Image# 14941852382 PAGE 1 / 208

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If over the line		12FE4M5	
American Society of Ane	esthesiologists Po	litical Action C	ommittee		
ADDRESS (number and street)	1061 American Lane				
Check if different					
than previously reported. (ACC)	Schaumburg				60173
2. FEC IDENTIFICATION NUM	BER ▼ C	CITY 🛦		STATE A	ZIP CODE ▲
C C00255752	3.	IS THIS REPORT	NEW (N) <b>OR</b>	× AN (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	ar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	A	pr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	(c) 12-Day  PRE-Election	Primary		General	
October 15 Quarterly Report (Q3)	Report for the:	Conventi	on (12C)	Special (	12S)
January 31 Year-End Report (YE)	Elec	tion on	/ D D /	Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General	(30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		tion on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 05	01 2014	throu	gh 05	/ D D /	2014
I certify that I have examined this	Report and to the best	of my knowledge a	nd belief it is tru	ie, correct and	l complete.
Type or Print Name of Treasurer	Mr. Thomas Conway				
Signature of Treasurer Mr. Thor	mas Conway	[Electron	ically Filed]	Date 07	/ 17 / Y Y Y Y Y Y Y 2014
NOTE: Submission of false, erroneou	ıs, or incomplete informat	ion may subject the	person signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name  American Society of Anesthesiolog	ists Political Action Committee	
Report Covering the Period: From:	5 01 2014 To:	05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S. (a) Cash on Hand  January 1,  2014		2060382.15
(b) Cash on Hand at Beginning of Reporting Period	1377281.96	
(c) Total Receipts (from Line 19)	185775.26	537432.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1563057.22	2597814.44
7. Total Disbursements (from Line 31)	446190.54	1480947.76
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1116866.68	1116866.68
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multical	ndidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission	

999 E Street, NW Washington, DC 20463

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Society of Anesthesiologists Political Action Committee

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	113497.56	342855.55
(i) Itemized (use Schedule A)	7	
(ii) Unitemized	21277.70	138576.74
(iii) TOTAL (add	7, 2,2,2,0	
Lines 11(a)(i) and (ii)▶	134775.26	481432.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	134775.26	481432.29
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
-		
B. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures	,	·
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal Candidates and Other		
Political Committees	1000.00	6000.00
7. Other Federal Receipts	7	
(Dividends, Interest, etc.)	50000.00	50000.00
3. Transfers from Non-Federal and Levin Funds	7	7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Tatal Transfers (add 40( ) and 40(!))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	185775.26	537432.29
). Total Federal Receipts	105775.00	507/00 00
(subtract Line 18(c) from Line 19)▶	185775.26	537432.29

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
<ol> <li>Operating Expenditures: –</li> <li>(a) Allocated Federal/Non-Federal</li> </ol>		outeridat four to bate		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating  Expenditures	2087.20	44621.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	2087.20	44621.00		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	153000.00	541800.00		
Independent Expenditures	275000.00	485390.06		
(use Schedule E) Coordinated Party Expenditures	273000.00	483390.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	103.34	3136.70		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	103.34	3136.70		
. Other Disbursements	16000.00	406000.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	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		
Tatal Diahumannanta (a.l.l.linux 24(1), 22		, , , , , , , , , , , , , , , , , , , ,		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	446190.54	1480947.76		
	446190 54	1480947.76		
2. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	446190.54	14809		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	134775.26	481432.29
4. Total Contribution Refunds (from Line 28(d))	103.34	3136.70
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	134671.92	478295.59
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2087.20	44621.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	2087.20	44621.00

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

					PAGE		6	OF	- :	208
(check only one)										
X	11a		11b		11c		12	2		
	13		14		15		16	3		17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Basem B. Abdelmalak M.D.  Mailing Address Dept of General Anesthesion 9500 Euclid Ave.  City Cleveland  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code OH 44195  C	Date of Receipt    M
Cleveland Clinic  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  3. John P. Abenstein M.S.E.E.,  Mailing Address 10978 Eleventh Ave N.W.		Date of Receipt  05 08 2014
City Oronoco  FEC ID number of contributing federal political committee.	State Zip Code MN 55960-2110	Transaction ID : C2729448  Amount of Each Receipt this Period  83.34
Name of Employer Mayo Clinic Anes. Dept.  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  416.70	
Full Name (Last, First, Middle Initial) Amr E. Abouleish M.D., M.B.  Mailing Address 4303 Evergreen Elm Ct  City Houston  FEC ID number of contributing federal political committee.	State Zip Code TX 77059-3120	Date of Receipt    M
Name of Employer  University of Texas Medical Branch  Receipt For:  Primary General  Other (specify) ▼	Occupation Professor  Aggregate Year-to-Date ▼  416.50	
SUBTOTAL of Receipts This Page (optional)		208.31
TOTAL This Period (last page this line number	er only)	

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

7 OF 208

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joel D. Ackerman M.D. Date of Receipt Mailing Address 8717 W 110th St Ste 600 2014 02 City Zip Code State Transaction ID: C2725968 KS 66210-2126 Overland Park Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Assoc of Kansas City Pain Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jerome M. Adams M.D., M.P. Date of Receipt Mailing Address 10959 Harbor Bay Dr 05 13 2014 City State Zip Code Transaction ID: C2730784 IN **Fishers** 46040 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Wishard Anesthesia Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Simon M Adanin D.O. Date of Receipt Mailing Address 2516 Waukegan Rd #353 2014 05 05 City Zip Code State Transaction ID: C2726059 IL Glenview 60025 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Midwest Anesthesia Partners physician Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional).....

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

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

FOF	FOR LINE NUMBER:			PAGE		8	OF	- 1	208	
(check only one)										
×	11a		11b		11c		12	!		
	13		14		15		16	;		17

NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Full Name (Last, First, Middle Initial)  Bruce T Adelman M.D.  Mailing Address 4896 Woodcliff Hill Rd N  City  West Bloomfield  FEC ID number of contributing federal political committee.  Name of Employer  Henry Ford Hospital West Bloomfield  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48323  C  Occupation Physician  Aggregate Year-to-Date ▼  208.35	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Michael O. Adkins M.D.  Mailing Address 1850 N Central Ave Ste 166  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Valley Anesthesia Consultants, Ltd.  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85004-4633  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Rita Agarwal M.D.  Mailing Address 13123 E 16th Ave # B090  City Aurora  FEC ID number of contributing federal political committee.  Name of Employer  Childrens Hospital Colorado  Receipt For:  Primary General Other (specify)	State Zip Code CO 80045-7106  C  Occupation Physician  Aggregate Year-to-Date ▼  208.35	Date of Receipt  05 15 2014  Transaction ID: C2732398  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	583.34
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:				PAGE		9	OF		208
(check only one)									
>	<b>1</b> 1a	11b		11c		12			
	13	14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persibe name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Nelson Algarra M.D.		Date of Receipt
Mailing Address 3901 Rainbow Blvd		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2726101
Kansas City	KS 66160-8500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Kansas Univ Med Ctr Anes Dept	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggregate rear-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Charles K. Anderson M.D., M.B.		Date of Receipt
Mailing Address 60975 Billadeau Rd		05 06 2014
City	State Zip Code	Transaction ID : C2726790
Bend	OR 97702-8715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	-
TenetHealth	Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	30 0	
Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial) Charles K. Anderson M.D., M.B.		Date of Receipt
Mailing Address 60975 Billadeau Rd		05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2726791
Bend	OR 97702-8715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
TenetHealth	Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	. Iggiogaio Tour to Buto V	
Other (specify) ▼	416.70	
SUBTOTAL of Receipts This Page (optional)		133.34
TOTAL This Period (last page this line number	er only)	

	FOF	LINE	NU	IMBER	:	PAGE	 10 OF	2	30
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Shane C. Angus A.A.-C, M. Date of Receipt Mailing Address 820 1st N.E. LL-150, Mail 25 2014 City Zip Code State Transaction ID : C2730277 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Program Director Case Western Reserve University Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. James M. Anton M.D. Date of Receipt Mailing Address 2302 Paradise Canyon Dr. 05 2014 27 City State Zip Code Transaction ID: C2742314 TX Pearland 77584-3297 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Baylor College of Medicine - Texas Hea Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory K. Applegate D.O. Date of Receipt Mailing Address 5950 N Pointe Dr 2014 05 15 City Zip Code State Transaction ID: C2731622 OH Pepper Pike 44124 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee.

SUBTOTAL of Receipts This Page (optional)			7	Ξ		7	Ξ	1	75.0	1
TOTAL This Period (last page this line number only)	Ξ	_	7	_	Ξ	7	_	Ξ	_	

208.35

Occupation Physician

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify)

Receipt For:

University Hospitals Case Medical Cent

General

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

FOR LINE NUMBER: (check only one)

FOR LINE	NUMBER	:   PAG	E 11 OF	- 208				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

	Statements may not be sold or used by any persename and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Joel W. Arney M.D.  Mailing Address 4 Windy Hill Ct  City	Date of Receipt  05 18 2014	
Sunfish Lake  FEC ID number of contributing federal political committee.	State Zip Code MN 55077-1437	Amount of Each Receipt this Period  500.00
Name of Employer  Fairview Ridges Hospital  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Sanjay K. Arora M.D.  Mailing Address 655 Gaylord St		Date of Receipt  05 12 2014
City Denver  FEC ID number of contributing federal political committee.	State Zip Code CO 80206	Transaction ID : C2730560  Amount of Each Receipt this Period  500.00
Name of Employer Physician Anesthesia Services  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Lee E. Arthur M.D.  Mailing Address 504 Medical Center Blvd  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Conroe  FEC ID number of contributing federal political committee.  Name of Employer  North Houston Anesthesiologists  Receipt For:  Primary General Other (specify)	TX 77304-2808  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1500.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 12 OF

EMIZED RECEIPTS	Use separate schedule(s)	(che	ck only	one)												
EWIZED RECEIPTS	for each category of the Detailed Summary Page	X	X 11a 11b			11c		12								
	Dotailed Calliniary 1 age		13	14		15		16		17						
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	ourpose of	f so	liciting	cor	ntribu	tions							
r for commercial nurnoses, other than using the name and a	ddrace of any political committee	to col	icit con	tributione	fron	n cuch	00	mmitt	00							

NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael E. Ashmore M.D. Date of Receipt Mailing Address 11 Reynolds Ln 2014 City State Zip Code Transaction ID: C2744016 GΑ Kingston 30145-2112 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Northside Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sana Ata M.D. Date of Receipt Mailing Address 41 Mall Rd 05 2014 12 City State Zip Code Transaction ID: C2730312 Burlington MA 01805-0001 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lahey Clinic Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey S. Auerbach M.D., Ph.D. Date of Receipt Mailing Address 62 Pine Tree Dr. 2014 05 18 City State Zip Code Transaction ID: C2738875 MA Centerville 02632-3182 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Cape Cod Anesthesia Associates, Incorp Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jennifer P. Aunspaugh M.D. Date of Receipt Mailing Address 1 CHILDRENS WAY 2014 02 City Zip Code State Transaction ID: C2725961 AR LITTLE ROCK 72202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Assistant Professor Pediatric Anesthes University of Arkansas for Medical Sci Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Moeed S. Azam M.D. Date of Receipt Mailing Address 4317 New Broad St. 05 18 2014 City State Zip Code Transaction ID: C2738901 FL Orlando 32814-6045 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. William P. Bailey M.D. Date of Receipt Mailing Address 6008 E. 106th St. South 2014 05 18 City Zip Code State Transaction ID: C2738883 OK Tulsa 74137 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation AAI physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR	FOR LINE NUMBER:				PAGE	: 1	14	OF	- 2	208
(ched	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial) Greg Balfanz M.D.  Mailing Address 1040 Hortons Creek Rd  City Cary  FEC ID number of contributing federal political committee.	State Zip Code NC 27519	Date of Receipt  05 19 2014  Transaction ID : C2739161  Amount of Each Receipt this Period  250.00
Name of Employer  Univ NC Anes Dept  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Shawn E. Banks M.D.  Mailing Address 601 NE 36th St Apt 3407  City	State Zip Code	Date of Receipt  05 29 2014  Transaction ID : C2744366
Miami  FEC ID number of contributing federal political committee.	FL 33137-3976	Amount of Each Receipt this Period  83.34
Name of Employer University of Miami School of Medicine  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  416.70	
Full Name (Last, First, Middle Initial)  Jaime L. Baratta M.D.  Mailing Address 111 S 11th St Suite 8290, Gibbon Building  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer Thomas Jefferson University Hospital  Receipt For: Primary General Other (specify)	- Anes State Zip Code PA 19107-4824  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.01
TOTAL This Period (last page this line number	r only)	

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

15 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jeremy L. Baron M.D. Date of Receipt Mailing Address 45 Burniston Ct 2014 City Zip Code State Transaction ID: C2738864 Hillsborough NJ 08844-2334 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Consultants of NJ LLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Gustavo Z. Bazan M.D. Date of Receipt Mailing Address 206 Elizabeth Ave. 05 30 2014 City State Zip Code Transaction ID: C2745041 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation ANESTHESIOLOGY OF GREENWOOD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. David R. Becker M.D. Date of Receipt Mailing Address 4327 E. North Lane 05 28 2014 City State Zip Code Transaction ID: C2744310 ΑZ Phoenix 85028 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** METRO ANES CONSUL Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1041.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Johnathan L. Beebe M.D. Date of Receipt Mailing Address 169 Gilliland Rd. 2014 City Zip Code State Transaction ID: C2742031 West Monroe LA 71291 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Parish Anesthesia of Monroe LLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Roderick W. Beer M.D. Date of Receipt Mailing Address 3966 Holden Dr. 05 19 2014 City State Zip Code Transaction ID: C2738924 MI Ann Arbor 48103-9415 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Ann Arbor Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy N. Beeson M.D. Date of Receipt Mailing Address 3715 Sapphire Dr. 20 2014 05 Zip Code City State Transaction ID: C2740630 GA Martinez 30907 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation BDT anesthesia Ass Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

17 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Amy C. Benedikt M.D. Date of Receipt Mailing Address 501 Patterson Ave. 08 2014 City State Zip Code Transaction ID: C2729449 TX San Antonio 78209 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Tejas Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 333.35 Other (specify) Full Name (Last, First, Middle Initial) B. Amy C. Benedikt M.D. Date of Receipt Mailing Address 501 Patterson Ave. 05 13 2014 City State Zip Code Transaction ID: C2730776 TX San Antonio 78209 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Tejas Anesthesia **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.35 Other (specify) Full Name (Last, First, Middle Initial) c. Dean Berkus M.D. Date of Receipt Mailing Address 9675 Brighton Way STE 100 2014 05 17 City State Zip Code Transaction ID: C2738798 CA Beverly Hills 90210-5100 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Specialty Surgical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 316.67 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mordechai Bermann M.D. Date of Receipt Mailing Address 7 Plymouth Ln 2014 City Zip Code State Transaction ID: C2730797 East Brunswick NJ 08816-3322 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Rutgers Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph S. Bernstein M.D. Date of Receipt Mailing Address PO Box 700138 05 28 2014 City State Zip Code Transaction ID: C2742840 WI Oostburg 53070-0138 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas M. Bez D.O. Date of Receipt Mailing Address 3597 Otsego Dr. 2014 05 22 City Zip Code State Transaction ID: C2742023 MI Okemos 48864-5965 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Mclaren Pain Management Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Wendy B. Binstock M.D. Date of Receipt Mailing Address 1122 W Montana St 2014 City State Zip Code Transaction ID: C2730310 Chicago IL 60614-2221 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation university of chicago physican Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) B. Aundie Bishop M.D. Date of Receipt Mailing Address 211 Connecticut Ave 05 29 2014 City State Zip Code Transaction ID: C2744901 SC Spartanburg 29302-2050 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Foothills Anesthesia Associates MD Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy M. Bittenbinder M.D. Date of Receipt Mailing Address 2401 South 31st St., Dept. of Anes 2014 05 13 MS - 20 - D304 City State Zip Code Transaction ID: C2730800 TX Temple 76508 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Texas AM College of Medicine Scott an physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 666.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 208 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert R. Blocker M.D. Date of Receipt Mailing Address 5754 Silver Mountain Cv 2014 City Zip Code State Transaction ID: C2730477 UT Mtn Green 84050-6724 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mountain West Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. William R. Bohman M.D. Date of Receipt Mailing Address 2600 El Camino Real Ste 206 17 05 2014 City State Zip Code Transaction ID: C2738829 Palo Alto CA 94306-1721 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists Medical G physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John C. Bohnert M.D. Date of Receipt Mailing Address 11021 Point Six Rd 05 27 2014 City Zip Code State Transaction ID: C2742738 MT Missoula 59808 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation MA md Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	PAGE	: 2	21 (	OF	_					
Use separate schedule(s) for each category of the	`	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12			
, ,		13		14		15		16			

208

		1.0
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Manuel Bonilla  Mailing Address 1405 Dogwood Drive  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer  Am. Soc. of Anesthesiologists  Receipt For:  Primary General Other (specify)	State Zip Code VA 22302  C  Occupation Association Executive  Aggregate Year-to-Date ▼  275.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Andrew J. Boryan M.D.  Mailing Address 347 Stonegate Ct  City Chambersburg  FEC ID number of contributing federal political committee.  Name of Employer Chambersburg Hospital  Receipt For:  Primary General Other (specify)	State Zip Code PA 17201-4523  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	Date of Receipt  05 17 2014  Transaction ID: C2738746  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) Robert F. Bossard M.D.  Mailing Address 17210 Meadow Tree Cir.  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Pinnacle Anesthesia Receipt For:  Primary Other (specify)	State Zip Code TX 75248-6000  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  05 12 2014  Transaction ID: C2730640  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional	1)	816.67
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE	NUMBER	:   PAGE	22 OF	208					
(check only one)									
<b>X</b> 11a	11b	11c	12						
13	14	15	16	17					

	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists Political Action Committee	
Full Name (Last, First, Middle Initial) Peter M. Bozeman M.D.  Mailing Address 7209 Quackenbush		Date of Receipt
City	State Zip Code	05 19 2014 Transaction ID : C2739603
Pexter  FEC ID number of contributing federal political committee.	MI 48130	Amount of Each Receipt this Period 250.00
Name of Employer  A4 Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Occupation MD  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Josue Brainin-Mattos M.D.  Mailing Address 7891 Mount Ranier Dr		Date of Receipt
City Jacksonville FEC ID number of contributing federal political committee.	State Zip Code FL 32256-2999	05 02 2014  Transaction ID : C2725958  Amount of Each Receipt this Period  83.34
Name of Employer Florida Anesthesia Associates  Receipt For: Primary General	Occupation anesthesiologist  Aggregate Year-to-Date ▼  416.70	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Devin Branstetter M.D.  Mailing Address 1220 S Aurora Ave  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Tacoma  FEC ID number of contributing federal political committee.  Name of Employer  U.S. Army MAMC  Receipt For:  Primary General Other (specify)	WA 98465-1326  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)	·····	383.34
TOTAL This Period (last page this line number	only)	

	FO	R LINE	NU	IMBER	:	PAGE	2	3 O	F	20
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		<b>∃</b> 17

	nd Statements may not be sold or used by any person the name and address of any political committee to				
NAME OF COMMITTEE (In Full)  American Society of Anesthe	esiologists Political Action Committee	9			
Full Name (Last, First, Middle Initial)  A. Brad N. Brian M.D.  Mailing Address 350 W Pebble Dr		Date of Receipt			
Walling Address 350 W Febble DI		05 10 2014			
City	State Zip Code	Transaction ID : C2730251			
Washington	UT 84780-8327	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer	Occupation				
Dixie Regional Medical Center	Anesthesiologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.36				
Full Name (Last, First, Middle Initial) <b>B.</b> Daniel R. Briggs M.D.		Date of Receipt			
Mailing Address 8301 Cottsbrooke Drive					
City	State Zip Code	Transaction ID : C2729492			
Huntersville	NC 28078	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Presbyterian Anesthesia Associates	Occupation physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial)  C. Thomas G. Briles M.D.		Date of Receipt			
Mailing Address 26605 W 106th Ter		05 01 2014			
City Olathe	State Zip Code KS 66061-7412	Transaction ID : C2725954  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation	-			
anesthesia associates of kansas city	anesthesiologist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	500.00				
, , , , ,	ber only)	1083.34			

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

24 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael S. Brown M.D. Date of Receipt Mailing Address DC005.00 One Hospital Drive 2014 08 City Zip Code State Transaction ID: C2729450 MO Columbia 65212-0001 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** University of Missouri Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Tanner Brownrigg M.D. Date of Receipt Mailing Address 9604 NE 89th St 05 30 2014 City State Zip Code Transaction ID: C2744909 MO Kansas City 64157-8660 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Ad Vivum Anesthesiology, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Buchheit M.D. Date of Receipt Mailing Address Of Anesthesiology Dept 3094 2014 05 22 City Zip Code State Transaction ID: C2742106 NC Durham 27710-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **Duke University Medical Center** physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) J. Michael Burdine M.D. Date of Receipt Mailing Address 2267 Cedardale Ave 2014 28 City State Zip Code Transaction ID: C2744327 70808-2812 **Baton Rouge** LA Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation SELF-EMPLOYED **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frederick W. Burgess M.D., Ph.D. Date of Receipt Mailing Address 569 Fruit Hill Ave 14 05 2014 City State Zip Code Transaction ID: C2731094 North Providence RΙ 02911-2134 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Providence VAMC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy A. Burke M.D. Date of Receipt Mailing Address 3655 Border Creek Ct 2014 05 12 City Zip Code State Transaction ID: C2730327 NC Denver 28037 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Physician Providence Anesthesiology Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 374.97 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	_	LINE	_		:	PAGE	2	26	OF	20	30
Use separate schedule(s) for each category of the	l `	ck only	or	ie)		_					
Detailed Summary Page	×	11a		11b		11c		12			
., .,		13		14		15		16	Γ	<b>□</b> 1	7

or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	e 
Full Name (Last, First, Middle Initial)  James T. Byland M.D.  Mailing Address 13 Carmel Ln		Date of Receipt
City Brentwood	State Zip Code TN 37027-8928	05 18 2014  Transaction ID : C2738858  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	41.67
Self Receipt For: Primary General Other (specify)	Anesthesiologist  Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Brian E. Campbell M.D.  Mailing Address 418 Meadow Brook Ln		Date of Receipt
City Birmingham	State Zip Code AL 35213-3737	75 29 2014 Transaction ID : C2744356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Anesthesia Resources Mangement Receipt For:	Anesthesiologist	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Frederick Campbell M.D.		Date of Receipt
Mailing Address 4100 Park Forest Dr Ste 2		05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Traverse City	State Zip Code MI 49684-7306	Transaction ID : C2730794  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer Traverse Anesthesia Associates, PC	Occupation physician anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
SUBTOTAL of Receipts This Page (optional)		166.68
TOTAL This Period (last page this line numb	er only)	

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(che	LINE ck only	one		: P		12	OF	208		
			, ,		13		14	15		16	$\perp$	17		
	information copied from such Reports and Sor commercial purposes, other than using the													
١ ١	NAME OF COMMITTEE (In Full)  American Society of Anesthesio	logists P	olitical Action Committe	ее										
	Full Name (Last, First, Middle Initial) Daniel Campos III, M.D.			0	ate of	Rec	eipt							
	Mailing Address 48 Schooner Ridge Rd			05 02 2014								1		
	City	State	Zip Code	Transaction ID : C2725964										
-	Cumb Foreside	ME	04110-1127	A	mount	of E	ach F	Receip	t this	Perio	d			
	FEC ID number of contributing federal political committee.	С				. ,			_	4	1.67			
Ī	Name of Employer	Occupation	l	_										
	Spectrum Medical Group	Physician												
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.35											
	Full Name (Last, First, Middle Initial)  James Carlsen M.D.			С	ate of	Rec	eipt							
	Mailing Address 1958 Common Way Rd			1	м = м 05	/	24			y = y 2014	Y	1		
	City	State	Zip Code	Π.	Transa	actio	n ID :	C274						
_	Orlando	FL	32814-6332	A	mount	of E	ach F	Receip	t this	Perio	d			
	FEC ID number of contributing federal political committee.	С								4	1.67			
1	Name of Employer	Occupation												
,	JLR Medical Group	Anesthesiol	ogy											
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼  208.35											
	Full Name (Last, First, Middle Initial) Debra L. Caroli M.D.			С	ate of	Rec	eipt							
	Mailing Address 4548 Burke St			05 01 2014								1		
	City	State	Zip Code	Transaction ID: C2725652										
_	Orlando	FL 32814					ach F	Receip	t this	Perio	d			
	FEC ID number of contributing federal political committee.	C								3	33.34	i		

			Г							16	66.68	8
SUBTOTAL of Receipts This Page (optional)	······	_	Н		7	÷	÷	7	÷		30.0.	
TOTAL This Period (last page this line number	only)	•	L	_	7	_	_	7	_	_		

416.70

Occupation

anesthesiologist

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify) ▼

General

LCAA

Receipt For:

FOR LINE NUMBER: PAGE 28 OF 208 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Dominic S. Carollo M.D. Date of Receipt Mailing Address 6511 Louis XIV St 2014 21 City Zip Code State Transaction ID: C2741581 **New Orleans** LA 70124-3219 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Ochsner Clinic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.35 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic S. Carollo M.D. Date of Receipt Mailing Address 6511 Louis XIV St 05 30 2014 City State Zip Code Transaction ID: C2744934 **New Orleans** LA 70124-3219 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Ochsner Clinic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.35 Other (specify) Full Name (Last, First, Middle Initial) c. Lee Carter M.D. Date of Receipt Mailing Address 2835 Regatta Way 05 19 2014 City State Zip Code Transaction ID: C2740226 AL Tuscaloosa 35406-2963 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation West Alabama Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 583.27 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LI	NE NU	JMBER	:	PAGE	2	29 OF	
Use separate schedule(s)	(check	only or	ne)					
for each category of the Detailed Summary Page	X 11	a	11b		11c		12	
zotanou cummuny r ago	13		14		15		16	Г

208

Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anestho	esiologists Political Action Committed	e
Full Name (Last, First, Middle Initial)  Matthew Casey M.D.		Date of Receipt
Mailing Address 339 Consort Dr		05 24 2014
City	State Zip Code	Transaction ID : C2742247
Ballwin	MO 63011-4439	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	†
Western Anesthesiologits	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  Andrei Cernea M.D.	'	Date of Receipt
Mailing Address 6708 Kenhill Rd		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2726095
Bethesda	MD 20817-6016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
self	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  Joshua C. Chance M.D.	<b>'</b>	Date of Receipt
Mailing Address 9 Ecurie Ct		05 04 2014
City	State Zip Code	Transaction ID : C2726040
Little Rock	AR 72223-8917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	†
UAMS Dept of Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	458.02	
SUBTOTAL of Receipts This Page (optional	al)	124.94
TOTAL This Period (last page this line nun	nber only)	

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 30 OF 208 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Claire L. Chandler A.A.-C Date of Receipt Mailing Address 1253 Citadel Dr NE 2014 City Zip Code State Transaction ID: C2730338 Atlanta GA 30324-3817 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Emory Healthcare** Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Vishal A. Chandra D.O. Date of Receipt Mailing Address 8740 Norwood Dr. 05 04 2014 City State Zip Code Transaction ID: C2726050 KS Leawood 66206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Menorah Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Songsiri Chanvitayapongs M.D. Date of Receipt Mailing Address 2810 N Swan Rd Ste 100 05 28 2014 Old Pueblo Anesthesia, P.C.

