30 |
| 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 142 |
| | <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. 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 ▼ **916.30**

Date of Receipt **11 / 18 / 2012**
Transaction ID : C1868840
 Amount of Each Receipt this Period **83.30**

B. Mark A. Schneider M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 N Hampshire Ct
 City Wilmington State DE Zip Code 19807-2535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Services, PA. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 18 / 2012**
Transaction ID : C1850950
 Amount of Each Receipt this Period **500.00**

C. James A. Scowcroft M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 W 139th St
 Anesthesia Assoc. of Kansas City
 City Overland Park State KS Zip Code 66224-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Assoc. of Kansas City Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **332.80**

Date of Receipt **11 / 03 / 2012**
Transaction ID : C1861816
 Amount of Each Receipt this Period **41.60**

| | |
|--|---------------|
| 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 101 OF 142 |
| | <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. Fred E. Shapiro D.O.
Full Name (Last, First, Middle Initial)

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 ▼
249.60

Date of Receipt
11 / 01 / 2012
Transaction ID : C1861247

Amount of Each Receipt this Period
83.30

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 ▼
1082.90

Date of Receipt
11 / 13 / 2012
Transaction ID : C1865599

Amount of Each Receipt this Period
83.30

C. 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 ▼
1082.90

Date of Receipt
11 / 16 / 2012
Transaction ID : C1868740

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 102 OF 142 |
| | <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 W. Siegel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7014 Guadalupe Trail, N.W.
 City Albuquerque State NM Zip Code 87107-6608
 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 **2000.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : C1853207
 Amount of Each Receipt this Period **1000.00**

B. Douglas R. Sillart M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 Lake Shore Road
 City Derby State NY Zip Code 14047-9748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maple Gate Anes. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 05 / 2012**
Transaction ID : C1861990
 Amount of Each Receipt this Period **250.00**

C. Gary S. Silver M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1914 Summerwood Dr.
 City Farmington State UT Zip Code 84025-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gary S. Silver, M.D. Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 15 / 2012**
Transaction ID : C1868520
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1550.00**
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 142 |
| | <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. Michael B. Simon M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 35 Gellatly Dr

City Wappingers Falls State NY Zip Code 12590

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 ▼ **749.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : C1861884

Amount of Each Receipt this Period
83.30

B. Jean A. Simonson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 924 20th Ave. Cir.

City Blair State NE Zip Code 68008-1299

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

Name of Employer University of Nebraska Medical Center Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2012

Transaction ID : C1868788

Amount of Each Receipt this Period
500.00

c. 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 ▼ **208.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2012

Transaction ID : C1866646

Amount of Each Receipt this Period
41.60

| | |
|--|---------------|
| 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 104 OF 142 |
| | <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 TeamHealth Occupation Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.60

Date of Receipt 11 / 03 / 2012
Transaction ID : C1861825
 Amount of Each Receipt this Period 83.30

B. Robert H. Small M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave Dept of Anes - N411 Doan Hall
 City Columbus State OH Zip Code 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.30

Date of Receipt 11 / 13 / 2012
Transaction ID : C1865600
 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 Vestavia State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.00

Date of Receipt 11 / 08 / 2012
Transaction ID : C1862308
 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 105 OF 142
(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 F. Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2138 Locklin Ln.
 City West Bloomfield State MI Zip Code 48324-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2012
Transaction ID : C1868576
 Amount of Each Receipt this Period 1000.00

B. Paul R. Smythe M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 1500 E. Medical Center Drive
 City Ann Arbor State MI Zip Code 48109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation faculty anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 25 / 2012
Transaction ID : C1859209
 Amount of Each Receipt this Period 50.00

C. Paul R. Smythe M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 1500 E. Medical Center Drive
 City Ann Arbor State MI Zip Code 48109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation faculty anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 25 / 2012
Transaction ID : C1870144
 Amount of Each Receipt this Period 50.00

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: (check only one) | PAGE 106 OF 142 |
| | <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. Roy G. Soto M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 355 Sycamore Ct

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer William Beaumont Hospital Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2012