City Zip Code State ΑZ Tucson 85712-6300 FEC ID number of contributing С federal political committee. Name of Employer Occupation Old Pueblo Anesthesia, P.C. Anesthesiologist Receipt For:

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

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

Aggregate Year-to-Date ▼ 250.00 Transaction ID: C2744128

Amount of Each Receipt this Period

250.00

833.34

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Eric C Chappell D.O. Date of Receipt Mailing Address 10856 S. FM 1187 04 2014 City State Zip Code Transaction ID: C2726038 Fort Worth TX 76126 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **USAP** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frederick W. Cheney M.D. Date of Receipt Mailing Address 14523 38th Ave NE 05 18 2014 City State Zip Code Transaction ID: C2738909 WA Lake Forest Park 98155-7807 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of Washington anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bayer P. Cheng M.D. Date of Receipt Mailing Address 1118 Ross Clark Cir., #700 05 19 2014 Zip Code City State Transaction ID: C2740232 ΑL Dothan 36301 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Anesthesia Consultants Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Gerald G. Cherayil M.D., M.B. Date of Receipt Mailing Address 3300 Gallows Rd Anes Dept 2014 City Zip Code State Transaction ID: C2738843 VA Falls Church 22042-3307 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Inova Fairfax Hospial physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Timothy Chia M.D. Date of Receipt Mailing Address 9206 W 145th PI 05 2014 14 City State Zip Code Transaction ID: C2735013 KS Overland Park 66221-2261 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Kansas City Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christina W. Chin M.D. Date of Receipt Mailing Address 100 Town Center Drive 05 14 2014 City Zip Code State Transaction ID: C2734024 NJ Warren 07079 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation self Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

ı	FO	PAGE	3	33	OF	2	208				
	(check only one)										
	>	11c		12							
		13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthes	iologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Bruce D. Chipkin M.D.  Mailing Address 6 Forrest Way		Date of Receipt
		05 14 2014
City	State Zip Code	Transaction ID : C2731101
Poughkeepsie	NY 12603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
NAPA	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Robin Church-Hajduk M.D.		Date of Receipt
Mailing Address 4242 Medical Dr Ste 3100		05 29 2014
City	State Zip Code	Transaction ID : C2744821
San Antonio	TX 78229-5642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Tejas Anesthesia, PA	Pediatric Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Joe F. Clark M.D.	I .	Date of Receipt
Mailing Address 6549 Tallwood Dr		05 18 2014
City	State Zip Code	Transaction ID : C2738840
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Valley Anesthesia, P.C. Lewis-Gale Med	Anesthesiologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		800.00
TOTAL This Period (last page this line number	er only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s)

208

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any phe name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Robert G. Cline M.D.  Mailing Address 7423 Westwind Rd  City Traverse City  FEC ID number of contributing federal political committee.  Name of Employer Traverse Anesthesia Associates Receipt For:  Primary General Other (specify)	State Zip Code MI 49686-6104  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  05 20 2014  Transaction ID: C2740710  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Norman A. Cohen M.D.  Mailing Address 0841 SW Gaines St # 504  City  Portland  FEC ID number of contributing federal political committee.  Name of Employer  Oregon Health and Science Univ. Anes.  Receipt For:  Primary  General  Other (specify)	State Zip Code OR 97239-2976  C  Occupation Associate Professor  Aggregate Year-to-Date ▼  416.50	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Steven R. Cohen M.D.  Mailing Address 1819 Denver West Dr Ste 20  City Golden  FEC ID number of contributing federal political committee.  Name of Employer Physician Anesthesia Services Receipt For:  Primary General Other (specify)	State Zip Code CO 80401  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  05 17 2014  Transaction ID : C2738812  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		833.30
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER (check only one)

ı	FOR LI	NE NU	JMBER	:	PAGE	35 (	OF	2	208
	(check	only or	ne)						
	X 11	a	11b		11c	12			
	13		14		15	16			17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Margaret A. Conover M.D.  Mailing Address 5413 W 141st Ter  City Leawood  FEC ID number of contributing federal political committee.	State Zip Code KS 66224-1172	Date of Receipt  05 14 2014  Transaction ID : C2735014  Amount of Each Receipt this Period
Name of Employer  Anesthesia Associates of Kansas City  Receipt For:  Primary General  Other (specify)	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  John A. Cooley M.D.  Mailing Address 48 Fox Hedge Rd  City  Saddle River	State Zip Code NJ 07458-2706	Date of Receipt    M = M
Saddle River  FEC ID number of contributing federal political committee.  Name of Employer  North American Partners in Anes  Receipt For:  Primary General  Other (specify)	NJ 07458-2706  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.50	Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial) Lebron Cooper M.D.  Mailing Address 444 W. Willis St #514  City Detroit  FEC ID number of contributing federal political committee.  Name of Employer Henry Ford Hospital Receipt For:  Primary General Other (specify)	State Zip Code MI 48201  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1166.64
TOTAL This Period (last page this line numb	er only)	

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

_	LINE	_		:	PAGE	3	36	OF	- 2	208
(che	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16	;		17

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesi	iologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Stephen C. Cotton M.D.		Date of Receipt
Mailing Address 3906 Eaton Dr.		05 27 2014
City	State Zip Code	Transaction ID : C2742342
Rockford	IL 61114-6184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Rockford Memorial Hospital	staff anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  William M. Cottrell M.D.		Date of Receipt
Mailing Address 758 Williamsburg Dr.		05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2742739
Concord	NC 28025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer NortheastAnesthesia and Pain Associate	Occupation Physian	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Mary K. Craddock M.D.		Date of Receipt
Mailing Address 5514 Western Ave.		05 14 2014
City	State Zip Code	Transaction ID : C2735015
Chevy Chase	MD 20815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SELF-EMPLOYED	ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number	r only)	

FOR LINE	-	: PAGE	37 OF	208
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  A. Robert M. Craft M.D.		Date of Receipt
Mailing Address Dept. of Anesthesiology		M = M / D = D / Y = Y = Y
1924 Alcoa Highway, Box-U1 City	09 State Zip Code	05 23 2014
Knoxville	TN 37920	Transaction ID : C2742153  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
University Anesthesiologists	Physician - Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  David A Cross M.D.	•	Date of Receipt
Mailing Address Department of Anesthesiolog 2401 South 31st Street	•	05 06 2014
City	State Zip Code TX 76508	Transaction ID : C2726787
Temple	TX 76508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Scott and White Healthcare	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.50	
Full Name (Last, First, Middle Initial)  C. Laszlo Csernak M.D.		Date of Receipt
Mailing Address 2509 E Cherrywood PI		05 28 2014
City	State Zip Code	Transaction ID : C2744134
Chandler	AZ 85249-3522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anesthesia Resources	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	······	624.97
TOTAL This Period (last page this line number	only)	

FC	DR	LINE	NU	MBER	:	PAGE	3	38	OF	2	208
(cl	he	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Christopher S. Cuciti M.D.		Date of Receipt
Mailing Address 6911 Van Dorn, Suite # 2		05 12 2014
City Lincoln	State Zip Code NE 68506	Transaction ID : C2730415  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer  Associated Anesthesiologists, PC  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Candra A. Cummings M.D.  Mailing Address 2901 Maiden Creek Ct		Date of Receipt
City Davidsonville	State Zip Code MD 21035-1308	05 28 2014  Transaction ID : C2742835  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer Dimensions Health Care	Occupation Anesthesiologists	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial)  C. Luis Cummings Jr., M.D.		Date of Receipt
Mailing Address 909 Ave Tito Castro Ste 50  Medical Tower		05 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ponce	State Zip Code PR 00716	Transaction ID : C2726024  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Ponce Interventional Pain Center  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  250.00	_
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	833.34
TOTAL This Period (last page this line number	er only)	

_	OR LINE NUMBER: PAGE 39 OF 208								
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists Political Action Committee	<b>;</b>
Full Name (Last, First, Middle Initial)  Judson P. Cuttino M.D.		Date of Receipt
Mailing Address 3 Hawkins Ln		05 13 2014
City	State Zip Code	Transaction ID : C2730801
Savannah	GA 31411-1407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	†
Anesthesia Associates of Savannah, P.C	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	580.00	
Full Name (Last, First, Middle Initial)  3. William J. Daly Jr., M.D.		Date of Receipt
Mailing Address 5501 Cherlyn Dr	05 23 2014	
City	State Zip Code	Transaction ID : C2744944
New Orleans	LA 70124-1136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
SELF-EMPLOYED	ANESTHESIOLOGIST	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Robert A. Daniel M.D.		Date of Receipt
Mailing Address 2216 Terranova Ct		05 20 2014
City	State Zip Code	Transaction ID : C2740605
Lexington	KY 40513	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	-
bluegrass anesthesia services	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.00	
SUBTOTAL of Receipts This Page (optional)		311.60
TOTAL This Period (last page this line numbe	r only)	

FOF	R LINE	NU	IMBER	:	PAGE	_ 4	40	OF	208
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16	;	17

	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. William Daniels D.O.		Date of Receipt
Mailing Address 8717 W 110th St Ste 600		05 14 2014
City	State Zip Code	Transaction ID : C2734894
Overland Park	KS 66210-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Anesthesia Associates of Kansas City,	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Victor Davila M.D.		Date of Receipt
Mailing Address 4400 Kipling Rd		05 01 2014
City	State Zip Code	Transaction ID : C2725865
Columbus	OH 43220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
Ohio State University	Assistant Professor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial)  C. Arup De M.D.		Date of Receipt
Mailing Address 32 Forest Rd		05 02 2014 _
City	State Zip Code	Transaction ID : C2725974
Delmar	NY 12054-3039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Albany Medical Center	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	208.35	
SUBTOTAL of Receipts This Page (optional)		1125.01
TOTAL This Period (last page this line number	only)	

ı	FOF	LINE	NU	MBER	:	PAGE	- 4	41	OF	-	208
l	(che	ck only	or	ne)							
	X	11a		11b		11c		12			
l		13		14		15		16	,		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Kraig S. de Lanzac M.D.  Mailing Address 12 Tara PI		Date of Receipt
Maining Address 12 Idid FI		05 04 2014
City	State Zip Code	Transaction ID : C2726030
Metairie	LA 70002-1559	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Slidell Memorial Hospital	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Leisa W. De Venny M.D.		Date of Receipt
Mailing Address 3090 Yorktown Dr.		05 30 2014
City	State Zip Code  AL 35406-2713	Transaction ID : C2744930
Tuscaloosa		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
ANESTHESIOLOGY AND PAIN  MANAGEMENT OF  Receipt For:	ANESTHESIOLOGIST	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial)  D. Jeffrey A. Dean Sr., M.D.		Date of Receipt
Mailing Address 206 Elizabeth Ave		05 30 / Y Y Y Y Y Y
City Greenwood	State Zip Code SC 29646-3815	Transaction ID : C2745038  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
ANESTHESIOLOGY OF GREENWOOD	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		666.68
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 42 OF 208							208			
(che	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16	;		17

NAME OF COMMITTEE (In Full)	the name and address of any political committee siologists Political Action Committee	
Full Name (Last, First, Middle Initial) David A. Debenham M.D.  Mailing Address P.O. Box 910369  City St. George  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code UT 84791-0369  C	Date of Receipt  05 30 2014  Transaction ID: C2744936  Amount of Each Receipt this Period  41.67
Mtn. West anesthesia Receipt For:  Primary General Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial) C.Phillip deJarnette M.D.  Mailing Address 888 Guinevere Way SW  City Lilburn  FEC ID number of contributing federal political committee.  Name of Employer Atlanta Medical Center  Receipt For:	State Zip Code GA 30047-5449  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Louis DelCampo M.D.  Mailing Address 2828 N National Ave  City Springfield	State Zip Code MO 65803-4306	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  Ozarks Community Hospital  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	41.67
SUBTOTAL of Receipts This Page (optional	)	333.34
TOTAL This Period (last page this line num	ber only)	

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

43 OF

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Allen Dennis M.D. Date of Receipt Mailing Address 14857 Holly Leaf Dr 09 2014 City State Zip Code Transaction ID: C2729952 75035-7451 TX Frisco Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Center for Spine Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Abhijit Desai M.D. Date of Receipt Mailing Address 74 Clairmont St 2014 05 01 City State Zip Code Transaction ID: C2725864 MA Longmeadow 01106-1002 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Milford Anesthesia Associates, Inc Ane anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert J. DiBenedetto M.D. Date of Receipt Mailing Address 206 Elizabeth Ave 30 05 2014 City Zip Code State Transaction ID: C2745040 SC Greenwood 29646-3815 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation ANESTHESIOLOGY OF GREENWOOD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 624.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 44 OF 208

ECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	11a 13	ne) 11b 14		11c		12 16	17	
pied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the pu	rpose o	f sc	licitina	con	tributio	ns	1

Any information cop or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Gary J. DiLisio M.D.		Date of Receipt
Mailing Address 324 Gannett Dr Ste 200		05 02 2014
City South Portland	State Zip Code ME 04106-3266	Transaction ID : C2725976  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer  Spectrum Medical Management	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial)  Aristeidie M. Diveris M.D.		Date of Receipt
Mailing Address 825 N Sheridan Rd		05 17 2014
City Lake Forest	State Zip Code IL 60045-2226	Transaction ID : C2738741  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Forerunner Anesthesia Ltd	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Deanna L. Dorsey M.D.		Date of Receipt
Mailing Address 9 Tamarack Trl		05 22 2014 _
City Bangor	State Zip Code ME 04401-2172	Transaction ID : C2742087  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer EMMC, Anes. Dept.	Occupation anesthesiologist	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		375.01
TOTAL This Period (last page this line numb	er only)	

FOR	PAGE	 15	OF	208				
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Donald D. Downs M.D.  Mailing Address 7351 Oliver Woods Dr SE		Date of Receipt
		05 07 2014
City	State Zip Code	Transaction ID : C2728056
Grand Rapids	MI 49546-9707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	1
Anesthesia Practice Consultants	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General  Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  John J. Doyle M.D.	•	Date of Receipt
Mailing Address 120 N River Dr	7.0.1	05 19 2014
City St Augustine	State Zip Code FL 32095-8895	Transaction ID : C2739097
	. E 320a0-00a0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Anesthesia Associates of Clay County	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  C. Greg R. Dragon M.D.		Date of Receipt
Mailing Address 18 Crestview Dr.		05 18 2014
City Ocean View	State Zip Code NJ 08230	Transaction ID : C2738845
	140 00230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Cape Anesthesia	anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		625.01
TOTAL This Period (last page this line number	r only)	

	I FOR LINE
Use separate schedule(s)	(check or
for each category of the	`
Detailed Summary Page	<b>X</b> 11a

ı					PAGE	- 4	16	OF		208	
ı	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  George A. Dumas M.D.  Mailing Address 4009 Winston Way  City  Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  UAB  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 35213  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Kishan Dwarakanath M.D.  Mailing Address 6720 Bertner Ave. MC 1-2:  City  Houston  FEC ID number of contributing federal political committee.	State Zip Code TX 77030	Date of Receipt    M
Name of Employer  Texas Heart Institute CV Anesthesiolog  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  416.70	-
Full Name (Last, First, Middle Initial)  William F. Eckhardt III, M.D.  Mailing Address 1850 N. Central Ave., Ste.  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  VALLEY ANES CONSUL  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85004  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	833.34
TOTAL This Period (last page this line numb	per only)	

ı						PAGE	_ 4	17	OF	2	208
	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- ne name and address of any political committee to	son for the purpose of soliciting contributions so solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committed	e
Full Name (Last, First, Middle Initial)  A. Erik Eckman M.D.  Mailing Address 4963 Lilac Way N		Date of Receipt
		05 19 2014
City	State Zip Code	Transaction ID : C2739629
Lake Elmo	MN 55042-8531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Associated Anesthesiologists, P.A.	Physician Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Matthew C. Edwards M.D.		Date of Receipt
Mailing Address 14601 Fairway St		05 02 2014
City	State Zip Code	Transaction ID : C2725981
Overland Park	KS 66224-4614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Anesthesia Associates of Kansas City	Occupation  Anesthesiologist	
Receipt For:		-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)		Data of Danairt
Mailing Address 1972 Maryland Ave.		Date of Receipt  05 25 2014
City	State Zip Code	Transaction ID : C2742278
Charlotte	NC 28209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Northeast Anesthesia and Pain Speciali	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1500.00
TOTAL This Period (last page this line numbe	er only)	

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

F	OR					PAGE	_ 4	18	OF	2	208
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Theodore J. Ellis Sr., M.D. Date of Receipt Mailing Address 1223 Bonnema Ct 2014 City State Zip Code Transaction ID: C2730320 60565-5243 Naperville IL Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Physician Dupage Valley Anesthesiologists Ltd Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth Elmassian D.O. Date of Receipt Mailing Address 2399 Pine Hollow Dr. 05 2014 01 City Zip Code State Transaction ID: C2725641 East Lansing MΙ 48823 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Ingham Regional Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify)

Full Name (Last, First, Middle Initial)  C. Emil D. Engels M.D., M.B.		Date of Receipt
Mailing Address 3127 Windsong Dr		05 05 2014
City	State Zip Code	Transaction ID : C2726091
Oakton	VA 22124-1832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	_
Inova Fairfax Hospital	Physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
I lillary   General		- I

SUBTOTAL of Receipts This Page (optional)		7			7	16	66.61	1	]
TOTAL This Period (last page this line number only)		7	_	Ξ	7		<u>.                                    </u>		

208.00

Other (specify)

	I FOR LINE IN
Use separate schedule(s)	(check only o
for each category of the	1 `
Detailed Summary Page	X 11a

FOR L	PAGE	_ 4	19	OF		208			
(check only one)									
X 11	а	11b		11c		12			
13	3	14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Michael R. England M.D.  Mailing Address 250 Beacon St # 5  City  Boston  FEC ID number of contributing federal political committee.  Name of Employer tufts medical center	State Zip Code MA 02116-1203  C Occupation physician	Date of Receipt  05 23 2014  Transaction ID : C2742154  Amount of Each Receipt this Period  41.67
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Lawrence Epstein M.D.  Mailing Address 1 Gustave L Levy PI Dept Or Department of Anesthesiolo  City  New York  FEC ID number of contributing federal political committee.  Name of Employer  Mount Sinai School of Medicine  Receipt For:  Primary  General		Date of Receipt  05 12 2014  Transaction ID : C2730299  Amount of Each Receipt this Period  83.30
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	749.86	
City Leawood  FEC ID number of contributing federal political committee.  Name of Employer Cincinnati Childrens Hospital  Receipt For:  Primary  Other (specify) ▼	State Zip Code KS 66209-2649  C  Occupation Resident  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	624.97
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 50 OF 208 Use separate schedul for each category of to Detailed Summary Pa

ıle(s)		eck only		•	TAGE	- `	<del>,</del>	01	 _00
the age	×	11a	11b		11c		12		
		13	14		15		16		17
		13	14		15		16		17

		1.0
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Luis Esparza M.D.  Mailing Address 2810 N Swan Rd Ste 100  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer  OLD PUEBLO ANESTH  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85712-6300  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  425.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Christopher Espinosa M.D.  Mailing Address 25 N Winfield Rd  City Winfield  FEC ID number of contributing federal political committee.  Name of Employer West Central Anesthesiology Group, Ltd  Receipt For: Primary General Other (specify)	State Zip Code IL 60190-1222  C Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  05 09 2014  Transaction ID: C2729949  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Timothy G. Esser M.D.  Mailing Address 10487 Deerpath S  City Traverse City  FEC ID number of contributing federal political committee.  Name of Employer Traverse Anesthesia Associates, PC  Receipt For:  Primary General Other (specify)	State Zip Code MI 49685  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional).	<u> </u>	385.00
TOTAL This Period (last page this line number	er only)	

	FOF	LINE	NU	MBER	:	PAGE	5	1	OF	208
Use separate schedule(s) for each category of the	`	ck only	or	ne)		_				
Detailed Summary Page	×	11a		11b		11c		12		
		12		1/		15		16	. Г	717

		1.0
	I Statements may not be sold or used by any persthe name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	9
Full Name (Last, First, Middle Initial) Joel D. Farmer M.D.  Mailing Address 2804 E Old Orchard Trl  City Sioux Falls	State Zip Code SD 57103-4371	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  Anesthesiology Associates, Inc.  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	100.00
Full Name (Last, First, Middle Initial) William Feaster M.D.  Mailing Address 507 Ocean Avenue  City Seal Beah  FEC ID number of contributing federal political committee.	State Zip Code CA 90740	Date of Receipt    M
Name of Employer Childrens Hospital Orange County  Receipt For:  Primary General Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  1249.90	-
Full Name (Last, First, Middle Initial)  William Feaster M.D.  Mailing Address 507 Ocean Avenue	7. 0.4	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Seal Beah  FEC ID number of contributing federal political committee.  Name of Employer Childrens Hospital Orange County Receipt For:  Primary General Other (specify) ▼	State Zip Code CA 90740  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  1249.90	Transaction ID : C2732397  Amount of Each Receipt this Period  83.30
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	266.64
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC FORM 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 OF 208	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17	
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Po	olitical Action Committ	ee	
Full Name (Last, First, Middle Initial)  William Feaster M.D.			Date of Receipt	
Mailing Address 507 Ocean Avenue	0	7. 0.1	05 27 2014	
City Seal Beah	State CA	Zip Code 90740	Transaction ID : C2742321  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		83.34	
Name of Employer Childrens Hospital Orange County	Occupation anesthesiolo	ogist		
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1249.90	]	
Full Name (Last, First, Middle Initial)  B. Melvin A. Ferlita M.D.	Full Name (Last, First, Middle Initial) Melvin A. Ferlita M.D.			
Mailing Address 320 Jade Ct.			05 15 2014	
City Madisonville	State LA	Zip Code 70447-3128	Transaction ID : C2731621  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		41.67	
Name of Employer APMC LLC	Occupation Anesthesiolo	ogist		
Receipt For:  Primary General  Other (specify) ▼	00.0	Year-to-Date ▼  208.35	]	
Full Name (Last, First, Middle Initial)  C. Marco A. Fernandez M.D.	·		Date of Receipt	
Mailing Address 24181 N Grandview			05 25 2014	
City Lake Barrington	State IL	Zip Code 60010	Transaction ID : C2742270  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		41.60	
Name of Employer  Northwest Suburban Anesthesiologists	Occupation  Anesthesiol	ogist		
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,	

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

208.00

Other (specify) ▼

FOR LINE NUMBER: PAGE 53 OF 208

- 1		_	LIIVE				IAGE	- 55	01		_00
-	Use separate schedule(s)	(check only one)									
	for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	<u>2</u> 6		17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  Gregory W. Fischer M.D.  Mailing Address 4 Custome I Lore Pl	Date of Receipt	
Mailing Address 1 Gustave L Levy Pl P.O. Box 1010		05 13 2014
City	State Zip Code	Transaction ID : C2730781
New York	NY 10029-6504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Mount Sinai Medical Center	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial)  Stephen A. Fischer M.D.		Date of Receipt
Mailing Address 154 Boynton Ave		05 16 2014
City	State Zip Code	Transaction ID : C2736377
St Johnsbury	VT 05819-1125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.60
Name of Employer	Occupation	
NVRH, St Johnsbury, VT	MD Director, Department of Anesthesia	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	208.00	
Full Name (Last, First, Middle Initial)  C. Quentin A. Fisher M.D.		Date of Receipt
Mailing Address 6213 Stoneham Road		05 28 2014
City	State Zip Code	Transaction ID : C2744325
Bethesda	MD 20817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Medstar-Washington Hospital Center	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	374.94
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 54 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Melissa Flanigan D.O. Date of Receipt Mailing Address 250 Fredd St 2014 City Zip Code State Transaction ID: C2744358 WV Morgantown 26501-2219 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **WVUH** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Roberto C. Flores M.D. Date of Receipt Mailing Address 1602 Governors Dr Apt 1922 05 29 2014 City State Zip Code Transaction ID: C2744365 FL Pensacola 32514-9424 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Panhandle Anesthesiology Associates, P Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Richard M. Flowerdew M.D. Date of Receipt Mailing Address 38 Hedgerow Dr 03 2014 05 City State Zip Code Transaction ID: C2726018 MF Falmouth 04105-1407 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Spectrum Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 166.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 55 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

208

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael R. Flynn M.D. Date of Receipt Mailing Address 6808 Stone Mill Dr 2014 City Zip Code State Transaction ID: C2730273 TN Knoxville 37919-7496 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Walter H. Folger M.D., Ph.D. Date of Receipt Mailing Address 148 S. Manning Blvd. 05 09 2014 City State Zip Code Transaction ID: C2729962 NY Albany 12203-1732 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Albany Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles J. Fox M.D. Date of Receipt Mailing Address 1501 King Hwy 05 24 2014 LSU Health City State Zip Code Transaction ID: C2742244 shreveport LA 71130 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Professor LSU HSC shreveport Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE	NUMBER	i: PA	GE 56 OF	- 208					
(check only one)									
<b>X</b> 11a	11b	11c	12						
13	14	15	16	17					

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Society of Anesthesia		
,		
Full Name (Last, First, Middle Initial)  Christopher Frandrup M.D.		Date of Receipt
Mailing Address 11201 Benton St		Mam / Dab / Yayayay
mailstop: 112A		05 19 2014
City	State Zip Code	Transaction ID : C2739093
Loma Linda	CA 92357	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	83.34
Name of Employer	Occupation	
. ,	'	
Department of Defense Receipt For:	Physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.02	
<b>\</b>		
Full Name (Last, First, Middle Initial)		
3. Eugene Freid M.D.		Date of Receipt
Mailing Address 291 Southhall Ln		M = M / D = D / Y = Y = Y
City	State 7:- Or 1-	05 21 2014
City	State Zip Code	Transaction ID : C2741583
Maitland	FL 32751-7274	Amount of Each Receipt this Period
FEC ID number of contributing	C	41.67
federal political committee.		
Name of Employer	Occupation	
JLR Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	208.35	
Full Name /Look First Middle Intit-19		
Full Name (Last, First, Middle Initial)  Bradley C. Fry M.D.		Date of Receipt
Mailing Address 765 Mc Clendon Ct.		M = M / D = D / Y = Y = Y
011		05 17 2014
City	State Zip Code	Transaction ID : C2738789
Brentwood	TN 37027	Amount of Each Receipt this Period
FEC ID number of contributing	C	250.00
federal political committee.		
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>b</b>	375.01
	<u></u>	
TOTAL This Period (last page this line number	only)	7

FOR LINE NUMBER. DACE 57 OF Us for

e separate schedule(s)		ck only		FAGE	 31 (	JF_		00
each category of the tailed Summary Page	l `-	11a	11b	11c	12			
		13	14	15	16		<u> </u>	17

De Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Wayne A. Fuller M.D. Date of Receipt Mailing Address 1269 E. Giles Rd. 06 2014 City State Zip Code Transaction ID: C2726786 Muskegon MI 49445 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesiologist Lakeshore Anes. of Muskegon Receipt For: Aggregate Year-to-Date ▼ Primary General 833.20 Other (specify) Full Name (Last, First, Middle Initial) B. Wayne A. Fuller M.D. Date of Receipt Mailing Address 1269 E. Giles Rd. 05 2014 11 City State Zip Code Transaction ID: C2730280 MI Muskegon 49445 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lakeshore Anes. of Muskegon Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 833.20 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffery L. Fugua M.D. Date of Receipt Mailing Address 12419 Mallard Bay Dr. 02 2014 05 City Zip Code State Transaction ID: C2725975 TN Knoxville 37922 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 266.64 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER:				PAGE		58	OF		208	
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports $\epsilon$ or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Kevin R. Fuqua M.D.		Date of Receipt
Mailing Address 206 Elizabeth Ave.		05 30 2014
City	State Zip Code	Transaction ID : C2745046
Greenwood	SC 29646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Anesthesiology Of Greenwood	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Barbara A. Furgason M.D.	·	Date of Receipt
Mailing Address 11520 Summit St		05 14 2014
City	State Zip Code	Transaction ID : C2735012
Kansas City	MO 64114-5576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Anesthesia Associates Kansas City	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Bradley J. Gawey M.D.	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address 611 N.W. 15th St.		05 12 2014
City	State Zip Code	Transaction ID : C2730355
Oklahoma City	OK 73103-2103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Northwest Anesthesia PC	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (ontions	al) <b>&gt;</b>	2000.00
TOTAL This Period (last page this line nun	nber only)	

	FOR LINE NUMBER:	PAGE	59 OF	208
Use separate schedule(s) for each category of the	(check only one)	_		
Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Patrick Giam M.D. Date of Receipt Mailing Address 2411 Fountain View, Suite 200 2411 Fountain View, Suite 200 02 2014 City Zip Code State Transaction ID: C2725959 Houston TX 77057-4817 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Greater Houston Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. James Glenski M.D. Date of Receipt Mailing Address 8717 West 110th Street, Suite 600 05 03 2014 City State Zip Code Transaction ID: C2726012 Overland Park KS 66210-2144 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Assoc. of Kansas City, P.C. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. David F. Gloyna M.D. Date of Receipt Mailing Address 2401 S 31st 2014 05 14 Scott and White, Dept. of Anes City Zip Code State Transaction ID: C2731095 Temple TX 76508-0001 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Scott and White, Dept. of Anes. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1183.34

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

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

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 60 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14		11c 15		12 16		17
ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions										

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John E. Gobis M.D. Date of Receipt Mailing Address 3755 Mary Cliff Ln 2014 City State Zip Code Transaction ID: C2730852 WI Brookfield 53005-2131 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Anesthesiologist Aurora Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jose M. Goldar M.D. Date of Receipt Mailing Address 1453 SW 156th Way 05 2014 27 City State Zip Code Transaction ID: C2742316 Pembroke Pines FL 33027-2379 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Sheridan Healthcorp Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Goldzweig D.O. Date of Receipt Mailing Address 942 Wood Hollow Ln 2014 05 01 City State Zip Code Transaction ID: C2725646 NJ Ridgewood 07450 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation TeamHealth physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE		: PAGE	E 61 OF	208				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jerry M. Gonzales M.D. Date of Receipt Mailing Address 200 Whispering Brook Way 2014 City Zip Code State Transaction ID: C2738837 PΑ Media 19063-2007 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiologist United Anesthesia Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael C. Gosney M.D. Date of Receipt Mailing Address 108 Chase Dr 2014 05 01 City State Zip Code Transaction ID: C2725637 AL Muscle Shoals 35661 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Medical Consultants, LLC Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew J. Greenfield M.D. Date of Receipt Mailing Address 670 Carrotwood Terrace 02 2014 05 City State Zip Code Transaction ID: C2725960 FL Plantation 33324 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Sheridan Healthcare Anesthesiologist

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

208.35

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 62 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Kimberly M. Greenwald M.D. Date of Receipt Mailing Address PO Box 18623 2014 City Zip Code State Transaction ID: C2730249 NC Raleigh 27619-8623 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Mednax physician Receipt For: Aggregate Year-to-Date ▼ Primary General 238.35 Other (specify) Full Name (Last, First, Middle Initial) B. Charles D. Gregorius M.D. Date of Receipt Mailing Address 2220 the Knls 05 12 2014 City State Zip Code Transaction ID: C2730352 NE Lincoln 68512-1929 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stefan J. Grenvik M.D. Date of Receipt Mailing Address 350 Blountville Hwy 2014 05 05 Suite 207 City Zip Code State Transaction ID: C2726093 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bristol Anesthesia Services MD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	- 6	33	OF		208
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial)  James F. Griffin D.O.  Mailing Address P.O. Box 230  City  Wakefield	State Zip Code RI 02880	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary  Other (specify)	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	250.00
Full Name (Last, First, Middle Initial)  Ryan J. Grindstaff M.D., Ph.D  Mailing Address 3300 W 129th St  City	State Zip Code KS 66209-1771	Date of Receipt  05 14 2014  Transaction ID : C2754359
Leawood  FEC ID number of contributing federal political committee.  Name of Employer Anestheisa Associates of Kansas City  Receipt For:  Primary  General	Occupation Anesthesiologist Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  1000.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Allen N. Gustin M.D.  Mailing Address 653 W Briar PI Apt 1  City	State Zip Code	Date of Receipt    M
Chicago  FEC ID number of contributing federal political committee.  Name of Employer  University of Chicago Department of An Receipt For:  Primary General Other (specify) ▼	IL 60657-8406  C  Occupation  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1300.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NOMB (check only one)

FOF	LINE	NU	MBER	:	PAGE	- 6	64	OF	208
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personal he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Ezra A. Hallam M.D.  Mailing Address 883 Augusta Cir  City North Liberty	State Zip Code IA 52317-9419	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  Linn County Anesthesiologists  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.02	83.34
Full Name (Last, First, Middle Initial)  Kimberley D. Haluski M.D.  Mailing Address 4565 Mystic Dr. NE  City  Atlanta	Date of Receipt    M	
FEC ID number of contributing federal political committee.  Name of Employer Physician Specialists in Anes., P.C.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	41.67
Full Name (Last, First, Middle Initial)  Aaron Hammond D.O.  Mailing Address 3390 N. Campbell Ave., Ste	Date of Receipt    M	
Tucson  FEC ID number of contributing federal political committee.  Name of Employer  Southern Arizona Anesthesia  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code AZ 85719  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional).	•	208.35
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 65 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) H. David Hardman M.D. Date of Receipt Mailing Address 228 Galway Dr 05 2014 City Zip Code State Transaction ID: C2726269 NC Chapel Hill 27517 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of North Carolina at Chapel Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. James A. Harris D.O. Date of Receipt Mailing Address 1227 Stone Meadows Ct 05 05 2014 City State Zip Code Transaction ID: C2726058 GA Grovetown 30813-5946 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation **US Army** Staff Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Anne T. Hartney-Baucom M.D. Date of Receipt Mailing Address 5671 Peachtree Dunwoody Rd Ste 610 2014 05 18 City State Zip Code Transaction ID: C2738880 GΑ Atlanta 30342 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia, P Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

ı	FOR LINE	NUMBER	:   PAGE	= 66 OF	208				
ı	(check only one)								
	<b>X</b> 11a	11b	11c	12					
	13	14	15	16	17				

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  A. Alison D. Hartvigson M.D.		Date of Receipt
Mailing Address 5323 NE 42nd St		05 23 2014
City	State Zip Code	Transaction ID : C2742151
Seattle	WA 98105-4910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Virginia Mason	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  B. Derek S. Harwell M.D.	Date of Receipt	
Mailing Address 206 Elizabeth Ave  Anesthesiology of Greenwo City	05 30 2014 Transaction ID : C2745037	
Greenwood	State Zip Code SC 29646-3815	Transaction ID : C2745037  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Anesthesiology of Greenwood	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. John V. Hasewinkel M.D.		Date of Receipt
Mailing Address 11615 E. 100 N.		05 19 2014
City Sheridan	State Zip Code IN 46069	Transaction ID : C2740228  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
Wishard Anesthesia Group, LLC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	1041.67
TOTAL This Period (last page this line numb	er only)	

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

67 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Steven Hattamer M.D. Date of Receipt Mailing Address 8 Prospect St Nashua Anesthesia Partners 2014 02 City Zip Code State Transaction ID: C2725978 03060-3925 Nashua NH Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Nashua Anesthesia Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) B. Robert E. Heflin M.D. Date of Receipt Mailing Address 6 Fairview Hts 05 20 2014 City State Zip Code Transaction ID: C2740772 WV Parkersburg 26101-2918 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation United Anesthesia Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter L. Hendricks M.D. Date of Receipt Mailing Address 1590 Panorama Dr. 2014 05 14 City State Zip Code Transaction ID: C2731104 AL Vestavia Hills 35216 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 666.64 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 68 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

208

12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) David L. Hepner M.D. Date of Receipt Mailing Address Department of Anesthesiology 75 Francis St L1 2014 25 City Zip Code State Transaction ID: C2742271 MA **Boston** 02115-6110 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Brigham and Womens Hosp - Harvard Med Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Herlich M.D. Date of Receipt Mailing Address 116 Haverford Cir 05 12 2014 City State Zip Code Transaction ID: C2730307 Pittsburgh PA 15228-2380 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Pittsburgh School of Med Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Steven L. Herling D.O. Date of Receipt Mailing Address 31 School Lane 2014 05 20 City Zip Code State Transaction ID: C2740606 NY Lloyd Harbor 11743 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FO	PAGE	- 6	39	OF	- 2	208			
(check only one)									
E	<b>1</b> 1a	11b		11c		12			
	13	14		15		16			17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any per- the name and address of any political committee to siologists Political Action Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda B. Hertzberg M.D.  Mailing Address 6622 N. Forkner Ave.		Date of Receipt
City	State Zip Code	05 01 2014 Transaction ID : C2725647
Fresno	CA 93711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Linda B Hertzberg MD Inc.	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial)  Gregory Hickman M.D.		Date of Receipt
Mailing Address 1040 Gulf Breeze Parkway Suite 100		05 01 2014
City	State Zip Code	Transaction ID: C2725592
Gulf Breeze  FEC ID number of contributing federal political committee.	FL 32561	Amount of Each Receipt this Period  250.00
Name of Employer Paradigm Anesthesia, PA	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Travis S. Hiles M.D.		Date of Receipt
Mailing Address 1601 E Catalpa St		05 18 _ 2014 _
City Springfield	State Zip Code MO 65804-0201	Transaction ID : C2738835  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Ozark Anesthesia Assoc.	anesthesia	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).		583.34
TOTAL This Period (last page this line numb		

FOR LINE NUMBER: PAGE 70 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Albert F Ho M.D. Date of Receipt Mailing Address 2033 Brandon Cir 2014 City Zip Code State Transaction ID: C2740229 NC Charlotte 28211-1650 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Northeast Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Maggie M. Ho D.O. Date of Receipt Mailing Address 9 Carleys Way 05 01 2014 City State Zip Code Transaction ID: C2725870 NJ 07866-4530 Rockaway Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Morris Anest. Group St. Clares Hosp. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas A. Hof M.D. Date of Receipt Mailing Address 1755 Kirby Pkwy Ste 330 2014 05 13 City Zip Code State Transaction ID: C2730791 TN Memphis 38120-4398 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Medical anesthesia group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 1125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:					PAGE	7	71	OF	208
(check only one)									
X	11a		11b		11c		12	!	
	13		14		15		16	;	17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	2
Full Name (Last, First, Middle Initial) Timothy J. Holroyd M.D.  Mailing Address 1993 Irish Bank Dr.  City Virginia Beach  FEC ID number of contributing federal political committee.  Name of Employer Atlantic Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code VA 23454-1136  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Mark E. Honska M.D.  Mailing Address P.O. Box 162026  City  Altamonte Springs  FEC ID number of contributing	State Zip Code FL 32716-2026	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼  Name of Employer  JLR Medical Group  Receipt For:  General  Other (specify) ▼	Occupation Anesthesiologists  Aggregate Year-to-Date ▼  416.70	
Full Name (Last, First, Middle Initial)  Timothy W. Houseman M.D.  Mailing Address PO Box 1025  City Fairhope  FEC ID number of contributing federal political committee.  Name of Employer  Eastern Shore Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code AL 36533-1025  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  499.92	Date of Receipt  05 04 2014  Transaction ID: C2726033  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	666.68
TOTAL This Period (last page this line number	er only)	

	FOR LINE N	NUMBER:	:	PAGE	. 1	'2
Use separate schedule(s)	(check only	one)				
for each category of the Detailed Summary Page	X 11a	11b		11c		12
	12	14		15		16

OF

208

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) William F. Hubbard Jr., M.D. Date of Receipt Mailing Address 206 Elizabeth Ave. 30 2014 City Zip Code State Transaction ID: C2745042 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation ANESTHESIOLOGY OF GREENWOOD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Hayden R. Hughes M.D. Date of Receipt Mailing Address 1941 21st Ave S 05 21 2014 City State Zip Code Transaction ID: C2741586 ΑL Birmingham 35209-1345 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation University of Alabama Medical Center D physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) Jonathan R. Hughes M.D. Date of Receipt Mailing Address 350 Blountville Hwy Ste 207 2014 05 17 **Bristol Anesthesia Services** City Zip Code State Transaction ID: C2738750 Bristol TN 37620-1671 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bristol Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	Ξ	Ξ	7	Ξ	Ξ	7	Ξ	66	6.64	
TOTAL This Period (last page this line number only)	_	_	7	_	Ξ	7	_	_	_	

333.36

Other (specify)

FOR LINE NUMBER: PAGE 73 OF (check only one) X 11a 11b 11c

208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James B. Hulin D.O. Date of Receipt Mailing Address 4401 Balmoral Ct 04 2014 City Zip Code State Transaction ID: C2726045 OK Norman 73072-3163 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of Oklahoma Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James M. Hunter Jr., M.D. Date of Receipt Mailing Address Anesthesiology Department 619 S. 19th Street JT926C 2014 05 12 City State Zip Code Transaction ID: C2730314 AL Birmingham 35249 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation University of Alabama at Birmingham Anesthesiologist and Intensivist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. William E. Hurford M.D. Date of Receipt Mailing Address Department of Anesthesiology 2014 231 Albert Sabin Way 05 17 City State Zip Code Transaction ID: C2738737 OH Cincinnati 45267-0531 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation University of Cincinnati Medical Cente Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 591.67 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 74 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert W. Hurley M.D., Ph.D Date of Receipt Mailing Address PO Box 100254 - Hurley 2014 City State Zip Code Transaction ID: C2738868 FL Gainesville 32610-0254 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Florida Medical Center A Pain Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Jaemy M. Hwang M.D. Date of Receipt Mailing Address 250 Breakwater 05 07 2014 City State Zip Code Transaction ID: C2727483 IN 46037 **Fishers** Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Southeast Anesthesiologists, PC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Robert Impastato M.D. Date of Receipt Mailing Address 19 Barrett Hill Rd. 05 29 2014 Zip Code State Transaction ID: C2744359 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Vassar Brothers Hospital Anes. Dept. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 166.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	: /	15	OF	- 4	208
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Michael T Ingoglia M.D.  Mailing Address 1014 Sterling Ridge Dr  City  Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer  Albany Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code NY 12144-8460  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Venesa J. Ingold M.D.  Mailing Address 3901 Rainbow Blvd  Mail Stop 1034  City  Kansas City  FEC ID number of contributing federal political committee.  Name of Employer  Kansas University Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code KS 66103-2937  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  291.67	Date of Receipt  M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Mark T. Isaac D.O.  Mailing Address 1459 Lexington Ontario Rd  City  Mansfield  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Associates of Mansfield  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 44903-8631  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt  M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)	<u> </u>	208.35
TOTAL This Period (last page this line number	only)	

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

FOR L	PAGE	. 7	76	OF	2	208			
(check only one)									
X 1	1a	11b		11c		12			
1	3	14		15		16			17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Mitchell L. Jablons M.D.		Date of Receipt
Mailing Address 35 Timberline Way		05 26 _ 2014 _
City	State Zip Code	Transaction ID : C2742280
Watchung	NJ 07069-6428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
American Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Jeffrey S. Jacobs M.D.		Date of Receipt
Mailing Address 11041 Pine Lodge Trail		05 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2726092
Davie	FL 33328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Cleveland Clinic Florida	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	416.50	
Full Name (Last, First, Middle Initial)  Muhammad Jaffar M.D.		Date of Receipt
Mailing Address 4301 W Markham St Lot 515  Dept of Anes		05 23 Y 2014
City	State Zip Code	Transaction ID : C2742157
Little Rock	AR 72205-7101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
University of Arkansas Medical Science	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	416.70	
SUBTOTAL of Receipts This Page (optional)		416.64
TOTAL This Period (last page this line number	only)	

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

FOR LINE NOMBER: (check only one)

X 11a 11b 11b

FOR LINE NUMBER:					PAGE	7	77	OF	208
(check only one)									
$\mid \; \mid \times$	11a		11b		11c		12		
	13		14		15		16	;	17

	Statements may not be sold or used by any persename and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Aliraza G. Jaffer M.D.  Mailing Address 5070 Brookdale Road  City  Bloomfield Hills  FEC ID number of contributing federal political committee.  Name of Employer  William Beaumont Hospital  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48304  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Daniel J. Janik M.D.  Mailing Address 15605 E Prentice Dr  City Centennial  FEC ID number of contributing federal political committee.  Name of Employer University of Colorado Denver  Receipt For: Primary General Other (specify)	State Zip Code CO 80015-4264  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  749.90	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Norah R. Janosy M.D.  Mailing Address 13123 E 16th Ave # B090  City Aurora  FEC ID number of contributing federal political committee.  Name of Employer Childrens Colorado Receipt For: Primary Other (specify)   General Other (specify)	State Zip Code CO 80045-7106  C  Occupation Pediatric Anesthesiologist  Aggregate Year-to-Date ▼  208.35	Date of Receipt  05 28 2014  Transaction ID: C2742836  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)		208.35
TOTAL This Period (last page this line number	only)	