Transaction ID : C1862168

Amount of Each Receipt this Period
41.60

B. Spiro G. Spanakis D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 65 Lake Ave., #1005

City Worcester State MA Zip Code 01604

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

Name of Employer University of Massachussetts Medical S Occupation Assistant Professor of Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1856087

Amount of Each Receipt this Period
41.60

c. Spiro G. Spanakis D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 65 Lake Ave., #1005

City Worcester State MA Zip Code 01604

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

Name of Employer University of Massachussetts Medical S Occupation Assistant Professor of Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2012

Transaction ID : C1870110

Amount of Each Receipt this Period
41.60

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 124.80 |
| 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 107 OF 142 |
| | <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. Brett M. Sprtel M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 11934 Crossing Deer Ct

City Roscommon State MI Zip Code 48653-7538

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

Name of Employer Mercy Hospital Grayling Dept of Anesth Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **997.50**

Date of Receipt **11 / 09 / 2012**

Transaction ID : C1864716

Amount of Each Receipt this Period **83.30**

B. Myra C. Stamps M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 4436 Jett Rd NW

City Atlanta State GA Zip Code 30327-3565

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

Name of Employer Ambulatory Anesthesia of Atlanta Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 05 / 2012**

Transaction ID : C1861880

Amount of Each Receipt this Period **25.00**

C. Andrew Stasic M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 702 Barnhill Dr Rm 2001

City Indianapolis State IN Zip Code 46202-5128

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

Name of Employer Indiana Univ. School of Medicine Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 15 / 2012**

Transaction ID : C1868729

Amount of Each Receipt this Period **500.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 608.30 |
| 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 108 OF 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Erica Stein M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 |
| Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall | | Transaction ID : C1861892 |
| City Columbus | State OH | Zip Code 43210-1240 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 83.30 |
| Name of Employer ohio state university | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. John H. Stephenson M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2012 |
| Mailing Address 5671 Peachtree Dunwoody Road Suite 530 | | Transaction ID : C1861674 |
| City Atlanta | State GA | Zip Code 30342 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 83.30 |
| 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 ▼ 1248.90 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. John H. Stephenson M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2012 |
| Mailing Address 5671 Peachtree Dunwoody Road Suite 530 | | Transaction ID : C1866642 |
| City Atlanta | State GA | Zip Code 30342 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 83.30 |
| 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 ▼ 1248.90 | |

| | |
|--|--------|
| 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 109 OF 142
(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. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City State Zip Code
 Cullman AL 35055-5385

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

Name of Employer Occupation
 Alabama Pain Center Cullman Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2012

Transaction ID : C1853218

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
B. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City State Zip Code
 Cullman AL 35055-5385

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

Name of Employer Occupation
 Alabama Pain Center Cullman Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : C1868985

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
c. Wyndam M. Strodtbeck M.D.

Mailing Address 5692 179th Ave SE

City State Zip Code
 Bellevue WA 98006

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

Name of Employer Occupation
 Virginia Mason 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
11 / 15 / 2012

Transaction ID : C1868565

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **625.00**

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 110 OF 142 |
| | <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 E. Szewczyk M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2905
 City Loves Park State IL Zip Code 61132-2905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockford Anesthesia Assoc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : C1853189
 Amount of Each Receipt this Period **500.00**

B. Kurosh Takhtehchian D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 822 E Glenwood Rd
 City Glenview State IL Zip Code 60025-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer parkridge anesthesia associates Occupation anesthesiologist and critical care med
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 19 / 2012**
Transaction ID : C1851496
 Amount of Each Receipt this Period **500.00**

C. Joseph Talarico D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address University of Pittsburgh Medical C
 200 Lothrop St C-205
 City Pittsburgh State PA Zip Code 15213-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pittsburgh Medical Center Occupation Assistant Professor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **456.00**

Date of Receipt **11 / 14 / 2012**
Transaction ID : C1866656
 Amount of Each Receipt this Period **20.00**

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 111 OF 142 |
| | <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. Samuel E. Talsma M.D.

Mailing Address 2110 Dorset Rd.

City Ann Arbor State MI Zip Code 48104

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

Name of Employer anesthesia assoc of ann arbor Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.70**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 07 / 2012

Transaction ID : C1862167

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. Marcy W. Thomas B.S., M.S.

Mailing Address 10615 Woodpecker Rd

City Chesterfield State VA Zip Code 23838-4308

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

Name of Employer Virginia Eye Institute Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.20**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 13 / 2012

Transaction ID : C1865602

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
C. Kyle Thompson M.D.

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 ▼ **958.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C1861218

Amount of Each Receipt this Period
83.34

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 208.24 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 OF 142 |
| | <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. Susan J. Thompson M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 W. 32nd Ave.
 City Spokane State WA Zip Code 99203-1330
 Name of Employer Physician Anesthesia Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 15 / 2012
Transaction ID : C1868730
 Amount of Each Receipt this Period 250.00

B. Susan J. Thompson M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 W. 32nd Ave.
 City Spokane State WA Zip Code 99203-1330
 Name of Employer Physician Anesthesia Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 19 / 2012
Transaction ID : C1868881
 Amount of Each Receipt this Period 100.00

c. Christopher A. Troianos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Heights Dr
 City Gibsonia State PA Zip Code 15044-6032
 Name of Employer Allegheny Health Network Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.00

Date of Receipt 11 / 05 / 2012
Transaction ID : C1861883
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.30
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 113 OF 142
(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. Terrence Truxillo M.D.

Mailing Address Department of Anesthesiology
 1514 Jefferson Highway

City State Zip Code
 New Orleans LA 70121-2429

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

Name of Employer Occupation
 Ochsner Medical Center Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 457.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : C1866641

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
B. Christopher Turner M.D., Ph.D

Mailing Address 3100 Shore Dr
 Bay Area Med Ctr Dept of Anes

City State Zip Code
 Marinette WI 54143-4242

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

Name of Employer Occupation
 Bay Area Med Ctr Dept of Anes Anesthesiologist

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
 10 / 20 / 2012
Transaction ID : C1853219

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
c. Christopher Turner M.D., Ph.D

Mailing Address 3100 Shore Dr
 Bay Area Med Ctr Dept of Anes

City State Zip Code
 Marinette WI 54143-4242

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

Name of Employer Occupation
 Bay Area Med Ctr Dept of Anes Anesthesiologist

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
 11 / 20 / 2012
Transaction ID : C1868986

Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ► 124.80

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 114 OF 142 |
| | <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. Judi A. Turner M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 1002 Franklin Street
 City Santa Monica State CA Zip Code 90403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA 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
 11 / 13 / 2012
Transaction ID : C1866120
 Amount of Each Receipt this Period
 1000.00

B. Gary F. Tzeng M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 DVA physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2012
Transaction ID : C1868797
 Amount of Each Receipt this Period
 83.30

C. Tami L. Ulatowski M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address W268N7212 Thousand Oaks Dr
 City Sussex State WI Zip Code 53089-1854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Health Care Anesthesiology Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : C1864715
 Amount of Each Receipt this Period
 41.60

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 1124.90 |
| TOTAL This Period (last page this line number only)..... | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 142 |
| | <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. Mathew R. Van Vleck M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 Transaction ID : C1850447 |
| Mailing Address 1755 Lincolnshire Dr. | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1047.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mathew R. Van Vleck M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2012 Transaction ID : C1868848 |
| Mailing Address 1755 Lincolnshire Dr. | | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1047.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. David Varlotta D.O. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2012 Transaction ID : C1861893 |
| Mailing Address 1303 Bayshore Blvd. | | Amount of Each Receipt this Period 83.30 |
| 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: <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).....▶ | 283.30 |
| 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 116 OF 142 |
| | <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. Thomas Victors D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10286 Staples Mill Rd # 230
 City State Zip Code
 Glen Allen VA 23060-3064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West End Anesthesia Group Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2012
Transaction ID : C1853250
 Amount of Each Receipt this Period
 2500.00

B. Hector Vila Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 W Azelee St
 City State Zip Code
 Tampa FL 33609-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hector Vila Jr MD PA Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : C1866657
 Amount of Each Receipt this Period
 83.30