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

78 OF

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Curby D. Jenkins D.O. Date of Receipt Mailing Address 250 Cabrillo Ln 01 2014 City Zip Code State Transaction ID: C2725868 CA San Luis Obispo 93401-7910 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. William M. Jenkins J.D., M.B. Date of Receipt Mailing Address 3938 Blackstone Court 05 26 2014 City State Zip Code Transaction ID: C2742294 CA Hayward 94542 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation william jenkins physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Cynthia L. Jenson M.D. Date of Receipt Mailing Address 434 Main St 2014 05 05 City Zip Code State Transaction ID: C2726056 MF Waterville 04901 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesia Associates of Lewiston Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 79 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) J. F. Jimenez M.D. Date of Receipt Mailing Address 116 Seven Iron Ct. 2014 City State Zip Code Transaction ID: C2731625 FL Ponte Vedra Beach 32082-3134 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Jacksonville Anesthesia Corporation Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca L. Johnson M.D. Date of Receipt Mailing Address Mayo Clinic Charlton # 1 200 First St. SW 17 05 2014 City State Zip Code Transaction ID: C2738788 MN Rochester 55905-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Methodist North Anes. Dept. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tara C. Johnson-Williams M.D. Date of Receipt Mailing Address 109-G Gainsborough Sq # 182 2014 05 28 City Zip Code State Transaction ID: C2744337 Chesapeake VA 23320-1707 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Atlantic Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FO	PAGE	: 8	30	OF		208			
(check only one)									
>	<b>1</b> 1a	11b		11c		12			
	13	14		15		16			17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Brian P. Jones M.D.		Date of Receipt
Mailing Address Department of Anesthesia		05 10 2014
3333 Riverbend Dr City	State Zip Code	05 10 2014 Transaction ID : C2730259
Springfield	OR 97477-8800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Sacred Heart Medical Center	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  James W. Jones M.D.		Date of Receipt
Mailing Address 367 Bluff Ridge Cv		05 13 Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2730792
Cordova	TN 38018-7618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Medical Anesthesia Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  C. Zachary S. Jones M.D.		Date of Receipt
Mailing Address 320 Jackson Hill St Apt 105		05 17 2014
City Houston	State Zip Code TX 77007-7444	Transaction ID : C2738747  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
UT Houston Anesthesia	Resident	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	208.35	
SUBTOTAL of Receipts This Page (optional)		333.34
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBE (check only one)

FOR LINE NUMBER:					PAGE	: 8	31	OF	208	
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	•
Full Name (Last, First, Middle Initial) Raymond S. Joseph M.D.		Date of Receipt
Mailing Address 1420 Terry Ave Unit 908		05 30 2014
City Seattle	State Zip Code WA 98101-1982	Transaction ID: C2744937
FEC ID number of contributing federal political committee.	C 30101-1302	Amount of Each Receipt this Period 41.67
Name of Employer  Virginia Mason Medical Center  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  3. Jacob Kaczmarski M.D.  Mailing Address 7265 SW 89th St Apt A-414		Date of Receipt
City	State Zip Code	05 26 2014 Transaction ID : C2742298
Miami  FEC ID number of contributing federal political committee.	FL 33156-7788	Amount of Each Receipt this Period 250.00
Name of Employer Baptist Hospital of Miami	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Scott T. Kane M.D.		Date of Receipt
Mailing Address 4242 Medical Dr Ste 3100		05 15 2014
City San Antonio	State Zip Code TX 78229-5642	Transaction ID : C2731626  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Tejas Anesthesia, P.A.  Receipt For:	Anesthesiologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		391.67
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 82 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christopher J. Karsanac M.D., B.S. Date of Receipt Mailing Address 945 Davidson Dr 2014 26 City Zip Code State Transaction ID: C2742290 TN Nashville 37205-1003 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Vanderbilt Pediatric Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tyler L Keate M.D. Date of Receipt Mailing Address 1236 E Elizabeth St Ste 1 05 18 2014 City State Zip Code Transaction ID: C2738913 Fort Collins CO 80524-4000 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Northern Colorado Anesthesia Professio Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jessica Kenaston M.D. Date of Receipt Mailing Address 6 Alden Rd 2014 05 18 City Zip Code State Transaction ID: C2738865 NY Poughkeepsie 12603-4002 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 383.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 83 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Scott Kercheville M.D. Date of Receipt Mailing Address Mail Code 7838 7703 Floyd Curl Drive 2014 0.3 City Zip Code State Transaction ID: C2726003 78229-3900 San Antonio TX Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UTHSCSA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. James K. Kerr III, M.D. Date of Receipt Mailing Address 2165 Herschel St 05 28 2014 City State Zip Code Transaction ID: C2742828 FL Jacksonville 32204-3819 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation North Florida anesthesia Consultants, anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70

Other (specify) Full Name (Last, First, Middle Initial) c. Matthew Kidwell M.D. Date of Receipt Mailing Address 707 Ground Plum Circle 30 05 2014 City State Zip Code Transaction ID: C2744939 IA Solon 52333 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Linn County Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify)

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

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

250.02

FOR LINE NUMBER: PAGE 84 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

208

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Harold Kim M.D. Date of Receipt Mailing Address 68 South Service Road Suite 350 03 2014 City State Zip Code Transaction ID: C2726017 11747 NY Melville Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation North American Partners in Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey G. King M.D. Date of Receipt Mailing Address 2763 Meeting PI 05 25 2014 City State Zip Code Transaction ID: C2742261 FL Orlando 32814-6136 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation JLR Medical Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin P. Kinkead M.D. Date of Receipt Mailing Address 1776 McConnell Dr. 2014 05 22 City State Zip Code Transaction ID: C2742022 PΑ Williamsport 17701-9300 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation AAW Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 208.28 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE		35	OF	208
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Robert A. Klein M.D.  Mailing Address 220 W San Juan Ave  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Metro Anes. Consultants  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85013-1832  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	Date of Receipt  05 28 2014  Transaction ID: C2744315  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Michael A. Kline M.D.  Mailing Address P.O. Box 434  City Clarks Summit  FEC ID number of contributing federal political committee.  Name of Employer NAPA  Receipt For:	State Zip Code PA 18411-0434  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  05 18 2014  Transaction ID : C2738869  Amount of Each Receipt this Period  83.34
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate real-to-bate • 416.70	
City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Physicians, LTD  Receipt For: Primary Other (specify)	State Zip Code SD 57108-6207  C  Occupation Physician  Aggregate Year-to-Date ▼  208.35	Date of Receipt  05 06 2014  Transaction ID: C2726789  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.01
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	NUMBER	:   PAGE	: 86 OF	208
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personal he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Peter A Knoester M.D.  Mailing Address 151 W 12th St		Date of Receipt
Mailing Address 151 W. 12th St.		05 03 2014
City	State Zip Code	Transaction ID : C2726005
Holland	MI 49423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
Macatawa Anesthesia, PC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  Robert F. Koebert M.D.	•	Date of Receipt
Mailing Address 541 E Erie St Unit 404		05 12 _2014 _
City	State Zip Code	Transaction ID : C2730336
Milwaukee	WI 53202-6237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Aurora Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial) C. Courtney C. Koshar M.D.	•	Date of Receipt
Mailing Address 1625 E Northern Ave Ste 10 Metro Anes. Consultants		05 28 2014
City Phoenix	State Zip Code AZ 85020-3921	Transaction ID : C2744312
-	90050-9851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
SELF-EMPLOYED	ANESTHESIOLOGIST	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1125.01
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 87 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joseph Koveleskie M.D. Date of Receipt Mailing Address 5500 Prytania St # 435 2014 City Zip Code State Transaction ID: C2730787 **New Orleans** LA 70115-4237 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Ochsner Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) B. David M. Krhovsky M.D. Date of Receipt Mailing Address 2248 Shawnee Dr SE 05 01 2014 City State Zip Code Transaction ID: C2725863 **Grand Rapids** MI 49506-5335 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew E. Kuestner M.D. Date of Receipt Mailing Address 1113 Rostrevor Cir 30 05 2014 City Zip Code State Transaction ID: C2744928 KY Louisville 40205-1741 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Pediatric Anaesthesia Associates, PSC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 208.27 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOR	LINE	NU	MRFK	:	PAGE	 38	OF	•	200
(che	ck only	or	ne)						
X	11a		11b		11c	12			
	13		14		15	16			17

	Statements may not be sold or used by any personal part of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Hung-Chi Kwok M.D.  Mailing Address 2732 Muir Woods Dr., SE  City Hampton Cove  FEC ID number of contributing federal political committee.  Name of Employer  Alabama Anes. of Huntsville, LLC  Receipt For:  Primary General Other (specify)	State Zip Code AL 35763  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O5 14 2014  Transaction ID: C2731616  Amount of Each Receipt this Period  175.00
Full Name (Last, First, Middle Initial)  John E. La Gorio M.D.  Mailing Address 1543 Forest Park Rd  City  Norton Shores  FEC ID number of contributing federal political committee.  Name of Employer  Lakeshore Anesthesia Services  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 49441-4642  C Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christopher J. Lace M.D.  Mailing Address 12401 E 17th Ave Ste B113 University of Colorado  City Aurora  FEC ID number of contributing federal political committee.  Name of Employer University of Colorado  Receipt For: Primary General Other (specify)	State Zip Code CO 80045-2548  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.01
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the

FO	R LINE	NUMBER	:	PAGE	: 8	39	OF	2	208	
(check only one)										
>	<b>1</b> 1a	11b		11c		12				
	13	14		15		16			17	

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christopher T Lancaster M.D. Date of Receipt Mailing Address 291 Southhall Ln 30 2014 City State Zip Code Transaction ID: C2744927 FL Maitland 32751-7274 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation JLR Medical Group Pediatric Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Steven N. Landau M.D. Date of Receipt Mailing Address 2443 Dundee Dr 05 29 2014 City State Zip Code Transaction ID: C2744355 MI Ann Arbor 48103-6022 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Associates of Ann Arbor Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Alice L. Landrum M.D. Date of Receipt Mailing Address 1121 S Hickory Grove School Rd 09 2014 05 City Zip Code State Transaction ID: C2729973 MO Columbia 65279-9785 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation University of Missouri Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional).....

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

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

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Eric L. Larson M.D. Date of Receipt Mailing Address 2215 Cascade Lakes Cir SE 03 2014 City Zip Code State Transaction ID: C2726009 **Grand Rapids** MI 49546 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nathan Lasiter M.D. Date of Receipt Mailing Address 18904 Shilstone Way 05 30 2014 City State Zip Code Transaction ID: C2744933 OK Edmond 73003 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Northwest Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Gary W. Latson M.D. Date of Receipt Mailing Address 14954 Sunshine Rd 2014 05 13 City Zip Code State Transaction ID: C2730798 TX Holland 76534-5048 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Physician Anesthesiology Baylor Scott and White Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 175.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Harana and a sala a dada (a)		PAGE 9	91 OF
Use separate schedule(s) for each category of the	(check only one)		-
Detailed Summary Page	X 11a 11b	11c	12
,	13 14	15	16

208

	Statements may not be sold or used by any pers ename and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	<b>:</b>
Full Name (Last, First, Middle Initial) Thomas P. Laughlin M.D.  Mailing Address 1030 Burning Tree Dr.  City Kansas City  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates of Kansas City  Receipt For: Primary Other (specify)	State Zip Code MO 64145  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00	Date of Receipt  05 14 2014  Transaction ID: C2734734  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Greg A. Lawrence M.D.  Mailing Address 3390 N. Campbell Ave., Suite  City  Tucson  FEC ID number of contributing federal political committee.  Name of Employer  Southern Arizona Anesthesia Services  Receipt For:  Primary  General  Other (specify)	State Zip Code AZ 85733  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	Date of Receipt  05 17 2014  Transaction ID: C2738740  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  John P. Lawrence M.D., M.Ed  Mailing Address 7100 Hollyleaf Dr.  City Burlington  FEC ID number of contributing federal political committee.  Name of Employer University of Cincinnati College of Me  Receipt For:  Primary General Other (specify)	State Zip Code KY 41005  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	583.34
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 92 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Gary-Anthony Lawson-Boucher M.D. Date of Receipt Mailing Address 5238 Mason Corbin Ct #101 07 2014 City State Zip Code Transaction ID: C2727485 FL Fort Myers 33907 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Moonlight Anesthesia Anaesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carlos-Nicholas L. Lee M.D. Date of Receipt Mailing Address 9529 Hopeland Drive 2014 05 04 City State Zip Code Transaction ID: C2716077 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Capitol Anesthesiology Association Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) c. Jay B. Lee M.D. Date of Receipt Mailing Address 20 Oakwood Circle 2014 05 04 City Zip Code State Transaction ID: C2726044 NY Roslyn 11030-3816 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation NAPA Physician

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

416.70

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER. DACE 02 OF

om ox)	Use separate schedule(s) for each category of the Detailed Summary Page	(che	eck only	_			11c   15	1	12 16	17	,
Reports and Statements ma	av not be sold or used by any pe	rson 1	or the r	ourr	ose of	so	licitina c	cont	ribution	าร	╗

Any information copied from such F or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jeffrey A. Lee M.D. Date of Receipt Mailing Address 6650 Pasture Lands Pl. 06 2014 City State Zip Code Transaction ID: C2726874 FL 34787-6229 Winter Garden Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation JLR Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.28 Other (specify) Full Name (Last, First, Middle Initial) B. Kerry T. Lee M.D. Date of Receipt Mailing Address 206 Elizabeth Ave. 05 30 2014 City State Zip Code Transaction ID: C2745045 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiology Of Greenwood Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maxine M. Lee M.D. Date of Receipt Mailing Address 5432 Woodchuck Ln. 02 2014 05 City State Zip Code Transaction ID: C2725973 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Anesthesiology Consultants of Virginia Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 541.71 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

94 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Maxine M. Lee M.D. Date of Receipt Mailing Address 5432 Woodchuck Ln. 2014 City Zip Code State Transaction ID: C2742839 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesiology Consultants of Virginia Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 541.71 Other (specify) Full Name (Last, First, Middle Initial) B. Jason A. Lemons M.D. Date of Receipt Mailing Address 4650 Grandview Pkwy 05 2014 17 City State Zip Code Transaction ID: C2738793 GA Flowery Branch 30542-3590 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Gainesville Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brenda S. Lewis D.O. Date of Receipt Mailing Address 646 Charles Pl. 02 2014 05 Zip Code State Transaction ID: C2725957 OH Highland Heights 44143-0100 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Cleveland Clinic ansthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

				MBER	:	PAGE	: (	95	OF	
Use separate schedule(s) for each category of the	(chec	k only	or	ie)				_		
Detailed Summary Page	X	11a		11b		11c		12		
		12		1/		15		16	[	Т

208

Any information copied from such Reports and Stort for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
` '	logists Political Action Committee	
Full Name (Last, First, Middle Initial)		
Michael C. Lewis M.D.		Date of Receipt
Mailing Address 655 W 8th St		M = M / D = D / Y = Y = Y
Professor Chair Anesthesiology		05 01 2014
City	State Zip Code	Transaction ID : C2725644
Jacksonville	FL 32209-6511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
University of Florida College of Medic	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Agrogato Teal-to-Date ▼	
Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial)  J. Lance Lichtor M.D.	Date of Receipt	
Mailing Address PO Box 4668		M = M / D = D / Y = Y = Y
Oit.		05 01 2014
City	State Zip Code	Transaction ID : C2725653
New York	NY 10163-4668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Yale University Department of Anesthes	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	416.35	
Full Name (Last, First, Middle Initial)		
J. Lance Lichtor M.D.		Date of Receipt
Mailing Address PO Box 4668		05 05 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
City	State Zip Code	Transaction ID : C2726090
New York	NY 10163-4668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	
Yale University Department of Anesthes	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. agrogato Toarto-Date ▼	
Other (specify) ▼	416.35	
SUBTOTAL of Receipts This Page (optional)		166.61
TOTAL This Period (last page this line number of	nly)	

	FOR LINE	= NOMBER	: PAGI	E 96
Use separate schedule(s)	(check on	ıly one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

208

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Kristen L. Lienhart M.D. Date of Receipt Mailing Address 4301 W Markham St Lot 515 2014 City Zip Code State Transaction ID : C2730323 72205-7101 AR Little Rock Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UAMS** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. John E. Lindsey Jr., M.D. Date of Receipt Mailing Address 2502 S 186th Cir 05 28 2014 City State Zip Code Transaction ID: C2742838 NE Omaha 68130 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Orthopaedic Anesthesia Specialists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Asa C. Lockhart M.D. Date of Receipt Mailing Address 2106 Kennebunk Ln. 2014 05 04 Zip Code City State Transaction ID: C2726042 TX Tyler 75703 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)		- 5		7		2	08.3	31	
TOTAL This Period (last page this line number only)				7	_	_		Ξ	]

416.50

Physician

Aggregate Year-to-Date ▼

**ETAA** Receipt For:

Primary

Other (specify)

General

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

	FOF	I LINE	NU	MBER	:	PAGE	: {	91	ΟF	2	08
e separate schedule(s)	(che	ck only	or	ıe)							
each category of the tailed Summary Page	X	11a		11b		11c		12			
tanoa oanina.y i ago		13		14		15		16			17

		tatements may not be sold or used by any personame and address of any political committee to					
	NAME OF COMMITTEE (In Full)  American Society of Anesthesic	ologists Political Action Committee					
Α.	Full Name (Last, First, Middle Initial) Jason Lok M.D.  Mailing Address 5496 East Taft Road		Date of Receipt				
	City	State Zip Code	05 02 2014 Transaction ID : C2725956				
_	North Syracuse FEC ID number of contributing	NY 13212	Amount of Each Receipt this Period				
	ederal political committee.	C	41.67				
1	Name of Employer  New York Spine And Wellness Center  Receipt For:  Primary  General	Occupation  Anesthesiology And Pain Medicine  Aggregate Year-to-Date ▼					
	Other (specify) ▼  Full Name (Last, First, Middle Initial)	208.35					
В.	Robert A. London M.D.  Mailing Address 1252 Wellington Ter		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Maitland	State Zip Code FL 32751-3448	Transaction ID : C2738831  Amount of Each Receipt this Period				
	FEC ID number of contributing dederal political committee.	С	500.00				
	Name of Employer JLR Medical Group, a division of USAP	Occupation Anesthesiologist					
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00					
	Full Name (Last, First, Middle Initial) Michael A. Lopez M.D.		Date of Receipt				
1	Mailing Address 2810 N Swan Rd Ste 100		05 28 2014				
	City Tucson	State         Zip Code           AZ         85712-6300	Transaction ID : C2744323  Amount of Each Receipt this Period				
	FEC ID number of contributing rederal political committee.	C	250.00				
	Name of Employer Old Pueblo Anesthesia	Occupation Physician					
_	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00					
SL	JBTOTAL of Receipts This Page (optional)		791.67				
тс	OTAL This Period (last page this line number	only)					

	FOR LINE NUMBER: PAGE 98 OF	
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
,	13     14     15     16	

208

	d Statements may not be sold or used by any per the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  A. Deborah A. Lowery M.D.  Mailing Address 6258 Memorial Dr  City	State Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Dublin	OH 43017-8911	Transaction ID : C2730341  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer  The Ohio State Univ Medical Center  Receipt For:  Primary  General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	
Full Name (Last, First, Middle Initial)  B. Philip J. Lubrano M.D.  Mailing Address 11502 E Rocky Creek Rd		Date of Receipt    M
City Crowley  FEC ID number of contributing federal political committee.	State Zip Code TX 76036-2072	Transaction ID : C2744340  Amount of Each Receipt this Period  500.00
Name of Employer Baylor Surgery Care Center at Oakmont Receipt For:  Primary  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Mikel A. Ludwikosky M.D.		Date of Receipt
Mailing Address 3409 Ironhorse Court		05 14 2014
City Shawnee Mission	State Zip Code KS 66224	Transaction ID : C2735011  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Anesthesia Associates of Kansas City Receipt For:	Anesthesiologist	_
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb	<u>^</u>	1583.34

FOR LINE NUMBER: PAGE 99 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joshua L. Lumbley M.D. Date of Receipt Mailing Address 410 W 10th Ave N411 Doan Hall 2014 City Zip Code State Transaction ID: C2730305 OH Columbus 43210-1240 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation The Ohio State University Medical Cent anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Claudio Lumermann M.D. Date of Receipt Mailing Address Dept. of Anesthesia 270-75 76 Ave. 05 07 2014 City State Zip Code Transaction ID: C2727486 NY New Hyde Park 11040 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Long Island Jewish Med. Ctr. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) c. Robert I. Macfarlane M.D. Date of Receipt Mailing Address 350 Blountville Highway 2014 05 05 Suite 207 City Zip Code State Transaction ID: C2726094 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bristol Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:						PAGE	: 1	00 OF	4	200
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Asif M. Malik M.D.		Date of Receipt
Mailing Address 2758 Charnwood Dr		05 12 2014
City Troy	State Zip Code MI 48098-2184	Transaction ID : C2730316  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer  Henry Ford West Bloomfield Hospital An  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	
Full Name (Last, First, Middle Initial)  Mark Mandabach M.D.  Mailing Address Back (Acadharidaean		Date of Receipt
Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845 City	State Zip Code	05 01 2014 Transaction ID : C2725650
Birmingham	AL 35249-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer UAB Department of Anesthesiology	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial)  C. Michael J. Marcovitz M.D.		Date of Receipt
Mailing Address 4483 Ford Rd.		05 24 2014
City Ann Arbor	State Zip Code MI 48105	Transaction ID : C2742249  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
Anesthesia Associates of Ann Arbor, P.  Receipt For:  Primary  General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  208.35	
SUBTOTAL of Receipts This Page (optional)		208.35
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 101 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Gregory Marino M.D. Date of Receipt Mailing Address 2626 E 66th St 2014 City Zip Code State Transaction ID: C2730243 OK Tulsa 74136-1248 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Blue cross oklahoma Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kurt W. Markgraf M.D. Date of Receipt Mailing Address 3663 McKinley Ave 05 12 2014 City State Zip Code Transaction ID: C2730333 FL Fort Myers 33901 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Medical Anesthesia and Pain Management Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Archer Martin M.D. Date of Receipt Mailing Address 7651 Gate Pkwy Apt 2301 2014 05 28 City Zip Code State Transaction ID: C2742837 FL Jacksonville 32256-4822 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Mayo Clinic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 175.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 102 OF 208 Use separate schedule(s) for each category of the Detailed Summary Page

FUF	I LIIVE	INO	IVIDED	FAGL	. !	02 01	•	200	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	,
Full Name (Last, First, Middle Initial)  Leo A. Martin M.D.  Mailing Address Leo A. Martin, MD PC  4205 East San Miguel Avenu  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  SELF-EMPLOYED  Receipt For:  Primary General Other (specify)	e State Zip Code AZ 85018-1141  C Occupation PHYSICIAN  Aggregate Year-to-Date ▼	Date of Receipt  05 28 2014  Transaction ID: C2744311  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Cori E. Mason M.D.  Mailing Address 8717 W 110th St Ste 600  City Overland Park  FEC ID number of contributing federal political committee.  Name of Employer ANES ASSOC KANSAS CITY  Receipt For:  Primary General Other (specify)	State Zip Code KS 66210-2126  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	Date of Receipt  05  14  2014  Transaction ID: C2734025  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Donald M. Mathews M.D.  Mailing Address 340 S Willard St  City Burlington  FEC ID number of contributing federal political committee.  Name of Employer University of Vermont  Receipt For:  Primary General Other (specify)	State Zip Code VT 05401-3908  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt  M M M M M M M M M M M M M M M M M M M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1333.34
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE	: 1	03 OF	-	208
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Maria E. Matuszczak M.D.		Date of Receipt
Mailing Address 6431 Fannin St Msb 5.020		05 08 2014
City Houston	State Zip Code TX 77030-1501	Transaction ID : C2729936  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  University of Texas Medical School  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Pediatric Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Anne P. McConville M.D.  Mailing Address 5347 Coliseum St		Date of Receipt
City New Orleans	State Zip Code LA 70115-3052	Transaction ID : C2725866  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.60
Name of Employer Tulane School of Medicine	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.00	
Full Name (Last, First, Middle Initial)  C. Patrick O. McConville M.D.		Date of Receipt
Mailing Address Department of Anesthesiolo 1924 Alcoa Hwy # U109		05 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Knoxville	State Zip Code TN 37920-1511	Transaction ID : C2738928  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ of Tennessee Med Ctr	Occupation Physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional).		791.60
TOTAL This Period (last page this line number	er only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 104 OF 208