C. Annette Vizena M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1236 East Elizabeth, Suite 1
 City State Zip Code
 Fort Collins CO 80524-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Co Anesthesia Professional Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : C1868472
 Amount of Each Receipt this Period
 50.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2633.30 |
| 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 118 OF 142 |
| | <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. Brian E. Wallace M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2012 |
| Mailing Address 400 E Pioneer Ste 204 Rainier Anesthesia Associates | | Transaction ID : C1865390 |
| City Puyallup | State WA | Zip Code 98372-3257 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 50.00 |
| Name of Employer Rainier Anesthesia Associates | 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. Erika L. Washington M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2012 |
| Mailing Address 6431 FANNIN msb 5.020 | | Transaction ID : C1866643 |
| City HOUSTON | State TX | Zip Code 77030 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 41.60 |
| Name of Employer UTHSC-Houston Dept of Anesthesiology | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 374.40 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Alan Weiss M.D. | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2012 |
| Mailing Address 960 Royal Arms Dr | | Transaction ID : C1865406 |
| City Girard | State OH | Zip Code 44420 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 83.30 |
| Name of Employer Bel-Park Anes. Assoc. Inc. | Occupation anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1082.90 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 174.90 |
| 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 119 OF 142
(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. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr

City State Zip Code
 Girard OH 44420

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

Name of Employer Occupation
 Bel-Park Anes. Assoc. Inc. anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1082.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : C1868504

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City State Zip Code
 Tampa FL 33606

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

Name of Employer Occupation
 Florida Hospital Tampa Physician - Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 411.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : C1859202

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
C. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City State Zip Code
 Tampa FL 33606

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

Name of Employer Occupation
 Florida Hospital Tampa Physician - Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 411.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2012
Transaction ID : C1870145

Amount of Each Receipt this Period
 41.60

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 120 OF 142 |
| | <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. Gregory L. Whitaker D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1228 E Baltimore Dr
 City El Paso State TX Zip Code 79902-2121
 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 ▼ 499.80

Date of Receipt
 11 / 03 / 2012
Transaction ID : C1861818
 Amount of Each Receipt this Period
 83.30

B. John W. Whiteley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4679 Meadow Springs Dr
 City Watkinsville State GA Zip Code 30677-4649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Athens Regional Med Ctr Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.40

Date of Receipt
 10 / 24 / 2012
Transaction ID : C1857708
 Amount of Each Receipt this Period
 41.60

C. John W. Whiteley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4679 Meadow Springs Dr
 City Watkinsville State GA Zip Code 30677-4649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Athens Regional Med Ctr Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.40

Date of Receipt
 11 / 24 / 2012
Transaction ID : C1870126
 Amount of Each Receipt this Period
 41.60

| | |
|--|--------|
| 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: PAGE 121 OF 142
(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 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 ▼ 500.00

Date of Receipt 10 / 23 / 2012
Transaction ID : C1857149
 Amount of Each Receipt this Period 500.00

B. Danny L. Wilkerson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 W Markham St # 515
 Anesthesiology Department
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Clinical Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2012
Transaction ID : C1860224
 Amount of Each Receipt this Period 250.00

C. James H. Williams M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address N2201 UNC Hospitals, Campus Box 70
 Dept of Anesthesiology
 City Chapel Hill State NC Zip Code 27599-7010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Carolina Hospitals Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2012
Transaction ID : C1860481
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 142 |
| | <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 Wills M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 |
| Mailing Address 35 Camino a las Estrellas | | Transaction ID : C1851103 |
| City Placitas | State NM | Zip Code 87043-8805 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer University of New Mexico | Occupation MD | |
| 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. Bradley G. Womack M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 |
| Mailing Address PO Box 3294 | | Transaction ID : C1863707 |
| City Tupelo | State MS | Zip Code 38803-3294 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Tupelo Anes Group | 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) C. Matthew W. Zeleznik M.D. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2012 |
| Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53 | | Transaction ID : C1853521 |
| City Atlanta | State GA | Zip Code 30342 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 416.60 |
| Name of Employer Physician Specialists in Anesthesia | Occupation Anesthesiologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 416.60 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1041.60 |
| 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 123 OF 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City Atlanta State GA Zip Code 30342

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

Name of Employer Physician Specialists in Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.40**

Date of Receipt **11 / 22 / 2012**

Transaction ID : C1870093

Amount of Each Receipt this Period **416.60**

Full Name (Last, First, Middle Initial)
B. David B. Zucker M.D.

Mailing Address 5304 Eagle Ridge Ln

City Sylvania State OH Zip Code 43560-1303

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

Name of Employer Promedica Anesthesiology Consultants Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 03 / 2012**

Transaction ID : C1861833

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1041.60 |
| TOTAL This Period (last page this line number only).....▶ | 55555.48 |

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

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 124 OF 142 |
| <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. BEN CARDIN FOR SENATE | | Date of Receipt |
| Mailing Address P.O. BOX 21093 | | <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| CATONSVILLE | MD | 21228 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1859272 |
| Name of Employer | | Amount of Each Receipt this Period |
| Occupation | | <input type="text" value="1000.00"/> |
| Receipt For: 2012 | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. PRICE FOR CONGRESS | | Date of Receipt |
| Mailing Address P.O. Box 425 | | <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Roswell | GA | 30077 |
| FEC ID number of contributing federal political committee. | | Transaction ID : C1865366 |
| Name of Employer | | Amount of Each Receipt this Period |
| Occupation | | <input type="text" value="1000.00"/> |
| Receipt For: 2012 | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <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 |
| Name of Employer | | <input type="text"/> |
| 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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Credit Card Merchant

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 31 | | | 2012 | | | |

Transaction ID : D138969

Amount of Each Disbursement this Period

| |
|---------|
| 9784.97 |
|---------|

Full Name (Last, First, Middle Initial)

B. Penn Schoen Berland

Mailing Address 1110 Vermont Avenue, NW
Suite 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Internal Polling Expense

005

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: Internal Polling Exp

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 24 | | | 2012 | | | |

Transaction ID : D148784

Amount of Each Disbursement this Period

| |
|----------|
| 53856.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. Wilson Perkins Allen

Mailing Address 1319 Classen Drive

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement
Internal Polling Expenses

005

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Internal Polling Exp

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 24 | | | 2012 | | | |

Transaction ID : D148785

Amount of Each Disbursement this Period

| |
|---------|
| 9390.00 |
|---------|

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

| |
|----------|
| 73030.97 |
|----------|

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

| |
|----------|
| 73030.97 |
|----------|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB21B**

Transaction ID : **D148784**

This disbursement was inadvertently not included on the initial report. Upon further review and audit, ASAPAC discovered the discrepancy and filed the amended report as soon as the review necessary to confirm the mistake was completed.

Form/Schedule: **SB21B**

Transaction ID: **D148785**

This disbursement was inadvertently not included on the initial report. Upon further review and audit, ASAPAC discovered the discrepancy and filed the amended report as soon as the review necessary to confirm the mistake was completed.

**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. ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Mailing Address 2910 N Central Ave

City Phoenix State AZ Zip Code 85012-2704

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : D138706

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Barber Election Fund

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
AZ-04 Recount

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: AZ-04 Recount

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2012

Transaction ID : D139599

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BERA 2012 VICTORY FUND

Mailing Address 5429 MADISON AVENUE

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
CA-7 Recount

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: CA-7 Recount

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2012

Transaction ID : D139035

Amount of Each Disbursement this Period

5000.00

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

15000.00

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. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
2012 General Run-Off

011

Candidate Name

Rep. Charles Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) **Runoff**

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2012

Transaction ID : D139036

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DAVID ROUZER FOR CONGRESS

Mailing Address PO BOX 2267

City State Zip Code
Smithfield NC 27577

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. David Cheston Rouzer

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) **Runoff**

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D138538

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HOUSE MAJORITY PAC

Mailing Address 700 13th St NW
Ste 600

City State Zip Code
Washington DC 20005-3960

Purpose of Disbursement
Contribution to IE Only Committee

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) **Contribution to IE o**

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : D138704

Amount of Each Disbursement this Period

25000.00

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

35000.00

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. PATON FOR CONGRESS

Mailing Address PO BOX 68758

City Tucson State AZ Zip Code 85737

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Mr. Jonathan Paton

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 1 | 2 |

Transaction ID : D138536

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 3 | 1 | | 2 | 0 | 1 | 2 |

Transaction ID : D139026

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Rep. Chris Collins

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt Re

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 4 | | 2 | 0 | 1 | 2 |

Transaction ID : D139037

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 0 | 0 | 0 | 0 | 0 | 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. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Chris Collins