TEMIZED RECEIPTS		Use separate schedule(s)		(check only one)								
		for each category of the Detailed Summary Page	X	11a 13		11b	11c	12 16	17			
Any information copied from such Reports and or for commercial purposes, other than using the				or the		ose of	soliciting	contribut	ions			
NAME OF COMMITTEE (In Full)												
American Society of Anesthesi	ologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial)  Robert D. McKay M.D.				ate of	Re	ceipt						
Mailing Address 350 Blountville Hwy Ste 207				м = м	/	13	/ Y	2014	Υ			
City	State	Zip Code			acti		C273078					
Bristol	TN	37620-1671	A	mount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С				_	,		83	.34			
Name of Employer	Occupation											
Bristol Anesthesia Services	Physician											
Receipt For:	Year-to-Date ▼											
Primary General		416.70	1									
Other (specify) ▼		410.70	4									
Full Name (Last, First, Middle Initial)  3. Kevin J. McKeown M.D.			С	ate of	Re	ceipt						
Mailing Address 6839 South Canton				M = M	/	28	/ Y	2014	Y			
City	State	Zip Code		Transa	acti	on ID :	C274403	3				
Tulsa	OK	74136-3402	A	mount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С					,	-	1000.	.00			
Name of Employer	Occupation											
Associated Anesthesiologists, Inc.	Anesthesiol	ogist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		1000.00	1									
Other (specify) ▼		1000.00	4									
Full Name (Last, First, Middle Initial) Timothy E. Mercer M.D.				Date of	Re	ceint						
Mailing Address 1670 Enterprise Rd.				M = M		D D	/ Y	Y	Υ			
			_	05		27	J L	2014				
City	State	Zip Code		Trans	acti	on ID :	C274231	1				
Piney Flats	TN	37686-3328	A	mount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С				_	,	7	83	.34			
Name of Employer	Occupation											
Bristol Anesthesia Services	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General  Other (specify) ▼		416.70										
SUBTOTAL of Receipts This Page (optional)						0		1166.	68			
TOTAL This Period (last page this line number	r only)		Ī						-			

	FOR LINE NUMBER:					PAGE 1		05 OF		208	
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)										
	×	11a		11b		11c		12		_	
, ,		13		14		15		16		17	

	Statements may not be sold or used by any person ename and address of any political committee to					
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee					
Full Name (Last, First, Middle Initial)  Catherine C. Meredith M.D.	Date of Receipt					
Mailing Address 2845 Andrews Drive NW	05 28 _ 2014 _					
City	State Zip Code	Transaction ID : C2744034				
Atlanta	GA 30305	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Northside Anesthesiology Consultants	MD					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial)  Greg V. Merijanian M.D.		Date of Receipt				
Mailing Address 2704 Downing St., S.E.	05 14 _ 2014 _					
City	State Zip Code	05 14 2014 Transaction ID : C2735016				
Huntsville	AL 35801-2247	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer CAS	Occupation anesthesia					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial)  C. Sharon M. Merker M.D.		Date of Receipt				
Mailing Address 2517 Top Hill Rd.		05 13 _ 2014 _				
City	State Zip Code	Transaction ID : C2730782				
Louisville	KY 40206	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.34				
Name of Employer	Occupation					
Williams and Wagner, PSC	ANESTHESIOLOGIST					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	416.70					
SUBTOTAL of Receipts This Page (optional)		1333.34				
TOTAL This Period (last page this line number	only)					

FOR LINE NUMBER: PAGE 106 OF 208 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Brigitte M. Messenger M.D. Date of Receipt Mailing Address 1924 Alcoa Hwy # U109 2014 City Zip Code State Transaction ID: C2730793 TN Knoxville 37920-1511 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation The University of Tennessee Graduate S Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K. Michaels M.D. Date of Receipt Mailing Address 3632 Beech Tree Dr 05 21 2014 City State Zip Code Transaction ID: C2741588 FL Orlando 32835 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Burney A. Miller M.D. Date of Receipt Mailing Address 820 S. First St. Terrace 2014 05 14 City Zip Code State Transaction ID: C2735010 MO Odessa 64076 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **PHYSICIAN AAKC** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 107 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

208

12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James K. Miller M.D. Date of Receipt Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept. 2014 City State Zip Code Transaction ID: C2730241 TN Knoxville 37920-1511 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation University of Tennessee Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin M. Miller M.D. Date of Receipt Mailing Address 22223 Cass Ave. 05 03 2014 City State Zip Code Transaction ID: C2726004 Woodland Hills CA 91364 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation St. John Health Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Michael D. Miller M.D. Date of Receipt Mailing Address 15936 Oak Park Ct 2014 05 27 City Zip Code State Transaction ID: C2742317 IN Westfield 46074-9140 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesia Consultants of Indianapolis Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 225.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 108 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christopher G. Millson M.D. Date of Receipt Mailing Address 2400 Wimbledon Dr 2014 City Zip Code State Transaction ID: C2730306 NV Las Vegas 89107-2364 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Desert Anesthesiologists** physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel S. Mitchell M.D. Date of Receipt Mailing Address 3426 W 164th Ter 05 21 2014 City State Zip Code Transaction ID: C2741566 KS Stilwell 66085-8505 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Midwest anesthesia associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen P. Mitchell M.D. Date of Receipt Mailing Address 3838 N Braeswood Blvd Apt 112 05 23 2014 City State Zip Code Transaction ID: C2742159 TX Houston 77025-3005 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician Memorial Hermann Southwest Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 109 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Karen P. Mitchell M.D. Date of Receipt Mailing Address 3838 N Braeswood Blvd Apt 112 2014 27 City Zip Code State Transaction ID: C2742320 TX 77025-3005 Houston Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Memorial Hermann Southwest Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) Full Name (Last, First, Middle Initial) B. Richard C. Month M.D. Date of Receipt Mailing Address 2001 Hamilton St Apt 2307 05 2014 11 City State Zip Code Transaction ID: C2730278 Philadelphia PA 19130 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Pennsylvania Dept. of An Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Raul R. Montiague M.D. Date of Receipt Mailing Address 7803 Railyard Dr SW 05 29 2014 City Zip Code State Transaction ID: C2744360 MI Byron Center 49315-9525 Amount of Each Receipt this Period FEC ID number of contributing 41.60 С federal political committee. Name of Employer Occupation Anesthesia Practice Consultants, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) 208.28 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

PAGE 110 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Nassim Moradi M.D. Date of Receipt Mailing Address 1316 Via Zumaya 30 2014 City State Zip Code Transaction ID: C2745554 CA Palos Verdes Estates 90274-2822 Amount of Each Receipt this Period FEC ID number of contributing 900.00 federal political committee. Name of Employer Occupation Moradi medical corporation Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frank Moretz M.D. Date of Receipt Mailing Address P.O. Box 5244 05 28 2014 City State Zip Code Transaction ID: C2744084 NC Asheville 28813 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Asheville Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Samuel A. Morgos M.B., B.S. Date of Receipt Mailing Address 12707 Crestmoor Cir 05 25 2014 City State Zip Code Transaction ID: C2742272 KY Prospect 40059-9182 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Jewish Physician Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 1441.67 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s)

	FC	LINE	NU	MBER	PAGE	: 1	11 OF		208		
(check only one)											
	[	X	11a		11b		11c		12		
			13		14		15		16		17

for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Caroline Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 2014 City State Zip Code Transaction ID: C2744362 TN Germantown 38138 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Medical Anesthesia Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) B. Jason E. Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 2014 05 29 City State Zip Code Transaction ID: C2744361 TN Germantown 38138-5723 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Medical Anesthesia Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) c. Robert R. Morrison M.D. Date of Receipt Mailing Address 5801 Spinnaker Pointe 2014 05 07 City Zip Code State Transaction ID: C2727478 MO Parkville 64152-6102 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Ad Vivum Anesthesiology, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 416.60 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 112 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John P. Mrachek M.D. Date of Receipt Mailing Address 4520 W. Woodlland Rd. 2014 25 City Zip Code State Transaction ID: C2742266 MN Edina 55424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Northwest Anesthesia, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Joel H. Mumford M.D. Date of Receipt Mailing Address 221 Elm Hill St 2014 05 12 City State Zip Code Transaction ID: C2730317 VT Springfield 05156-2424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation V A Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Sergio A Murillo M.D. Date of Receipt Mailing Address 2170 Trenton Way 2014 05 17 City Zip Code State Transaction ID: C2738744 TX Allen 75013-4911 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Pinnacle Partners In Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 113 OF 208 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Sergio A Murillo M.D. Date of Receipt Mailing Address 2170 Trenton Way 2014 City State Zip Code Transaction ID: C2739101 TX Allen 75013-4911 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pinnacle Partners In Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Murray M.D. Date of Receipt Mailing Address 1924 Alcoa Highway, Box U-109 Department of Anesthesia 2014 05 18 City State Zip Code Transaction ID: C2738862 TN Knoxville 37920 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) c. Robert F. Murray III, M.D. Date of Receipt Mailing Address 19 Elm Park Blvd. 2014 05 13 City State Zip Code Transaction ID: C2730785 MI Pleasant Ridge 48069-1106 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation William Beaumont Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 266.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 114 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Peter A. Nagi M.D. Date of Receipt Mailing Address 4036 Old Leeds Circle 30 2014 City State Zip Code Transaction ID: C2744919 Mountain Brk AL 35213-2929 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Univ. of Alabama at Birmingham Dept of Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Y. Nakajima M.D. Date of Receipt Mailing Address 415 E. Pine Street, Apt. 1020 05 13 2014 City State Zip Code Transaction ID: C2730805 FL Orlando 32801-6621 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Wolverine Anesthesia Consultants, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 566.68 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Y. Nakajima M.D. Date of Receipt Mailing Address 415 E. Pine Street, Apt. 1020 05 14 2014 City Zip Code State Transaction ID: C2731106 FL Orlando 32801-6621 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Wolverine Anesthesia Consultants, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 566.68 Other (specify) 224.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 115 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Marco S. Navetta M.D. Date of Receipt Mailing Address 634 Chelham Way 2014 21 City State Zip Code Transaction ID: C2742003 CA Santa Barbara 93108 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anes. Med. Group of Santa Barbara Physician executive Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark L. Nelson M.D. Date of Receipt Mailing Address 5500 Heathrow Dr 05 10 2014 City State Zip Code Transaction ID: C2730260 TN Knoxville 37919-8964 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael S. Nichols A.A.-C Date of Receipt Mailing Address 3681 Manor Brook Terrace 2014 05 03 City Zip Code State Transaction ID: C2726002 GA Atlanta 30319 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Case Western Reserve University MSA Pr Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 116 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Teodora-Orhidee Nicolescu M.D. Date of Receipt Mailing Address PO Box 53188 Department of Anesthesia 01 2014 City Zip Code State Transaction ID: C2725648 OK Oklahoma City 73152-3188 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Oklahoma Health Sciences MD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Melissa O Nikolaidis M.D. Date of Receipt Mailing Address 2230 McClendon St 05 02 2014 City State Zip Code Transaction ID: C2725965 TX Houston 77030-2020 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Baylor College of Medicine** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Heather C. Nixon M.D. Date of Receipt Mailing Address 4833 W Pratt Ave 2014 05 19 City State Zip Code Transaction ID: C2739098 IL Lincolnwood 60712-3214 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation University of Illinois at Chicago Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 166.68 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 117 OF (check only one) X 11a 11b 12 11c

208 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joseph M. Nounou M.D. Date of Receipt Mailing Address 668 Lakeside Dock Dr 2014 City Zip Code State Transaction ID: C2730778 TN Kingsport 37663-4109 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph M. Nounou M.D. Date of Receipt Mailing Address 668 Lakeside Dock Dr 05 19 2014 City State Zip Code Transaction ID: C2739103 TN Kingsport 37663-4109 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sang Y. O D.O. Date of Receipt Mailing Address 10432 E. Placita Guanajuato 2014 05 26 City State Zip Code Transaction ID: C2742289 ΑZ Tucson 85749 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Old Pueblo Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 118 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Richard P. O'Flynn M.D. Date of Receipt Mailing Address 10 White Pine Ln. 2014 City Zip Code State Transaction ID: C2731103 PΑ Rose Valley 19063 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Society Hill Anesthesia Consultants at Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen A. O'Leary M.D. Date of Receipt Mailing Address 666 Elm and Carlton St Roswell Park Cancer Institute 05 13 2014 City State Zip Code Transaction ID: C2730775 Buffalo NY 14263-0001 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Roswell Park Cancer Institute **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter H. Olson M.D. Date of Receipt Mailing Address 8717 W 110th St Ste 600 2014 05 14 Zip Code State Transaction ID: C2735009 KS Overland Park 66210-2126 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Anesthesia Associates of Kansas City Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1083.27 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

208

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Stephen B. Packer M.D. Date of Receipt Mailing Address 1055 N Curtis Rd 2014 21 City Zip Code State Transaction ID: C2741595 ID Boise 83706-1309 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Boise Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Zaheer K. Pajnigar M.D. Date of Receipt Mailing Address 10309 N Fisk Ave 05 18 2014 City State Zip Code Transaction ID: C2738860 MO Kansas City 64154-1725 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Ad Vivum Anesthesiology, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Parag Pandya M.D. Date of Receipt Mailing Address 210 Royal Vw 2014 05 04 City Zip Code State Transaction ID: C2726032 NY Pittsford 14534-9633 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Geneva General Hospital Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 120 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Parag Pandya M.D. Date of Receipt Mailing Address 210 Royal Vw 2014 City Zip Code State Transaction ID: C2742032 NY Pittsford 14534-9633 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Geneva General Hospital Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. John L. Pappas M.D. Date of Receipt Mailing Address 294 Barden Rd 05 12 2014 City State Zip Code Transaction ID: C2730298 Bloomfield Hills MI 48304-2711 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation William Beaumont Hospital Troy Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) c. Haresh D. Patel M.D. Date of Receipt Mailing Address 1120 Enclave Rd 30 05 2014 City Zip Code State Transaction ID: C2744929 TN Chattanooga 37415-5650 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesiology Consultants Exchange Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 249.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBE (check only one)

FOR	LINE	NU	MRFK	:	PAGE	: 1	21	OF	4	200
(che										
X	11a		11b		11c		12			
	13		14		15		16			17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	)
Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D.  Mailing Address 278 Round Swamp Rd  City Melville  FEC ID number of contributing federal political committee.  Name of Employer  NORTH AMERICAN PARTNERS ANESTHESI Receipt For: Primary Other (specify)	State Zip Code NY 11747-1903  C Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 416.70	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Mark C. Phillips M.D.  Mailing Address 619 19th St S  City  Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  UAB  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 35249  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt  05 13 2014  Transaction ID: C2730783  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Estee Piehl M.D.  Mailing Address 27019 E Friend PI  City Aurora  FEC ID number of contributing federal political committee.  Name of Employer University of Colorado Denver Anesthes Receipt For:  Primary General Other (specify)	State Zip Code CO 80016-7278  C  Occupation Physician  Aggregate Year-to-Date ▼  208.35	Date of Receipt  05 06 2014  Transaction ID : C2726797  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)		208.35
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 122 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Marina A. Pierce M.D. Date of Receipt Mailing Address 2438 Golfview Dr 2014 City Zip Code State Transaction ID: C2736378 FL Orange Park 32003-3383 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Florida Anesthesia Assoc., P.A. Anesthesiologist, MD Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Sara K. Pieren M.D. Date of Receipt Mailing Address 1918 E Lafayette PI Unit 308-S 05 28 2014 City State Zip Code Transaction ID: C2742841 WI Milwaukee 53202-1368 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesiology Associates of Wisconsin anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Benjamin J. Pieters D.O. Date of Receipt Mailing Address 8717 W 110th St Ste 600 2014 05 14 City Zip Code State Transaction ID: C2734902 KS Overland Park 66210-2126 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Pediatric Anesthesiologist Anes. Assoc. of Kansas City Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 123 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Margaret A. Pitts M.D. Date of Receipt Mailing Address 1 pillsbury street Suite 202 05 2014 City Zip Code State Transaction ID: C2726060 NH Concord 03301 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Anesthesia Associates PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jeffrey A. Poage M.D. Date of Receipt Mailing Address 211 Roan Dr 2014 05 12 City State Zip Code Transaction ID: C2730311 CA Danville 94526-1916 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation MACMGI Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Dean Polce D.O. Date of Receipt Mailing Address 3092 Red Arrow Dr 2014 05 16 City Zip Code State Transaction ID: C2736380 NV Las Vegas 89135 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 225.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NOMBER	: PAGI	= 124
Use separate schedule(s)	(check onl	y one)		
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12
	13	14	15	16

208

		statements may not be sold or used by any person name and address of any political committee to	
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Wayne V. Polek M.D.  Mailing Address 6N479 Splitrail Ln		Date of Receipt
	Maining Address 01479 Spilitan En		05 22 2014
	City	State Zip Code	Transaction ID : C2742108
	Saint Charles	IL 60175-6960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Kane Anesthesia Associates,S.C.	Anesthesiologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
В.	Full Name (Last, First, Middle Initial) Donald J. Portell D.O.		Date of Receipt
	Mailing Address 1555 Indian River Blvd Ste B1 Suite B 120	05 18 2014	
	City	State Zip Code	Transaction ID: C2738833
	Vero Beach	FL 32960-7108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Anesthesia of Indian River	Occupation Anesthesiologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Jason Porter M.D.		Date of Receipt
•	Mailing Address 622 Geier Ave		05 17 _ 2014 _
	City St Henry	State Zip Code OH 45883	Transaction ID : C2738743  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer	Occupation	
	Mercer Health, Coldwater, Ohio	Anesthesiologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	208.35	
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number	<u>ř</u> _	541.67

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

FOR LINE NOMB
(check only one)

l	_	LINE	_		PAGE	1	25 OF		208			
l	(check only one)											
	X	11a		11b		11c		12				
l		13		14		15		16		17		

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  A. Susan S. Porter M.D.		Date of Receipt
Mailing Address 828 W 56th St		05 14 2014
City Kansas City	State Zip Code MO 64113-1111	Transaction ID : C2734380
FEC ID number of contributing federal political committee.	C 64113-1111	Amount of Each Receipt this Period 500.00
Name of Employer  Westport Anesthesia Services  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  George M. Powell M.D.  Mailing Address PO Box 189	Date of Receipt	
City	State Zip Code	05 14 2014
Saint Charles	IL 60174-0189	Transaction ID : C2731105  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer Kane Anethesia Associates, SC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial)  C. Ravindra V. Prasad M.D.	1	Date of Receipt
Mailing Address N2201 North Wing CB 7010		05 09 2014
City Chapel Hill	State Zip Code NC 27599	Transaction ID : C2729946  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
U NC Sch of Med Anes Dept Receipt For:	Anesthesiologist	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
SUBTOTAL of Receipts This Page (optional).		625.01
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 126 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Clyde W. Pray M.D. Date of Receipt Mailing Address 303 Anchor Dr 2014 City Zip Code State Transaction ID: C2744367 VA Yorktown 23692-3143 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Fair Oaks Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Johnathan L. Pregler M.D. Date of Receipt Mailing Address 10556 Dunleer Dr 05 01 2014 City State Zip Code Transaction ID: C2725640 CA Los Angeles 90064-4318 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation UCLA Dept of Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Jacob S. Pugsley M.D. Date of Receipt Mailing Address 123 Second Ave # 901 2014 05 17 City Zip Code State Transaction ID: C2738808 UT Salt Lake City 84103 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Mountain West Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 127 OF (check only one) X 11a 11b 11c

208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Eileen Quintela M.D. Date of Receipt Mailing Address 3626 Ruffin Rd Anesthesia Service Medical Group I 07 2014 City Zip Code Transaction ID: C2727481 CA San Diego 92123-1810 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Service Medical Group Inc. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Nathan M. Rachman M.D. Date of Receipt Mailing Address 1241 Killarney Dr 05 26 2014 City State Zip Code Transaction ID: C2742287 Ormond Beach FL 32174-2828 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Halifax Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Eric J. Radel D.O. Date of Receipt Mailing Address 1180 Dogwood Meadows Dr SE 30 05 2014 City State Zip Code Transaction ID: C2744924 MI Ada 49301-9412 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Anesthesia Medical Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional).....

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

PAGE 128 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Ned Radich M.D. Date of Receipt Mailing Address 1930 E. Calle Verde Way 20 2014 City State Zip Code Transaction ID: C2740651 CA Fresno 93730 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St. Agnes Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nariman Rahimzadeh M.D. Date of Receipt Mailing Address 1885 Manzanita Circle 05 12 2014 City State Zip Code Transaction ID: C2730330 NV Reno 89509 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Nevada Anesthesiology and Perioperativ Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Garry E. Rains M.D. Date of Receipt Mailing Address PO Box 99 2014 05 18 City Zip Code State Transaction ID: C2738890 WY Story 82842-0099 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 129 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Neeju Ravikant M.D. Date of Receipt Mailing Address 875 W Glengarry Circle 2014 City Zip Code State Transaction ID: C2736379 48301-2219 Bloomfield Hills MI Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation anesthesia associates of ann arbor anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. J. Ann Rea M.D. Date of Receipt Mailing Address P.O. Box 70 05 13 2014 City State Zip Code Transaction ID: C2730803 MS Summit 39666-0070 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Southwest Mississippi Regional Medical anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Diane Reynolds M.D. Date of Receipt Mailing Address 501 20th St Ste 606 2014 05 27 City Zip Code State Transaction ID: C2742667 TN Knoxville 37916-1863 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Anesthesia Medical Alliance of East TN anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 383.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 130 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements ma	, , , ,			•	_		

Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Linda J. Rice M.D. Date of Receipt Mailing Address 1139 42nd Ave N 2014 City State Zip Code Transaction ID: C2738802 FL Saint Petersburg 33703-4535 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation All Childrens Hospital pediatric anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Richardson M.D. Date of Receipt Mailing Address PO Box 3355 2014 05 12 City State Zip Code Transaction ID: C2730328 NJ Princeton 08543-3355 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Consultants of NJ anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Don G. Richter M.D. Date of Receipt Mailing Address 15135 Stearns PI 2014 05 15 City State Zip Code Transaction ID: C2732105 KS Shawnee Mission 66221-9503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Midwest Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 131 OF 208 Use separat for each cat Detailed Sur

	10	/I 1	LIIVL	IVO	IVIDEI 1.	ITAGE	 J I	O.	-	-00
te schedule(s)	(ch	nec	ck only	or	ıe)					
tegory of the mmary Page	>	X	11a		11b	11c	12			
			13		14	15	16			17

	statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Jeffrey M. Ricketts D.O.  Mailing Address 880 Bradford Holw NE  City Grand Rapids  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Medical Consultants, P.C.  Receipt For: Primary General Other (specify)	State Zip Code MI 49525-3300  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / 28 2014  Transaction ID: C2742834  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Joseph M. Rifici A.AC  Mailing Address Lakeside ANES 2532 LKS500  11100 Euclid Ave.  City  Cleveland  FEC ID number of contributing federal political committee.  Name of Employer  Univ Hosp of Cleveland Case Med Ctr  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 44106-1716  C  Occupation Anesthesiologist Assistant  Aggregate Year-to-Date ▼  416.70	Date of Receipt  05 13 2014  Transaction ID: C2730799  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial) Robert L. Ringering D.O.  Mailing Address Department of Anesthesia  City Norwich  FEC ID number of contributing federal political committee.  Name of Employer North American Partners in Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code CT 06360  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	175.01
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 132 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert L. Ringering D.O. Date of Receipt Mailing Address Department of Anesthesia 2014 City Zip Code State Transaction ID: C2738855 CT Norwich 06360 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Russell S. Roberson M.D. Date of Receipt Mailing Address 840 Blue Jay Ln 05 18 2014 City State Zip Code Transaction ID: C2738849 TX Coppell 75019-5981 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Texas Southwestern Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin W. Roberts M.D. Date of Receipt Mailing Address 240 Walnut Ln. 20 2014 05 City Zip Code State Transaction ID: C2740607 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Albany Medical Center Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LI	NE NU	JMBER	:	PAGE	: 1	33 OF	-
Use separate schedule(s)	(check	only or	ne)					
for each category of the Detailed Summary Page	X 11:	a	11b		11c		12	
	13		14		15		16	Γ

208

	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Laura L. Roberts M.D.  Mailing Address 4217 Coolidge St  City  Mt Pleasant  FEC ID number of contributing federal political committee.  Name of Employer  Medical University of South Carolina  Receipt For:  Primary  General  Other (specify)	State Zip Code SC 29466-7161  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M
Full Name (Last, First, Middle Initial)  Shay E. Robinson M.D.  Mailing Address 809 Homestead Dr Unit 85  City  Dallas  FEC ID number of contributing federal political committee.  Name of Employer  Wilkes-Barre General Hospital Anesthes  Receipt For:  Primary General  Other (specify)	State Zip Code PA 18612-7219  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  625.05	Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Shay E. Robinson M.D.  Mailing Address 809 Homestead Dr Unit 85  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer  Wilkes-Barre General Hospital Anesthes  Receipt For:  Primary General Other (specify)	State Zip Code PA 18612-7219  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  625.05	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	625.01
TOTAL This Period (last page this line number	only)	

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

PAGE 134 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Trevor Robison M.D. Date of Receipt Mailing Address 1629 N. Winchester Av #2 2014 City State Zip Code Transaction ID: C2738819 Chicago IL 60622 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **DuPage Valley Anesthesiologists** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Melissa A. Rockford M.D. Date of Receipt Mailing Address 10011 Kill Creek Rd 05 09 2014 City State Zip Code Transaction ID: C2729954 KS De Soto 66018-9568 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation University of Kansas Hospital Dept of Anesthesia Clinical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. W. D. Rodes M.D. Date of Receipt Mailing Address 404 Ellendale Ave 2014 05 17 City Zip Code State Transaction ID: C2738816 TN Nashville 37205-3402 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Phymed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional).....

	FOR	I LINE	NU	MRFK	:	PAGE	- 1	35 C
Use separate schedule(s)	(che	ck only	or	ne)				
for each category of the Detailed Summary Page	×	11a		11b		11c		12
,		13		14		15		16

208

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Leopoldo V. Rodriguez M.D. Date of Receipt Mailing Address 21050 NE 38th Ave Apt 305 2014 City Zip Code State Transaction ID: C2730279 FL Aventura 33180-4073 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Sheridan Healthcare Inc Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) **B.** Luis I. Rodriguez M.D. Date of Receipt Mailing Address 1611 NW 12th Ave. C-300 05 13 2014 City State Zip Code Transaction ID: C2730804 FL Miami 33136 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Department of Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter M. Roessler M.D. Date of Receipt Mailing Address 19031 Hilltop Rd 2014 05 27 City Zip Code State Transaction ID: C2742572 OR Lake Oswego 97034-7474 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Oregon Anesthesiology Group, P.C. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 383.34 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 136 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Scott T. Roethle M.D. Date of Receipt Mailing Address 5005 W 131 Terr 04 2014 City State Zip Code Transaction ID: C2726039 KS Leawood 66209 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation AAKC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.50 Other (specify) Full Name (Last, First, Middle Initial) B. Olivia B. Romano M.D. Date of Receipt Mailing Address 4022 Osceola St 05 22 2014 City State Zip Code Transaction ID: C2742030 CO Denver 80212-2168 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Colorado Denver Resident Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Gerald P. Rosen M.D. Date of Receipt Mailing Address 4300 Alton Rd., #1401 03 2014 05 City State Zip Code Transaction ID: C2726015 FL Miami 33140 Amount of Each Receipt this Period FEC ID number of contributing 41.60 С federal political committee. Name of Employer Occupation Miami Beach Anesthesiology Assoc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼

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

208.00

Primary

Other (specify)

General

	FOR LINE NUMBER	:	PAGE	: 1	37 OF	
Use separate schedule(s) for each category of the	(check only one)				,	
Detailed Summary Page	X 11a 11b		11c		12	
, ,	1 12 1 14		15		16	

208

			~go	13	3	14		15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) American Society of Anesthesic										
Full Name (Last, First, Middle Initial)  Thea Rosenbaum M.D.  Mailing Address 260 River Ridge Pt				1	e of R			/	Y	V
City	State	Zip Code			05		12 D : C:	273032	2014	Y
Little Rock	AR	72227-1527							s Period	
FEC ID number of contributing federal political committee.	С					7	_	,	83.	34
Name of Employer	Occupation			1						
UAMS	Assistant Pr	rofessor of Anesthesia								
Receipt For:	Aggregate	Year-to-Date ▼		1						
Primary General		1.	16.70							
Other (specify) $ ightharpoonup$		, , , , ,	10.70							
Full Name (Last, First, Middle Initial)  3. Frank A. Rosinia M.D.				Dat	e of R	Receipt	t			
Mailing Address 23 Idlewood PI					05		07	/ Y	2014	Y
City	State	Zip Code		Tr	ansac	tion II	D : C2	2727484	4	
River Ridge	LA	70123-1525		Am	ount o	f Each	h Red	eipt thi	s Period	
FEC ID number of contributing federal political committee.	C					7	_	7	41.	67
Name of Employer	Occupation			1						
Tulane University School of Medicine	Chairman, D	Department of Anesthesi	ology							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		20	08.35							
Office (Specify)		,	50.00							
Full Name (Last, First, Middle Initial)  David M. Rothenberg M.D.				Dat	e of R	Receip	t			
Mailing Address 861 Kimball Rd					05		19	/ Y	2014	Y
City	State	Zip Code						273892		
Highland Park	IL .	60035-3618		Am	ount o	f Each	h Rec	eipt thi	s Period	
FEC ID number of contributing federal political committee.	С					7	_	,	500	.00
Name of Employer	Occupation			1						
Rush University Medical Center	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General  Other (specify) ▼		50	00.00							
SUBTOTAL of Receipts This Page (optional)			·····•			7		1	625.	01
TOTAL This Period (last page this line number	only)									

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 138 OF Use separate schedule(s)

208

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Brian S. Rothman M.D.  Mailing Address 1301 Medical Center Dr # 464  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer  Vanderbilt University Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code TN 37232-0028  C  Occupation Assistant Professor - Medical Director  Aggregate Year-to-Date  208.35	Date of Receipt  05 22 2014  Transaction ID: C2742033  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  Lawrence J. Roy M.D.  Mailing Address 2420 Freeman Manor Dr  City  Jones  FEC ID number of contributing federal political committee.  Name of Employer  Oklahoma Anesthesia Consultants  Receipt For:  Primary  General  Other (specify)	State Zip Code OK 73049-8747  C  Occupation Anesthesioligist  Aggregate Year-to-Date ▼  416.70	Date of Receipt  05 12 2014  Transaction ID : C2730304  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Stephen M. Rublaitus D.O.  Mailing Address 278 E Oneida Avenue  City Elmhurst  FEC ID number of contributing federal political committee.  Name of Employer Dupage Valley Anes Receipt For:  Primary General Other (specify)	State Zip Code IL 60126  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  05 30 2014  Transaction ID: C2744932  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		225.01
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 139 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	y or	11b	11c 15	12 16	17
ny information copied from such Reports and Statements may	, , , ,					_		

NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Donald B. Rudolf M.D. Date of Receipt Mailing Address 9052 Short Chip Cir 2014 City State Zip Code Transaction ID: C2738814 FL 34986-2800 Port St Lucie Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Sheridan Healthcorp Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Judith Ruiz M.D. Date of Receipt Mailing Address 601 West Dr 2014 05 12 City State Zip Code Transaction ID: C2730313 TN Memphis 38112-1728 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Medical Anesthesia Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen M. Rupp M.D. Date of Receipt Mailing Address 1100 9th Ave # B2-AN 2014 Department of Anesthesiology 05 19 City Zip Code State Transaction ID: C2740189 WA Seattle 98101-2756 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Virginia Mason Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 833.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER:						PAGE	: 1	40 OF	2	208	
	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16		17	

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Harold M. Rust M.D.  Mailing Address 1136 Heather Cir.		Date of Receipt
Mailing Address 1136 Heather Cir		05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2738830
Farmington	UT 84025-4305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mountain West Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Michael Saccocci D.O.		Date of Receipt
Mailing Address 1358 East Drive SW		05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2740608
Roanoke	VA 24015-3718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.60
Name of Employer	Occupation	
Valley Anesthesia, P.C.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	208.00	
Full Name (Last, First, Middle Initial)  Benjamin P. Sampang M.D.		Date of Receipt
Mailing Address W192N5702 Spencers Pass		05 18 2014
City Menomonee Falls	State Zip Code WI 53051-6307	Transaction ID: C2738915
Menomonee Falls	WI 53051-6307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Aurora Medical Group Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	791.60
TOTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:					PAGE	: 1	41 OF		208
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any personance and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Joseph J. Sandor M.D.  Mailing Address 8625 E. Clydesdale Tr.  City Scottsdale  FEC ID number of contributing federal political committee.  Name of Employer  Valley Anes. Consultants, Ltd.  Receipt For: Primary General Other (specify)	State Zip Code AZ 85258  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  05 25 2014  Transaction ID: C2742267  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  Brett H. Schlifstein M.D.  Mailing Address 9550 93rd St.  City Seminole  FEC ID number of contributing federal political committee.  Name of Employer Bay Area Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code FL 33777  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  05 20 2014  Transaction ID : C2741558  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Matthew L. Schlossberg M.D.  Mailing Address 2105 Diamond Grove Ct  City  Virginia Beach  FEC ID number of contributing federal political committee.  Name of Employer  Atlantic Anesthesia Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code VA 23454-7223  C Occupation Physiscian Aggregate Year-to-Date ▼	Date of Receipt  05 10 2014  Transaction ID: C2730258  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	541.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 142 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c

208

12 Detailed Summary Page 13 14 16

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	<b>,</b> ,	
	iologists Political Action Committee	
/ American Society of Anesthes	iologists Political Action Committee	5
Full Name (Last, First, Middle Initial)		
A. Armin Schubert M.D., M.B.		Date of Receipt
<u> </u>		†
Mailing Address 1514 Jefferson Hwy		M M / D D / Y Y Y Y
Department of Anesthesiolo City	gy State Zip Code	05 30 2014
•	•	Transaction ID : C2744931
New Orleans	LA 70121-2429	Amount of Each Receipt this Period
FEC ID number of contributing	C	41.67
federal political committee.	C	41.07
Name of Employer	Occupation	-
Name of Employer	Occupation	
Ochsner Health System	Professor and Chair	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)		
3. Steven B. Schulman M.D.		Date of Receipt
Mailing Address 100 Port Washington Blvd		M M / D D / Y Y Y Y
o loo lott traegten 2114		05 13 2014
City	State Zip Code	Transaction ID : C2730777
Roslyn	NY 11576-1353	Amount of Each Receipt this Period
		Amount of Each recorpt this remod
FEC ID number of contributing		83.34
federal political committee.		
Name of Employer	Occupation	1
NY Cardiovascular Anesthesiologists	Physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	166.68	
Other (speedly)		
Full Name (Last First Middle 1999)		
Full Name (Last, First, Middle Initial)  Anthony L. Schwagerl M.D.		Data of Daggint
		Date of Receipt
Mailing Address 45 E Newton St Apt 707		M = M / D = D / Y = Y = Y
O:4.	Chair 7in Carla	05 27 2014
City	State Zip Code	Transaction ID : C2742343
Boston	MA 02118	Amount of Each Receipt this Period
FEC ID number of contributing		250.00
federal political committee.	C	250.00
Name of Empleyer	Occupation	
Name of Employer	Occupation	
UMASS Memorial Medical Center	Attending Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
	, , , , , , , , , , , , , , , , , , , ,	
SUBTOTAL of Receipts This Page (optional).		375.01
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	1	43 OF		208	
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16		17	

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  A. Robin H. Schwartz M.D.  Mailing Address 21 Snows Creek		Date of Receipt
		05 14 2014
City	State Zip Code	Transaction ID : C2731617
Hattiesburg	MS 39402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Laurel Surgery and Endoscopy	anesthesiolgist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Papiya Sengupta M.B.		Date of Receipt
Mailing Address 90 Apple Gate Unit 95		05 08 2014
City	State Zip Code	Transaction ID : C2729447
Southington	CT 06489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	
Milford Anesthesia	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.00	
Full Name (Last, First, Middle Initial)  C. Edward M. Seugling M.D.		Date of Receipt
Mailing Address 1103 Jasmine Ct.		05 03 2014
City Mullica Hill	State Zip Code NJ 08062-1856	Transaction ID : C2726013  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Anesthesia Services, P.A.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		791.60
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 144 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert P. Shafer M.D. Date of Receipt Mailing Address 6516 Fairway View Trail 2014 20 City Zip Code State Transaction ID: C2740611 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation ACV Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Maitriyi N. Shah M.D. Date of Receipt Mailing Address 75 Francis St 05 03 2014 City State Zip Code Transaction ID: C2726025 MA **Boston** 02115-6110 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Brigham and Womens Hospital Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nishant Shah M.D. Date of Receipt Mailing Address 3406 Whirlaway Drive 2014 05 23 City State Zip Code Transaction ID: C2742158 IL Northbrook 60062 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation **PRAA** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE N	DINIBER
Use separate schedule(s)	(check only o	one)
for each category of the	l ' '	
Detailed Summary Page	<b>X</b> 11a	11b

	FOR	PAGE	: 1	45 OF	- 2	208				
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
angle American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)		T
A. Aryeh Shander M.D., FCCM		Date of Receipt
Mailing Address 10 Myrtle Ave		M = M / D = D / Y = Y = Y
		05 21 2014
City	State Zip Code	Transaction ID : C2741594
Demarest	NJ 07627-2222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Englewood Hospital and Medical Center	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)	'	B. (B. )
Fred E. Shapiro D.O.		Date of Receipt
Mailing Address Department of Anesthesia 330 Brookline Ave # F-40		05 01 _2014 _
City	State Zip Code	Transaction ID : C2725867
Boston	MA 02215-5400	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	83.30
Name of Employer	Occupation	
Harvard Medical School	Assistant Professor of Anesthesia	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	416.50	
Other (specify) ▼	416.50	
Full Name (Last, First, Middle Initial)	•	Data of Danairt
Mickel B. Sharp M.D.	0-	Date of Receipt
Mailing Address 1878 E Somerset Ridge I	וט	05 01 2014
City	State Zip Code	Transaction ID : C2725649
Draper	UT 84020-9133	Amount of Each Receipt this Period
FEC ID number of contributing	C	50.00
federal political committee.	0	33.00
Name of Employer	Occupation	-
Mickel Sharp MD PC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	i)	383.30
TOTAL This Period (last page this line num	nber only)	

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

FOR LINE NUMBER:					PAGE	: 1	46 OF		208
(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) Steven A. Shedd M.D. Date of Receipt Mailing Address 7332 N. 23rd St. 2014 28 City State Zip Code Transaction ID: C2744139 ΑZ 85020 Phoenix Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Information Requested Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul W. Sheeran M.D. Date of Receipt Mailing Address 7433 Terrace St 05 2014 17 City State Zip Code Transaction ID: C2738803 Kansas City MO 64114 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee.

	'		
	ame of Employer nesthesia Associates of Kansas City	Occupation Anesthesiologist	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	ıll Name (Last, First, Middle Initial) Iohn M. Shingler III		Date of Receipt
	ailing Address 206 Elizabeth Avenue		05 30 2014
Cit	ty	State Zip Code	Transaction ID: C2745039
G	reenwood	SC 29646	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С	500.00
Na	ame of Employer	Occupation	
	formation Requested	Anesthesiologist	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	_	_	

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

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

1750.00

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

PAGE 147 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Douglas C. Shook M.D. Date of Receipt Mailing Address 110 Charlemont St 2014 City Zip Code State Transaction ID: C2738851 Newton MA 02461-1910 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Brigham and Womens Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald A. Shore D.O. Date of Receipt Mailing Address 551 Overlook Dr 20 05 2014 City State Zip Code Transaction ID: C2740624 NJ Wyckoff 07481-1342 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St. Clares Hospital anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen S. Sibert M.D. Date of Receipt Mailing Address 4146 Sunnyslope Ave. 2014 05 05 City State Zip Code Transaction ID: C2726098 CA Sherman Oaks 91423 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Cedars-Sinai Medical Center Anes. Dept Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional).....

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

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

_	E NUMBER	: PAGE	E 148 OF	208			
(check only one)							
<b>X</b> 11a	11b	11c	12				
13	14	15	16	17			

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists Political Action Committee	2
Full Name (Last, First, Middle Initial)  A. Afreen Siddiqui M.B.,B.S.  Mailing Address 1 Darl Ct  City  East Greenwich  FEC ID number of contributing federal political committee.  Name of Employer  Afreen Siddiqui DBA  Receipt For:  Primary  General  Other (specify)	State Zip Code RI 02818  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M
Full Name (Last, First, Middle Initial)  Brent D. Silver M.D.  Mailing Address 11445 E Via Linda Ste 2  City  Scottsdale	State Zip Code AZ 85259-2654	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer VALLEY ANESTH  Receipt For:  Primary General Other (specify)	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	500.00
Full Name (Last, First, Middle Initial)  Kenneth L. Silverstein M.D.  Mailing Address 4755 Ogletown Stanton Rd S  City  Newark  FEC ID number of contributing federal political committee.  Name of Employer  Christiana Care Health Sys Anes Dept  Receipt For:  Primary  General  Other (specify)	State Zip Code DE 19718-0002  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  05 28 2014  Transaction ID : C2744333  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1041.67
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 149 OF Use separate schedule(s) (check only one) X 11a 11b 11c

208

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael B. Simon M.D. Date of Receipt Mailing Address 35 Gellatly Dr 09 2014 City Zip Code State Transaction ID: C2729956 NY Wappingers Falls 12590 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Eric D. Skolnick M.D. Date of Receipt Mailing Address 11913 Whistler Court 05 80 2014 City State Zip Code Transaction ID: C2729593 MD Potomac 20854 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medstar Washington Hospital Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven J. Slack M.D. Date of Receipt Mailing Address 2995 Appleway 2014 05 24 City Zip Code State Transaction ID: C2742255 MI Ann Arbor 48104-1807 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Assoc. of Ann Arbor, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 150 OF 208 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jonathan H. Slonin M.D., M.B. Date of Receipt Mailing Address 134 SE Via Verona 2014 02 City Zip Code State Transaction ID: C2725963 FL Port Saint Lucie 34984 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation TeamHealth Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Robert H. Small M.D. Date of Receipt Mailing Address 410 W 10th Ave Dept of Anes - N411 Doan Hall 05 12 2014 City Zip Code State Transaction ID: C2730308 OH Columbus 43210 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation The Ohio State University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Blair Smith M.D. Date of Receipt Mailing Address 1046 Lake Colony Ln 05 06 2014 City State Zip Code Transaction ID: C2726792 ΑL Vestavia 35242 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **UAB** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:					PAGE	1	51 OF		208	
(check only one)										
	×	11a		11b		11c		12		
		13		14		15		16		17

for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joel D. Smith D.O. Date of Receipt Mailing Address 60 Tukey Rd. 2014 21 City Zip Code State Transaction ID: C2741578 ME Oakland 04963 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Maine General Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joshua T. Smith M.D. Date of Receipt Mailing Address 6240 E. Frontier Pl. 05 15 2014 City State Zip Code Transaction ID: C2731872 ΑZ Tucson 85750-5962 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Old Pueblo Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul R. Smythe M.D. Date of Receipt Mailing Address Department of Anesthesiology 2014 1500 E. Medical Center Drive 05 25 City Zip Code State Transaction ID: C2742262 MI Ann Arbor 48109 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation University of Michigan faculty anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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

FOR LINE NUMBER: PAGE 152 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Shannon M. Sorah D.O. Date of Receipt Mailing Address 11743 Couch Mill Road 2014 City Zip Code State Transaction ID: C2738857 TN Knoxville 37932 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Methodist Med. Ctr. Anes. Gr. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Souter M.B., Ch.B. Date of Receipt Mailing Address 325 9th Ave, Box 359724 05 12 2014 City State Zip Code Transaction ID: C2730318 WA Seattle 98104-2499 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Harborview Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Spiro G. Spanakis D.O. Date of Receipt Mailing Address 65 Lake Ave., #1005 05 23 2014 City Zip Code State Transaction ID: C2742150 MA Worcester 01604 Amount of Each Receipt this Period FEC ID number of contributing 41.60 С federal political committee. Name of Employer Occupation University of Massachussetts Medical S Assistant Professor of Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) 166.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)		TOTT EINE TOWNEET.								208
for each category of the	(ch	eck only	or	ie)	_			1		
Detailed Summary Page	2	<b>1</b> 11a		11b		11c		12		_
, ,		13		14		15		16		17

	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)	* *	
, ,	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Howard D. Spang M.D.		Date of Receipt
Mailing Address 2818 Valencia Dr		05 18 _ 2014 _
City	State Zip Code	05 18 2014 Transaction ID : C2738889
Santa Barbara	CA 93105-3027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesth. Medical Group of Santa Barbara	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  David C. Spann M.D.		Date of Receipt
Mailing Address 3940 Pointe Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	05 12 2014 Transaction ID : C2730302
Lakeland	TN 38002-9888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Medical Anesthesia Group	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial) Leon Specthrie M.D.		Date of Receipt
Mailing Address 53 Green Hill Rd		05 31 _2014 _
City	State Zip Code	Transaction ID : C2745180
Kinnelon	NJ 07405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Morris Anesthesia Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)		375.01
TOTAL This Period (last page this line number	only)	

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

FOR	PAGE	: 1	54 UF	4	200				
(check only one)									
`	,	_	<i>′</i>	_			i		
$      \mathbf{X}  $	11a		11b		11c		12		
Н.	10		11		15		16		17
	13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee					
Full Name (Last, First, Middle Initial)  John C. Spivak M.D.  Mailing Address 3104 Bradford Place		Date of Receipt				
Mailing Address 3104 Bradiota Flace		05 18 2014				
City	State Zip Code	Transaction ID : C2738879				
Birmingham	AL 35242	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation					
Anesthesiologists Associated, P.C.	Anesthesiologist					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial)  Matthew F. Spond M.D.		Date of Receipt				
Mailing Address 6065 Allwood Dr		M M / D D / Y Y Y Y Y				
City	State Zip Code	05 06 2014 Transaction ID : C2726793				
North Little Rock	AR 72116-3707	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	83.34				
Name of Employer University of Arkansas for Medical Sci	Occupation Resident					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70					
Full Name (Last, First, Middle Initial)  C. James Stangl M.D.		Date of Receipt				
Mailing Address 314 Martin Luther King Jr Wa	y Ste	05 14 2014				
City Tacoma	State Zip Code WA 98405-4292	Transaction ID : C2731096  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	83.30				
Name of Employer	Occupation					
Tacoma Anesthesia Associates	Anesthesiologist					
	Receipt For:  Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	416.50					
SUBTOTAL of Receipts This Page (optional)	·····	666.64				
TOTAL This Period (last page this line number	only)					

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

FOR LINE NOMBER: (check only one)

					PAGE	1	55 OF	208
(check only one)								
X	11a		11b	11c		12		
	13		14		15		16	17

	I Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	е
Full Name (Last, First, Middle Initial) Timothy W. Starck M.D.		Date of Receipt
Mailing Address 11583 Prestwick Rd.		05 03 2014
City Belvidere	State Zip Code IL 61008	Transaction ID : C2726019  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer  Rockford Anesthesiologists Associated  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	-
Full Name (Last, First, Middle Initial)  Stephen W. Starling Jr., M.D.  Mailing Address 2036 Magnolia Ridge		Date of Receipt
City Birmingham	State Zip Code AL 35243	Transaction ID : C2738786  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anesthesia Resources Management	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 24 Eagle Dr		05 01 2014
City Bedford	State Zip Code NH 03110-4412	Transaction ID : C2725869  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer  Anesthesia Care Group PC	Occupation  Aposthosiologist	-
Anestnesia Care Group PC  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  250.00	_
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1550.00
TOTAL This Period (last page this line number	er only)	