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : D138702

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 230

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Rep. Dan Maffei

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2012

Transaction ID : D139457

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Eliot L. Engel

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : D138705

Amount of Each Disbursement this Period

5000.00

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

9000.00

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. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 24 | | | 2012 | | | |

Transaction ID : D138557

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Rep. Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 20 | | | 2012 | | | |

Transaction ID : D139455

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. FRIENDS OF FRANK GUINTA

Mailing Address P.O. Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Frank Guinta

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 24 | | | 2012 | | | |

Transaction ID : D138554

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

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

| |
|---------|
| 6000.00 |
|---------|

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. BUCK MCKEON FOR CONGRESS

Mailing Address 23942 Lyons Ave #105

City State Zip Code
Santa Clarita CA 91321

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Howard P. McKeon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | / | 24 | / | 2012 |

Transaction ID : D139021

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City State Zip Code
SAN ANTONIO TX 78292

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Joaquin Castro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 22 | / | 2012 |

Transaction ID : D139023

Amount of Each Disbursement this Period

| |
|----------|
| -2000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City State Zip Code
SAN ANTONIO TX 78292

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Joaquin Castro

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 24 | / | 2012 |

Transaction ID : D139024

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

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

| |
|---------|
| 5500.00 |
|---------|

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. JOHN D. DINGELL FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. John D. Dingell

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : D138703

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. YODER FOR CONGRESS

Mailing Address P.O. Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Kevin Yoder

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D138558

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. SALMON FOR CONGRESS

Mailing Address PO BOX 1290

City MESA State AZ Zip Code 85211

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Matt Salmon

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D138555

Amount of Each Disbursement this Period

5000.00

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

8000.00

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. DR. RAUL RUIZ FOR CONGRESS COMMITTEE

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Rep. Raul Ruiz M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | / | 20 | / | 2012 |

Transaction ID : D139456

Amount of Each Disbursement this Period

| |
|----------|
| 5,000.00 |
|----------|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCOTT DESJARLAIS

Mailing Address PO Box 90133

City Nashville State TN Zip Code 37209-0133

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Scott DesJarlais

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 31 | / | 2012 |

Transaction ID : D139028

Amount of Each Disbursement this Period

| |
|----------|
| 4,000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City ROLLING MEADOWS State IL Zip Code 60008

Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Rep. Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | / | 20 | / | 2012 |

Transaction ID : D139454

Amount of Each Disbursement this Period

| |
|----------|
| 1,500.00 |
|----------|

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

| |
|----------|
| 10500.00 |
|----------|

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. COTTON FOR CONGRESS

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
Redesignation of 10/30/12

011

Category/
Type

Candidate Name

Rep. Tom Cotton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 08 | | | 2012 | | | |

Transaction ID : D139585

Amount of Each Disbursement this Period

| |
|----------|
| -5000.00 |
|----------|

Full Name (Last, First, Middle Initial)

B. COTTON FOR CONGRESS

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Tom Cotton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 08 | | | 2012 | | | |

Transaction ID : D139586

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. COTTON FOR CONGRESS

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Rep. Tom Cotton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 24 | | | 2012 | | | |

Transaction ID : D137413

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

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

| |
|---------|
| 5000.00 |
|---------|

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. MARINO FOR CONGRESS

Mailing Address PO BOX 653

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Tom Marino

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D139025

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. TOM RICE FOR CONGRESS

Mailing Address 1113 48TH AVE., N.