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

F	UH	LINE	Ŋυ	MRFK	PAGE	: 1	56 OF	•	200	
(0	che	ck only	or	ıe)						
	X 11a 11b							12		
		13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Erica Stein M.D.		Date of Receipt
Mailing Address 410 W 10th Ave., Anes. De N411 Doan Hall		05 11 2014
City Columbus	State Zip Code OH 43210-1240	Transaction ID : C2730276  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer ohio state university Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  416.70	
Full Name (Last, First, Middle Initial)  Steven P. Stein M.D.  Mailing Address 18 Harbor Hill Dr		Date of Receipt
City Lloyd Harbor	State Zip Code NY 11743-1031	05 06 2014  Transaction ID : C2726794  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer NAPA	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	
Full Name (Last, First, Middle Initial)  Steven P. Stein M.D.		Date of Receipt
Mailing Address 18 Harbor Hill Dr		05 06 2014
City Lloyd Harbor	State Zip Code NY 11743-1031	Transaction ID : C2726795  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer NAPA	Occupation Physician	-
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  833.40	-
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	250.02
TOTAL This Period (last page this line numb	per only)	

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

FOR	PAGE	: 1	57 C	)F	2	208				
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  A. Mark A. Stevens M.D.		Date of Receipt
Mailing Address 1420 S Taylor St		05 12 2014
City Little Rock	State Zip Code AR 72204-2643	Transaction ID : C2730324  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.67
Name of Employer  UAMS Dept of Anesthesiology  Receipt For:  Primary General  Other (specify) ▼	Occupation Assistant Professorof Anesthesiology  Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Ann Still M.D.  Mailing Address 1800 Alabama Highway 15	7 Ste 201	Date of Receipt
Cullman Primary Care City	State Zip Code	05 25 2014
Cullman  FEC ID number of contributing federal political committee.	AL 35058-1273	Amount of Each Receipt this Period  83.34
Name of Employer Alabama Pain Center Cullman	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 479.20	
Full Name (Last, First, Middle Initial)  C. Richard J. Stilz M.D.		Date of Receipt
Mailing Address 1354 Herschel Ave		05 12 2014
City Cincinnati	State Zip Code OH 45208-2511	Transaction ID : C2730303  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	_
anesthesia assoc of cincinnati Receipt For:	physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	166.68
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 158 OF 208 Use separate schedule(s) for each category of the Detailed Summary Page

I OIT LINE NOWDETT.					IIAGL	 30 01	•	_00
(che								
X		11c	12					
	13		14		15	16		17

	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Aimee D. Stotz D.O.		Date of Receipt
Mailing Address 5079 W. Catalpa Ave.		05 18 2014
City Chicago	State Zip Code IL 60630	Transaction ID : C2738874  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Anesthesia Consultants, Ltd.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	-
Full Name (Last, First, Middle Initial)  Tracy D. Strandhagen M.D.  Mailing Address 600 Riders Trl		Date of Receipt
City Austin	State Zip Code TX 78733-1838	Transaction ID : C2730337  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Austin Anesthesiology Group	Occupation MD Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  C. R. Lawrence Sullivan Jr., M.D.		Date of Receipt
Mailing Address 1345 Webster		05 18 2014
City Palo Alto	State Zip Code CA 94301	Transaction ID : C2738904  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self	Occupation physician	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	-
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	541.67
TOTAL This Period (last page this line number	er only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 159 OF Use separate schedule(s)

208

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Society of Anesthesiology	gists Political Action Committe	ee
Name of Employer  Lakeshore Anes.Services  Placeint For:	State Zip Code MI 49456-8830  C  ccupation hysician Anesthesiologisst ggregate Year-to-Date ▼  416.70	Date of Receipt    M M
Name of Employer Portland VAMC Operative Care  Ar	State Zip Code OR 97239-2964  C ccupation nesthesiologist ggregate Year-to-Date   333.36	Date of Receipt  05 07 2014  Transaction ID: C2727480  Amount of Each Receipt this Period  83.34
Name of Employer  Physician Specialists in Anesthesia  Perseint For:	State Zip Code GA 30328-2055  C  ccupation hysician Anesthesiologist ggregate Year-to-Date ▼  416.70	Date of Receipt  M M M / D D / 2014  Transaction ID : C2725645  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only	<u> </u>	250.02

FOR LINE NUMBER: PAGE 160 OF 208 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Thomas H. Swygert M.D. Date of Receipt Mailing Address 7014 Prestonshire Ln 2014 City State Zip Code Transaction ID: C2730315 TX Dallas 75225-1742 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Pinnacle Anesthesia Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) **B.** Donald R. Tatum Jr., M.D. Date of Receipt Mailing Address 770 Brookwood Walke 05 27 2014 City State Zip Code Transaction ID: C2742318 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation South Oakland Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Aaron A. Tebbs M.D. Date of Receipt Mailing Address 9 Edes Rd 2014 05 26 City Zip Code State Transaction ID: C2742288 MF Cumberland 04021-4101 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Anesthesia Associates of Lewiston-Aubu Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER:	PAGE	= 161 (	ノト
Use separate schedule(s)	(check only	/ one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	Γ

208

	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Edward Teeple Jr., M.D.  Mailing Address 2359 Railroad St Apt 3502  City Pittsburgh  FEC ID number of contributing federal political committee.  Name of Employer  UPMC UPP  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code PA 15222  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M CONTROL OF TRANSACTION ID: C2725996  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Kyle Thompson M.D.  Mailing Address 333 W Hampden Ave #600  City  Englewood  FEC ID number of contributing federal political committee.  Name of Employer  South Denver Anesthesiologists, P.C.  Receipt For:  Primary General Other (specify)	State Zip Code CO 80110  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  416.70	Date of Receipt  M
Full Name (Last, First, Middle Initial) Robert W. Thomsen M.D.  Mailing Address 157 Brandon Rd  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Johns Hopkins University School of Med Receipt For:  Primary General Other (specify)	State Zip Code MD 21212-1128  C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt  M M M COST 2014  Transaction ID : C2726066  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)		1583.34
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	: 1	62 OF	208
(check only one)								
X	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) Eugene I. Tolpin M.D., Ph.D Date of Receipt Mailing Address 1309 Oberlin Rd., Green Acres 2014 28 City State Zip Code Transaction ID: C2744339 DE Wilmington 19803 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation A.S.P.A. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Troy Tortorici M.D. Date of Receipt Mailing Address 17401 Hawks View Ct 2014 05 13 City State Zip Code Transaction ID: C2730790 OK Edmond 73012 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Northwest Anesethesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial) Gary L. Trummel M.D.		Date of Receipt
Mailing Address 5940 Mount Normandale Dr		05 03 2014
City	State Zip Code	Transaction ID: C2726007
Minneapolis	MN 55438-1218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Northwest Anesthesia, PA	Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 416.70	

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

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

375.01

FOR LINE NUMBER: PAGE 163 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

208

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Gary F. Tzeng M.D. Date of Receipt Mailing Address 582 S Rex Blvd 2014 City Zip Code State Transaction ID: C2730331 **Elmhurst** IL 60126-4259 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation DVA physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Mercy A. Udoji M.D. Date of Receipt Mailing Address 619 19th St S JT 862 05 19 2014 City State Zip Code Transaction ID: C2739092 AL Birmingham 35249-1900 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **UAB Dept of Anesthesiology** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) c. Gail E. Vandewalker M.D. Date of Receipt Mailing Address Anes. Office Service, Inc. 2014 05 14 1550 Boyson Rd. City State Zip Code Transaction ID: C2735017 IΑ Hiawatha 52233-2310 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** LINN CTY ANESTH Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 425.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OH	LINE	NU	MBER	:	PAGE	: 1	64 OF	- :	208
(0	che	ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  David Varlotta D.O.  Mailing Address 1303 Bayshore Blvd.		Date of Receipt
		05 30 2014
City	State Zip Code	Transaction ID : C2754328
Tampa	FL 33606-2911	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	†
Greater Florida Anesthesiologists	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Murari Vasudevan M.B.,B.S.		Date of Receipt
Mailing Address 2609 Somerset Dr	7.0.1	05 14 2014
City  Projric Villago	State Zip Code KS 66206-1242	Transaction ID : C2734985
Prairie Village	KS 66206-1242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
WCGME	Resident	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Paul J. Velky M.D.		Date of Receipt
Mailing Address 206 Elizabeth Ave		05 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2745048
Greenwood	SC 29646-3815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Anesthesiology Of Greenwood	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (ontions	al)	2500.00
TOTAL This Period (last page this line num	nber only)	

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

208 PAGE 165 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Todd A Versteegh M.D. Date of Receipt Mailing Address 2500 North State Street Department of Anesthesiology 2014 26 City Zip Code State Transaction ID: C2742286 MS Jackson 39216 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesiologist University of Mississippi Medical Cent Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. David H. Vickers M.D. Date of Receipt Mailing Address 216 Cheekwood Ct 05 2014 18 City State Zip Code Transaction ID: C2738907 TN 37069-6524 Franklin Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation

Nashville Anesthesia Services  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Annette Vizena M.D.  Mailing Address 1236 East Elizabeth, Suite 1		Date of Receipt  05 14 2014
City Fort Collins	State Zip Code CO 80524-4000	Transaction ID : C2735020  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  North Co Anesthesia Proffesional	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
OUDTOTAL of Descriptor This Descriptor N		341.67

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

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

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER: PAGE 166 O									208
	(chec	k only	or	ıe)					
	X	11a [		11b		11c		12	
		13		14		15		16	17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  J. Michael Vollers M.D.		Date of Receipt
Mailing Address 1 Childrens Way Slot 203, S-319		05 12 2014
City Little Rock	State Zip Code AR 72202-3510	Transaction ID : C2730322  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer  University of Arkansas for Medical Sci  Receipt For:  Primary General  Other (specify) ▼	Occupation Professor of Anesthesiology  Aggregate Year-to-Date ▼  416.70	
Full Name (Last, First, Middle Initial)  David B. Waisel M.D.  Mailing Address 15 Beechwood Rd		Date of Receipt
City Wellesley	State Zip Code MA 02482	Transaction ID : C2730321  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer Harvard Medical School Childrens Hospi	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Samuel H. Wald M.D.		Date of Receipt
Mailing Address 2160 Sunset Crest Dr		05 28 2014
City Los Angeles	State Zip Code CA 90046-1844	Transaction ID : C2744039  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
David Geffen School of Medicine Receipt For:	Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (optional)		1125.01
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE 167 OF 20						
(check only one)											
>	<b>1</b> 1a		11b		11c		12				
	13		14		15		16		17		

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Aaron D. Wallace M.D.		Date of Receipt
Mailing Address 6969 Brockton Ave		M = M / D = D / Y = Y = Y
Suite B City	State Zip Code	05 12 2014 Transaction ID : C2730300
Riverside	CA 92506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Anesthesia Medical Group of Riverside	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  Brian E. Wallace M.D.		Date of Receipt
Mailing Address 400 E Pioneer Ste 204	- O	05 24 Y 2014
City	State Zip Code WA 98372-3257	Transaction ID : C2742250
Puyallup	WA 98372-3257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Rainier Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Ebon J. Wallace-Talifarro M.D.		Date of Receipt
Mailing Address 7313 Stoney Creek Dr		05 04 2014
City	State Zip Code	Transaction ID : C2726035
Augusta	MI 49012-8873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Central Anesthesia Services	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		241.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 168 OF 208 Use separate schedule(s) for each category of the Detailed Summary Page

ı	1 011	LIIVL	IVO	IVIDEI		IAGL	- '	00 01	-	_00	
	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16		17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Aimee Walsh M.D.		Date of Receipt
Mailing Address 1340 Sledge Dr		05 05 2014
City	State Zip Code	Transaction ID : C2726071
Mobile	AL 36606-3021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Metro Anesthesia and Pain Services, PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  James J. Walsh M.D.		Date of Receipt
Mailing Address 166 83rd St.		05 06 2014
City	State Zip Code	Transaction ID : C2726796
Brooklyn	NY 11209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
NAPA	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  Travis A. Warner M.D.	1	Date of Receipt
Mailing Address 5773 N Winding Woods Pl		05 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2726008
Tucson	AZ 85718-8311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
Old Pueblo Anesthesia PC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	208.35	
SUBTOTAL of Receipts This Page (optional)		1083.34
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 169 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) William R. Warner M.D. Date of Receipt Mailing Address 206 Elizabeth Ave 30 2014 City Zip Code State Transaction ID: C2745047 SC Greenwood 29646-3815 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation ANES OF GREENWOOD **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jimmie P. Watkins M.D. Date of Receipt Mailing Address 8408 Copperpenny Terrace 2014 05 05 City State Zip Code Transaction ID: C2726777 Chesterfield VA 23832-7555 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation McGuire Veterans Administration Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelley T. Watson M.D. Date of Receipt Mailing Address 206 Elizabeth Ave. 30 2014 05 City Zip Code State Transaction ID: C2745044 SC Greenwood 29646 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Regional Healthcare Hospital Anesthesiologist (pain control), Pain Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 170 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

208

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joshua D. Weber M.D. Date of Receipt Mailing Address 5203 Pawnee Rd. 08 2014 City Zip Code State Transaction ID: C2729503 KS Roeland Park 66205 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Midwest Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul S. Webster M.D. Date of Receipt Mailing Address 825 E Oak St 05 12 2014 City State Zip Code Transaction ID: C2730301 FL Kissimmee 34744-5838 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Doctors Pain Management Associates** Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer L. Weiford M.D. Date of Receipt Mailing Address 2009 W. 68th Street 2014 05 14 City State Zip Code Transaction ID: C2734735 KS Mission Hills 66208 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Anes Associates of KC **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBE (check only one)

FOR	LINE	NU	MBER	PAGE	: 1	71 OF		208			
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16		17		

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Ivan Jared Weiner M.D. Date of Receipt Mailing Address 10527 Emerald Chase Dr 30 2014 City State Zip Code Transaction ID : C2744925 FL 32836-5862 Orlando Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesiologist JLR Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) **B.** Toby Weingarten M.D. Date of Receipt Mailing Address Department of Anesthesiology 200 First St. SW 30 05 2014 City State Zip Code Transaction ID: C2744920 MN Rochester 55905-0001 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Mayo Clinic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 258.35 Other (specify) Full Name (Last, First, Middle Initial) Toby Weingarten M.D. Date of Receipt Mailing Address Department of Anesthesiology 30 2014 200 First St. SW 05 City State Zip Code Transaction ID: C2744935 MN Rochester 55905-0001 Amount of Each Receipt this Period FEC ID number of contributing

SUBTOTAL of Receipts This Page (optional)		•			7	Ξ		,	Ξ	13	5.01	
TOTAL This Period (last page this line number	r only)	<b>&gt;</b>	Ξ	Ξ	7	I	Ξ	7	_	Ξ		

258.35

С

Occupation

Anesthesiologist

Aggregate Year-to-Date ▼

41.67

federal political committee.

Other (specify)

General

Name of Employer

Primary

Mayo Clinic

Receipt For:

FOR LINE NUMBER: PAGE 172 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Alan Weiss M.D. Date of Receipt Mailing Address 960 Royal Arms Dr 2014 City Zip Code State Transaction ID: C2730326 OH Girard 44420 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Bel-Park Anes. Assoc. Inc. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Steven L. Weissman M.D. Date of Receipt Mailing Address 155 Baltic Circle 05 25 2014 City State Zip Code Transaction ID: C2742264 FL Tampa 33606 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Florida Hospital Tampa Physician - Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian J. West M.D. Date of Receipt Mailing Address 4048 Evans Ave Ste 303 2014 05 17 City State Zip Code Transaction ID: C2738735 FL Fort Myers 33901-9390 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Medical Anesth. and Pain Mgt. Consulta Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 166.61 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

PAGE 173 OF 208 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Thomas B. West M.D. Date of Receipt Mailing Address PO Box 515 2014 City Zip Code State Transaction ID: C2743999 Lakemont GA 30552-0009 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation SELF-EMPLOYED **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ezekiel J. Wetzel M.D. Date of Receipt Mailing Address 3315 DEBORAH DR Suite 401 05 05 2014 City State Zip Code Transaction ID: C2726057 LA Monroe 71201 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Parish Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. John S. Whittington M.D. Date of Receipt Mailing Address 23 Circle Dr NE 05 27 2014 City Zip Code State Transaction ID: C2742310 NM Albuquerque 87122-2109 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Anes. Assoc. of New Mexico, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify)

600.00

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

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

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

-(	JR LINE	MOMBER	:   PAGE	174 OF	200			
(cl	(check only one)							
[	<b>X</b> 11a	11b	11c	12				
	13	14	15	16	17			

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personal he name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committed	e
Full Name (Last, First, Middle Initial)  Jeanine P. Wiener-Kronish M.D.		Date of Receipt
Mailing Address Anesthesia and Critical Card 55 Fruit St # 444A	е	05 20 2014
City	State Zip Code	05 20 2014 Transaction ID : C2741557
Boston	MA 02114-2621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Massachusetts General Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Elizabeth Wilkinson M.D.	•	Date of Receipt
Mailing Address 5210 N. 31st Place		05 23 2014
City	State Zip Code	Transaction ID : C2744943
Phoenix	AZ 85016-3701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
RETIRED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Michael J. Williams M.D.	•	Date of Receipt
Mailing Address 725 Kings Hwy		05 17 2014
City	State Zip Code	Transaction ID : C2738790
Moorestown	NJ 08057-2621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Thomas Jefferson University	Assistant Professor of Anethesiology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		1250.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: PA

FOR LINE NUMBER:						PAGE	: 1	75 OF	208
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

	and Statements may not be sold or used by any per ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesth	nesiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Douglas F. Wiseman B.S., M.D.		Date of Receipt
Mailing Address 6836 Cookes Hope Rd		05 26 2014
City	State Zip Code	Transaction ID : C2742296
Easton	MD 21601-8302	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
University of Maryland Shore Regional	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Other (specify)	230.00	
Full Name (Last, First, Middle Initial)  William Womack M.D., Ph.D		Date of Receipt
Mailing Address PO Box 1025		05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairhope	State Zip Code AL 36533	Transaction ID : C2741560
·		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Eastern Shore Anesthesia	Occupation	
Receipt For:	Anesthesiologist	4
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Granville B. Work M.D.		Date of Receipt
Mailing Address 3749 Lynnfield Dr		05 08 2014
City Virginia Beach	State         Zip Code           VA         23452-4721	Transaction ID : C2729452  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	+
Sentara Norfolk General Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.70	
SUBTOTAL of Receipts This Page (option	nal)	833.34
		, , , , , , , , , , , , , , , , , , , ,
TOTAL This Period (last page this line nu	ımber only)	

FOR LINE NUMBER: PAGE 176 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

208

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jason Workman M.D. Date of Receipt Mailing Address 7575 W Washington Ave Suite 127-374 2014 27 City Zip Code State Transaction ID: C2742322 NV Las Vegas 89128-4333 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Anesthesiology Consultants, Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. W. Bradley Worthington M.D. Date of Receipt Mailing Address 101 Hillwood Blvd 05 12 2014 City State Zip Code Transaction ID: C2730309 TN Nashville 37205-2811 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Hospital for Spinal Surgery anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Crystal C. Wright M.D. Date of Receipt Mailing Address 3032 Jarrard St. 2014 05 12 City Zip Code State Transaction ID: C2730340 TX Houston 77005 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician Baylor College of Medicine Dept. of An Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 177 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Manoj B. Wunnava M.D. Date of Receipt Mailing Address 109 Bennington Parkway 2014 City Zip Code State Transaction ID: C2738856 NC Durham 27713 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Department of Anesthsiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Manoj B. Wunnava M.D. Date of Receipt Mailing Address 109 Bennington Parkway 05 27 2014 City State Zip Code Transaction ID: C2742319 NC Durham 27713 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Department of Anesthsiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy Wynn M.D. Date of Receipt Mailing Address 1108 NE 9th Ct 2014 05 12 City Zip Code State Transaction ID: C2730638 OK Moore 73160-6853 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation NW ANESTHESIA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 178 OF

MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13		i) I1b I4	11c	E	12 16		17
information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purpo	ose o	f soliciting	g co	ntributi	ions	

		13
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
, ,	ologists Political Action Committee	,
Full Name (Last, First, Middle Initial) <b>4.</b> Jay Yedlin M.D.		Date of Receipt
Mailing Address 8717 W 110th St Ste 600		M = M / D = D / Y = Y = Y
		05 01 2014
City	State Zip Code	Transaction ID : C2725955
Overland Park	KS 66210-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anesthesia Associates of Kansas City	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Stephen Yeich M.D.		Date of Receipt
Mailing Address 3048 SW 89th St Ste A		M = M / D = D / Y = Y = Y
		05 19 2014
City	State Zip Code	Transaction ID : C2740224
Oklahoma City	OK 73159-6359	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
self	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0. 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. James K. York M.D.		Date of Receipt
Mailing Address 129-4 Hidden Creek Circle		05 14 2014
City	State Zip Code	Transaction ID : C2731351
Dothan	AL 36301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Anesthesia Consultants Med. Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	416.70	
SUBTOTAL of Receipts This Page (optional)		1083.34
222 F. 2 T. 2 2 2 (abusing)		
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER: PAGE 179 C					
Use separate schedule(s)	(check or	nly one)				
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12		
,g	13	14	15	16	Γ	

208

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Jason E. York M.D.  Mailing Address, 6010 Hunters Kel NE		Date of Receipt
Mailing Address 6910 Hunters Knl NE		05 26 2014
City	State Zip Code	Transaction ID : C2742285
Atlanta	GA 30328-1763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
Physician Specialists in Anesthesia, P	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.35	
Full Name (Last, First, Middle Initial)  Lawrence I. Young M.D.		Date of Receipt
Mailing Address 1717 Valley Forge Dr.		05 25 _ 2014 _
City	State Zip Code	Transaction ID : C2742268
Hixson	TN 37343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
American Anesthesiology of Tennessee	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial)  C. Elliot Yung M.D., M.Sc	•	Date of Receipt
Mailing Address 50 W 34th St Apt 10B5		05 17 2014
City New York	State Zip Code NY 10001-3064	Transaction ID : C2738817
<del></del>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	]
New York Methodist Hospital	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	416.67
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 180 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

208

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Sherif Zaafran M.D. Date of Receipt Mailing Address 2411 Fountainview Suite 200 2014 City State Zip Code Transaction ID: C2731098 TX Houston 77057 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **US Anesthesia Partners** Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Alan D. Zablocki M.D. Date of Receipt Mailing Address 1753 W Camino Ln 17 2014 05 City State Zip Code Transaction ID: C2738752 MO Springfield 65810-2171 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Ozark Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dino G. Zacharakos M.D. Date of Receipt Mailing Address 20 Spectacle Ln. 2014 05 21 City State Zip Code Transaction ID: C2741582 CT Ridgefield 06877 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **EMCARE** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	R LINE	NU	IMBER	:	PAGE	1	81 OF	208
(check only one)								
X	11a		11b		11c		12	
	13		14		15		16	17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Zachary D. Zanowiak M.D.  Mailing Address 8513 N Ashley Dr  City Edmond  FEC ID number of contributing federal political committee.  Name of Employer  Zachary D Zanowiak, MD PLLC  Receipt For:  Primary  General  Other (specify)	State Zip Code OK 73025-1558  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Fernando L. Zaragoza M.D.  Mailing Address 4242 Medical Dr Ste 3100  City San Antonio	State Zip Code TX 78229-5642	Date of Receipt  05 30 2014  Transaction ID : C2744922  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Tejas Anesthesia, P.A.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	41.67
Full Name (Last, First, Middle Initial)  Mitchell J. Zeitler M.D.  Mailing Address 6650 Nature Preserve Ct.  City Naples  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Associates of NAples  Receipt For:  Primary General Other (specify)	State Zip Code FL 34109  C  Occupation Physician  Aggregate Year-to-Date ▼  208.35	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	583.34
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: PAGE 182 OF 208 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Matthew W. Zeleznik M.D. Date of Receipt Mailing Address 5671 Peachtree Dunwoody Rd Ste 530 2014 City State Zip Code Transaction ID: C2742027 Atlanta GΑ 30342-5005 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrzej J. Zembrzuski M.D. Date of Receipt Mailing Address 31 Meredith Dr 05 20 2014 City State Zip Code Transaction ID: C2740609 NJ Sparta 07871-3533 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Morris Anesthesia Group anesthesiaologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 83.20 SUBTOTAL of Receipts This Page (optional)..... 113497.56 TOTAL This Period (last page this line number only).....