City MYRTLE BEACH State SC Zip Code 29577

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Tom Rice

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D138556

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address PO BOX 8105

City GLENDALE State AZ Zip Code 85312

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Trent Franks

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2012

Transaction ID : D139004

Amount of Each Disbursement this Period

2500.00

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

6500.00

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. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name

Sen. Debbie Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : D138553

Amount of Each Disbursement this Period

1000.00

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)..... ▶

1000.00

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

110500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|---|--|
| NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00255752 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee Revolution Media Group | | Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 |
| Mailing Address 1020 Princess St | | Amount 48078.25 |
| City Alexandria | State VA | |
| Zip Code 22314-2247 | Transaction ID : D138351 | |
| Purpose of Expenditure TV Placement and Production | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Andy Andy Barr | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 75000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee Revolution Media Group | | Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 |
| Mailing Address 1020 Princess St | | Amount 26921.75 |
| City Alexandria | State VA | |
| Zip Code 22314-2247 | Transaction ID : D138401 | |
| Purpose of Expenditure Radio Placement and Production | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Andy Andy Barr | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 75000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 75000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Thomas Conway

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00255752 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Revolution Media Group | | Date MM / DD / YYYY 10 / 19 / 2012 |
| Mailing Address 1020 Princess St | | Amount 69889.20 |
| City Alexandria | State VA | |
| Zip Code 22314-2247 | Transaction ID : D138402 | |
| Purpose of Expenditure TV Placement and Production | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: <u>IN</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Larry Bucshon | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 125000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Revolution Media Group | | Date MM / DD / YYYY 10 / 19 / 2012 |
| Mailing Address 1020 Princess St | | Amount 55110.80 |
| City Alexandria | State VA | |
| Zip Code 22314-2247 | Transaction ID : D138403 | |
| Purpose of Expenditure Radio Placement and Production | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: <u>IN</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Larry Bucshon | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 125000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 125000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Thomas Conway

Signature _____ [Electronically Filed] Date MM / DD / YYYY **11 / 15 / 2013**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00255752 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

| | | |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Public Response Group | | Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 |
| Mailing Address 12400 S Harlem Ave NW 2nd Fl | | Amount 75000.00 |
| City Palos Heights | State IL | |
| Zip Code 60463 | Transaction ID : D138458 | |
| Purpose of Expenditure Radio Production and Placement | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Pete Stark | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 75000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Public Response Group | | Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2012 |
| Mailing Address 12400 S Harlem Ave NW 2nd Fl | | Amount 75000.00 |
| City Palos Heights | State IL | |
| Zip Code 60463 | Transaction ID : D138459 | |
| Purpose of Expenditure Radio Production and Placement | Category/ Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Ami Bera M.D. | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 75000.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 150000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Thomas Conway

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00255752 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | |

| | | |
|--|-----------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Public Response Group | | Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 |
| Mailing Address 12400 S Harlem Ave NW 2nd Fl | | Amount M M M M M M . 0 0 50000.00 |
| City Palos Heights | State IL | Zip Code 60463 |
| Purpose of Expenditure Mail Production and Placement | Category/Type 011 | Transaction ID : D138588 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Joe Baca | | Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 43 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought M M M M M M . 0 0 50000.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Sterling Corporation | | Date M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2012 |
| Mailing Address 106 W. Allegan Suite 200 | | Amount M M M M M M . 0 0 82500.00 |
| City Lansing | State MI | Zip Code 48933 |
| Purpose of Expenditure TV Ad Placement and Production | Category/Type 011 | Transaction ID : D138589 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Dan Benishek | | Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought M M M M M M . 0 0 100000.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | M M M M M M . 0 0 132500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | M M M M M M . 0 0 |
| (c) TOTAL Independent Expenditures.....▶ | M M M M M M . 0 0 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Thomas Conway

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|--|
| NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee | FEC IDENTIFICATION NUMBER ▼ C C00255752 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee Sterling Corporation | | Date MM / DD / YYYY 10 / 24 / 2012 |
| Mailing Address 106 W. Allegan Suite 200 | | Amount 17500.00 |
| City Lansing | State Zip Code MI 48933 | |
| Purpose of Expenditure Radio Ad Placement and Produciton | Category/Type 011 | Transaction ID : D138590 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Dan Benishek | | Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 100000.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|---------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | Amount |
| City | State Zip Code | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 17500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 500000.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Thomas Conway **[Electronically Filed]** Date **11 / 15 / 2013**

Signature _____