#### S 17

_	- 									
S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 183 OF 208				208		
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check	(check only one)					
			Detailed Summary Page		1a	11b	11c	12		_
_				1		14	15	16		<b>\</b> 17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any political committee	erson for e to solici	the pu contri	rpose of butions	solicitin from suc	g contrib h commi	utions ittee.	s
	NAME OF COMMITTEE (In Full)									
	American Society of Anesthesic	ologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Republican Attorney's General Associ	iation		Da	e of R	eceipt				
	Mailing Address 1201 F St NW			М	- M	/ D = [	) / Y	Y Y	Y	
	Ste 675			_	05	12	J L	2014		
	City	State	Zip Code	Т	ansac	tion ID :	C27306	01		
	Washington	DC	20004-1218	Am	ount of	Each F	Receipt t	his Perio	d	
	FEC ID number of contributing federal political committee.	С				7	7	5000	0.00	
	Name of Employer	Occupation	1							
	Receipt For: 2014	A	Vision to Date =	-						
	Primary General	Aggregate	Year-to-Date ▼							
	✓ Other (specify) ▼	1	50000.00							
	Refund of 3/14 Cont			4						
	Full Name (Last, First, Middle Initial)									
В.				Da	e of R	eceipt				
	Mailing Address			M	- M -	/ D   D	) / Y	Y Y	Y	
				<b>⊣</b> ∟	_					
	City	State	Zip Code						_	
				Am	ount of	Each F	Receipt t	his Perio	d	
	FEC ID number of contributing	С								П.
	federal political committee.					7	7			ш.
	Name of Employer	Occupation	l							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General			1						
	Other (specify) ▼		<u> </u>	4						
	Full Name (Last, First, Middle Initial)									
C.	,			Da	e of R	eceipt				
	Mailing Address			М	- M	/ D = 1	) / Y	YYY	Y	
		<u> </u>		_  L			J L			
	City	State	Zip Code							
				Am	ount of	Each F	Receipt t	his Perio	d	
	FEC ID number of contributing	С								п.
	federal political committee.	J				7	7		<b>—</b>	ш.
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	33 -3		1						
	Other (specify) ▼		9 1 9 1 9							
_										

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

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

50000.00

50000.00

-		
SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 OF 208 (check only one)  11a
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  American Society of Anesthesio	ogists Political Action Committe	ee
Full Name (Last, First, Middle Initial)  A. ROGERS FOR CONGRESS		Date of Receipt
Mailing Address PO Box 581		05 30 7 2014
City Brighton	State Zip Code MI 48116	Transaction ID : C2754360  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00343863	1000.00
Name of Employer	Occupation	
Receipt For: 2014  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each recorpt this Ferious
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
		·

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

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

1000.00

1000.00

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 185 OF 200
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Stater	I ments mav not be sold or us		
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)		•	
American Society of Anesthesiolog	gists Political Action	Committee	•
Full Name (Last, First, Middle Initial)			Data of Bishamanan
· First Data			Date of Disbursement
Mailing Address P.O. Box 6600			05 31 2014
City	State Zip Code		Transaction ID : D158896
Hagerstown Purpose of Disbursement	MD 21741		Transaction in . D 130030
Credit Card Merchant Fees		003	Amount of Each Disbursement this Period
Candidate Name		Category/	2087 20
000		Type	2087.20
Office Sought: House Disburser  Senate	ment For: 2014 Primary General		
President X	Other (specify) ▼		
State: District:	Credit Card Merc	hant	
Full Name (Last, First, Middle Initial)			
<b>.</b>			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Cought House Bishure		Туре	
Office Sought: House Disburser Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
Mailing Address			M   M / D   D / Y   Y   Y   Y
City	State Zip Code		
•	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	
Office Sought: House Disburser	ment For:		
Office Sought: House Disburser Senate	ment For: Primary General		
Senate	Primary General		
Senate President State: District:	Primary General Other (specify) ▼		2087 20
Senate President	Primary General Other (specify) ▼	······	2087.20

SCHEDULE B (FEC Form 3X)	11	FOR LINE N	NUMBER: PAGE 186 OF 2
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 🔲 24 🔲 25 🦳
	Detailed Summary Page	27	25 28a 28b 28c 29
Any information copied from such Reports and Statem	ents may not be sold or use	d by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiologi	sts Political Action C	Committee	
Full Name (Last, First, Middle Initial)		_	5
A. DEMOCRATIC SENATORIAL CAM	IPAIGN COMMITTE	E	Date of Disbursement
Mailing Address 120 MARYLAND AVE NE			05 28 2014
City	tate Zip Code		Transaction ID : D158605
	DC 20002		Transaction ib . D130003
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	15000.00
Office Coughts   House   Dishuran	ent For: 2014	Туре	13000.00
	ent For: 2014  Primary General		
	Other (specify)		
State: District:	2014 Contribution	n	
Full Name (Last, First, Middle Initial)			
B. HEARTDOCPAC			Date of Disbursement
Mailing Address DO DOV 600			M M / D D / Y Y Y Y
Mailing Address PO BOX 628			05 20 2014
	tate Zip Code		Transaction ID : D158462
Evansville Purpose of Disbursement	IN 47704		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
		Type	5000.00
	ent For: 2014		
	Primary General  Other (specify) ▼		
State: District:	2014 Contributio	n	
Full Name (Last, First, Middle Initial)			
C. HOLDING ONTO OREGON'S PRICE	ORITIES		Date of Disbursement
M. W. A.I.I			M M / D D / Y Y Y Y
Mailing Address PO Box 3314			05 14 2014
City	tate Zip Code		Transaction ID - D450474
	OR 97208		Transaction ID : D158471
Purpose of Disbursement 2014 Contribution			
Candidate Name			Amount of Each Disbursement this Period
Canadate Hamo		Category/ Type	5000.00
Office Sought: House Disbursem	ent For: 2014	21	
	Primary General		
	Other (specify)		
State: District:	2014 Contribution	n	
SURTOTAL of Dichurcomente This Page (antional)			25000.00
SUBTOTAL of Disbursements This Page (optional)		·····	
TOTAL This Period (last page this line number only).		_	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 187 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or use			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiology	gists Political Action (	Committee		
Full Name (Last, First, Middle Initial)			B (5) .	
A. JET PAC			Date of Disburseme	
Mailing Address PO BOX 2385			05 28	2014
City	State Zip Code		Towns of the ID ID	450504
Ottawa	IL 61350		Transaction ID : D	0158591
Purpose of Disbursement 2014 Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
Office Sought: House Disburse	ement For: 2014	Туре		333.00
Senate	Primary General			
President	Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. KATHLEEN RICE FOR CONGRE	SS		Date of Disburseme	ent
Mailing Address 440 IEDIOLO TUDADIKE OUT	200		M M / D D	/ Y Y Y Y Y Y 2014
Mailing Address 410 JERICHO TURNPIKE SUITE			05 14	2014
City Jericho	State Zip Code NY 11753		Transaction ID : [	0158470
Purpose of Disbursement	11733			
2014 Primary Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
Office Cought.	mant Fam	Туре		3000.00
	ment For: 2014 Primary General			
President	Other (specify)			
State: NY District: 04	(-p-30)/ ¥			
Full Name (Last, First, Middle Initial)				
C. LONE STAR LEADERSHIP PAC			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address 4905 Del Ray Ave Ste 401			05 20	2014
City	State Zip Code			
Bethesda	MD 20814-2557		Transaction ID : I	)158461
Purpose of Disbursement 2014 Contribution				
Candidate Name			Amount of Each Dis	sbursement this Period
Candidate Manie		Category/ Type		5000.00
Office Sought: House Disburse	ement For: 2014	.,,,,		
Senate	Primary General			
President	Other (specify) ▼			
State: District:	2014 Contributio	n		
				15000.00
SUBTOTAL of Disbursements This Page (optional).		·····•		15000.00
TOTAL This Period (last page this line number only	<i>(</i> )			
	,			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAG	GE 188 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any information copied from such Reports and State	ments may not be sold or us			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
$\Big  \Big angle$ American Society of Anesthesiolo	gists Political Action	Committee		
Full Name (Last, First, Middle Initial)		Ī		
A. MILLER-MEEKS FOR CONGRES	SS		Date of Disbursement	
				YYY
Mailing Address 11674 90th St			05 28	2014
City	State Zip Code			_
Ottumwa	IA 52501-8310		Transaction ID : D15858	6
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disburser	nent this Period
Candidate Name		Category/		
Miller Meeks		Type		5000.00
	ement For: 2014			
Senate President	Primary General Other (specify) ▼			
State: IA District: 02	Strict (Specify)			
Full Name (Last, First, Middle Initial)				
B. Missouri Democratic State Comm	ittee		Date of Disbursement	
Mailing Address P.O. Box 719			05 / D D / Y	2014
City	State Zip Code		#	•
Jefferson City	MO 65102		Transaction ID : D15860	9
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disburser	nent this Period
Candidate Name			Amount of Lacif Disbuiser	none uno i citou
		Category/ Type		5000.00
	ement For: 2014			
Senate	Primary General			
President State: District:	Other (specify) ▼  2014 Contribution	on		
Full Name (Last, First, Middle Initial)	2011 0011111000			
C. MOONEY FOR CONGRESS			Date of Disbursement	
Matter Address B.O. Contract				2011
Mailing Address P.O. BOX 1863			05 09	2014
City	State Zip Code		Transaction ID : D15847	4
Martinsburg	WV 25402		กลกรลงแบก เม : มาจ847	<b>-</b>
Purpose of Disbursement 2014 Primary Contribution		· · ·	A	and the Day
Candidate Name		Cotogory	Amount of Each Disburser	nent this Period
Alexander Mooney		Category/ Type		5000.00
	ement For: 2014			
Senate	Primary General			
State: WV District: 02	Other (specify) ▼			
State: WV District: 02				
SUBTOTAL of Disbursements This Page (optional)				15000.00
The state of the s				
TOTAL This Period (last page this line number only	<i>y</i> )	·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 189 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	. 🗆 ====
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28	
Any information copied from such Reports and Stater	ante may not be sold as us			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolog	ists Political Action	Committee		
Full Name (Last, First, Middle Initial)		Ī		
A. NEW VISION AMERICA FUND			Date of Disbursement	
			M M / D D /	Y Y Y Y Y
Mailing Address P.O. Box 8180			05 28	2014
City	State Zip Code			
San Jose	CA 95155		Transaction ID : D158	585
Purpose of Disbursement 2014 Contribution		011	Amount of Foot Dist	noment this Davis I
Candidate Name		011	Amount of Each Disburs	sement this Period
		Category/ Type		5000.00
	nent For: 2014			
Senate	Primary General			
State: President X	Other (specify) ▼ 2014 Contributi	ion		
Full Name (Last, First, Middle Initial)				
B. NORMA TORRES FOR CONGRE	SS		Date of Disbursement	
			M = M / D = D /	Y Y Y Y Y
Mailing Address 728 W Edna PI			05 28	2014
City S Covina	State Zip Code CA 91722-3222		Transaction ID : D158	
Purpose of Disbursement	91122-3222			
2014 Primary Contribution		011	Amount of Each Disburs	sement this Period
Candidate Name		Category/		5000.00
Norma Torres  Office Sought: House Disburser	nent For: 2014	Туре		
	Primary General			
President	Other (specify) ▼			
State: CA District: 35				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. Berger for Congress			M M / D D /	Y
Mailing Address P.O. Box 3117			05 22	2014
Oit.	75 0 4			
•	State Zip Code NC 27288		Transaction ID : D158	457
Purpose of Disbursement				
2014 Primary Run-Off Contribution		011	Amount of Each Disburs	sement this Period
Candidate Name Phil Berger		Category/ Type		5000.00
<u> </u>	nent For: 2014	iype		
Senate	Primary General			
President	Other (specify) ▼			
State: NC District: 06	Runoff			
SUPTOTAL of Dishurasmente This Dage (entire all				15000.00
SUBTOTAL of Disbursements This Page (optional)		······		
TOTAL This Period (last page this line number only)			1	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 190 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	INOMBETT:
	for each category of the Detailed Summary Page	21b	22 🔀 23 🔲 24 📗 25 📗 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the nar	ne and address of any politic	cai committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ioto Dolitical Action	Committee	
American Society of Anesthesiolog	JISIS POIILICAI ACLION	Committee	
Full Name (Last, First, Middle Initial)			
A. ALAN LOWENTHAL FOR CONGR	RESS		Date of Disbursement
W. W. A. I.I.			M M / D D / Y Y Y Y
Mailing Address 6380 WILSHIRE BLVD., #1612			05 28 2014
City	State Zip Code		
LOS ANGELES	CA 90048		Transaction ID : D158590
Purpose of Disbursement			
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name  Rep. Alan Lowenthal		Category/ Type	500.00
	ment For: 2014	Type	
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 47			
Full Name (Last, First, Middle Initial)			Data of Dishamanana
B. BERA FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 582496			05 20 2014
	State Zip Code		Transaction ID : D158464
Elk Grove Purpose of Disbursement	CA 95758-0042		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Ami Bera M.D.		Type	3000.00
Office Sought: House Disburse	ment For: 2014		
Senate	Primary General		
President State: CA District: 07	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. ANDY BARR FOR CONGRESS, I	NC:		Date of Disbursement
	10.		M M / D D / Y Y Y
Mailing Address PO BOX 2059			05 28 2014
City	State Zip Code		
City LEXINGTON	KY 40588		Transaction ID : D158595
Purpose of Disbursement			
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Andy Andy Barr  Office Sought: House Disburse	ment For: 2014	Туре	7
Senate Sought.	Primary General		
President	Other (specify)		
State: KY District: 06			
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00
TOTAL This Desired (leak seem their time seem to			
TOTAL This Period (last page this line number only	l		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 191 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Solution outlinary rage	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten	,	, , ,	1 1
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		•	
$ \; angle$ American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. ANDY HARRIS FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address PO Box 1527			05 28 2014
City	State Zin Code		
City S Annapolis	State Zip Code MD 21404		Transaction ID : D158606
Purpose of Disbursement	21404		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Andy Harris		Туре	5000.00
	nent For: 2014		
Senate   President	Primary General		
State: MD District: 01	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. ANNA ESHOO FOR CONGRESS			Date of Disbursement
ANNA EGITOG I OK GONGKEGO			M M / D D / Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 1425			05 28 2014
City Sacramento	State Zip Code CA 95814		Transaction ID : D158602
Purpose of Disbursement	93014		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Anna G. Eshoo		Type	1500.00
Office Sought: House Disbursen	nent For: 2014		
Senate	Primary General		
President State: CA District: 14	Other (specify) ▼		
State: CA District: 14  Full Name (Last, First, Middle Initial)			
C. ANNA ESHOO FOR CONGRESS			Date of Disbursement
ANNA ESI IOO I OK CONGRESS			M M / D D / Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 1425			05 14 2014
,	State Zip Code CA 95814		Transaction ID : D158469
Sacramento Purpose of Disbursement	CA 95814		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Anna G. Eshoo		Type	2500.00
	nent For: 2014		
Senate	Primary General		
President District: 44	Other (specify) ▼		
State: CA District: 14			
SUBTOTAL of Disbursements This Page (optional)			9000.00
COSTOTAL OF DISDUISEMENTS THIS Page (optional)			5 5
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 192 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
I LIMILLO DIODOMOLINILMIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Sulfilliary Fage	27	28a 28b 28c 29 30
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiology	jists Political Action	Committee	
/ Full Name (Last, First, Middle Initial)		1	
A. BLAINE FOR CONGRESS 2012			Date of Disbursement
BEAINE FOR CONCRESS 2012			M M / D D / Y Y Y Y
Mailing Address PO Box 1526			05 20 2014
	_		
	State Zip Code		Transaction ID : D158468
Columbia Purpose of Disbursement	MO 65205		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Rep. Blaine Luetkemeyer		Category/ Type	5000.00
	ment For: 2014		
Senate	Primary General		
President	Other (specify) ▼		
State: MO District: 03			
Full Name (Last, First, Middle Initial)			Data of Dishursement
B. FRIENDS OF CHERI BUSTOS			Date of Disbursement
Mailing Address P.O. BOX 77			05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
sining / iddi			2017
City	State Zip Code		Transaction ID : D158138
EAST MOLINE	IL 61244		
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Dispulsement this Period
Rep. Cheri Bustos		Category/ Type	2500.00
•	ment For: 2014	1,100	
Senate	Primary Seneral		
President	Other (specify) ▼		
State: IL District: 17			
Full Name (Last, First, Middle Initial)			
C. COLLINS FOR CONGRESS			Date of Disbursement
Matter Address BOROVOS			M M / D D / Y Y Y Y
Mailing Address PO BOX 386			05 20 2014
City	State Zip Code		
CLARENCE	NY 14031		Transaction ID : D158458
Purpose of Disbursement 2014 General Contribution			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Chris Collins  Office Sought:	ment For: 2014	Туре	100000
Office Sought: House Disbursel	Primary General		
President	Other (specify)		
State: NY District: 27	Canon (opcony)		
SUBTOTAL of Disbursements This Page (optional)			10000.00
TOTAL This Period (last page this line number only	)		

Use separate schedule(s) to Description   Check coty) one)   Description   Check coty)   Des	SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 193 OF 208
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any potition formatities to solicit contributions or for commercian Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET  City State Zip Code WW 26003  Purpose of Disbursement 2014 Primary Contribution Cardidate Name  Rep. David B. MCKinley  Disbursement For: 2014  President State: VW District: 01  Full Name (Last, First, Middle Initial)  B. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City State Zip Code SACRAMENTO CA 96812  Purpose of Disbursement 2014 Primary Contribution Cardidate Name  Rep. Doris Matsui  Office Sought: House  Full Name (Last, First, Middle Initial)  C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State: CA Disbursement Category Type  Other (specify)  Purpose of Disbursement Category Type  Category Type  Transaction ID: D159588  Amount of Each Disbursement Category Type  Transaction ID: D159588  Amount of Each Disbursement Category Type  Transaction ID: D159588  Amount of Each Disbursement Category Type  Transaction ID: D159588  Amount of Each Disbursement Category Type  Transaction ID: D159588  Amount of Each Disbursement Category Type  Transaction ID: D159588  Amount of Each Disbursement Category Type  Transaction ID: D159588  Transaction ID: D158136  Amount of Each Disbursement Category Type  Transaction ID: D158136  Transaction ID: D158136  Transaction ID: D158136  Amount of Each Disbursement Category Type  Transaction ID: D158136  Transaction ID: D15	ITEMIZED DISBURSEMENTS		(check only	one)	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee.  NAME OF COMMITTEE (in Full)  American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET  City WHEELING WW 28003  Purpose of Disbursement 2014 Plinary Contribution  Candidate Name  Rep. David B. McKinley  Office Sought: Y House Senate Purpose of Disbursement 2014 Plinary Contribution  Candidate Name Rep. Doris Matsui  Office Sought: Y House Senate Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Doris Matsui  Office Sought: Y House Senate Primary Other (specify) ▼  Transaction ID : D158588  Amount of Each Disbursement 2014 Primary Contribution  Candidate Name Rep. Doris Matsui  Office Sought: Y House Senate Primary Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State: Zip Code OR 97031  Full Name (Last, First, Middle Initial)  C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State: Zip Code OR 97031  Transaction ID : D15858  Amount of Each Disbursement 3000,00  Transaction ID : D15858  Amount of Each Disbursement Category/ Type  Transaction ID : D158136  Amount of Each Disbursement Category/ Type  Transaction ID : D158136  Amount of Each Disbursement Category/ Type  Transaction ID : D158136  Amount of Each Disbursement Category/ Type  Transaction ID : D158136  Amount of Each Disbursement Disburseme					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET  City  WHEELING  WW 26003  Purpose of Disbursement  2014 Primary Contribution  Cardidate Name  Rep. David B. McKinley  Office Sought  Primary Initial Primary Initial Initial  B. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City  City  State  Purpose of Disbursement  2014 Primary Initial Initial  B. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City  State  Purpose of Disbursement  2014 Primary Contribution  Candidate Name  Rep. Doris Matsui  Office Sought  Primary Initial Initial  Disbursement  State: CA Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Other (specify) ▼  Transaction ID: D158588  Amount of Each Disbursement  Catlogony/ Type  Transaction ID: D158588  Amount of Each Disbursement	Г				
AMME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET  City WHEELING Purpose of Dibbursement 2014 Primary Contribution Candidate Name Rep. David B. McKinley Office Sought: State: VI District: 01  Full Name (Last, First, Middle Initial) S. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City SACRAMENTO Candidate Name Rep. Doris Matsui Office Sought: VI Doris Matsui Office Sought: VI House Senate Primary General Other (specify) VI Gategory' Sought: VI Purpose of Dibbursement 2014 Primary Contribution Candidate Name Rep. Doris Matsui Office Sought: VI Purpose of Dibbursement State: CA Senate Primary General Other (specify) VI General VI Primary General VI V V V V V V V V V V V V V V V V V V	Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or us ne and address of any politic	ed by any perso al committee to	on for the purpose of soli solicit contributions from	citing contributions such committee.
American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET  City WHEELING WW 26003 Purpose of Disbursement 2014 Primary Contribution Candidate Name Rep. David B. McKinley Office Sought: President State: WV District: 01  Candidate Name Rep. David B. McKinley Office Sought: President State: CA District: 03  Full Name (Last, First, Middle Initial) Senate Prepeader of Disbursement State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: CA District: 06  Substraint State: CA District: 06  Substraint State: CA District: 06  Full Name (Last, First, Middle Initial) Office Sought: Senate President State: OR District: 02  Substraint State: OR District: 02  Substraint of Disbursement For: 2014 Senate President State: OR District: 02  Substraint of Disbursement For: 2014 Senate President State: OR District: 02  Substraint of Disbursement For: 2014 Senate President State: OR District: 02  Substraint of Disbursement For: 2014 Senate President State: OR District: 02  Substraint of Disbursement For: 2014 Senate President State: OR District: 02  Substraint of Disbursement For: 2014 Senate President State: OR District: 03  Substraint of Disbursement For: 2014 Senate President State: OR District: 04  Substraint of Disbursement State: OR District: 04  Substraint of Disbursement State: OR District: 04  Substraint of Di					
Full Name (Last, First, Middle Initial)  A. MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET  City  State  Zip Code  WW 26003  Transaction ID: D158134  Amount of Each Disbursement this Period  Candidate Name  Rep. David B. McKinley  Office Sought:  Full Name (Last, First, Middle Initial)  B. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City  State  Zip Code  CA 95812  Primary  General  Other (specify)  Transaction ID: D158134  Amount of Each Disbursement this Period  Other (specify)  Transaction ID: D158134  Amount of Each Disbursement this Period  Other (specify)  Transaction ID: D158134  Amount of Each Disbursement this Period  Other (specify)  Transaction ID: D158134  Amount of Each Disbursement  Other (specify)  Transaction ID: D158588  Amount of Each Disbursement this Period  Other (specify)  Transaction ID: D158588  Transaction ID: D158588  Amount of Each Disbursement this Period  Category' Type  Other (specify)  Transaction ID: D158136  Tr		nists Political Action	Committee		
A. MCKINLEY FOR CONGRESS  Mailing Address 32 20TH STREET  City WHELING	<u> </u>				
City WHEELING WW 28003  Purpose of Disbursement 2014 Primary Contribution Candidate Name Rep. David B. McKinley Office Sought:				Data of Diaburaament	
Mailing Address 32 20TH STREET  City State Whose of Disbursement 2014 Primary Contribution  City State Name Rep. Dorits Matsui  City Sancare President 2014 Primary Contribution  Candidate Name Rep. Dorits Matsui  City Senate President State: CA Distriction  Candidate Name Rep. Dorits Matsui  City Senate President State: CA Distriction 66  Full Name (Last, First, Middle Initial)  Senate President State: CA Distriction 66  Full Name (Last, First, Middle Initial)  Senate President State: CA Distriction 66  Full Name (Last, First, Middle Initial)  Senate President State: CA Distriction 66  Full Name (Last, First, Middle Initial)  Candidate Name Rep. Dorits Matsui  City Senate President State: CA Distriction 66  Full Name (Last, First, Middle Initial)  Candidate Name Rep. Greg Walden  City State Zip Code OR 97031  City State Candidate Name Rep. Greg Walden  Cardidate Name Rep. Greg Walden  City State Senate Primary General President State: OR Disbursement For: 2014  State: OR Disbursement Por: 2014  State: OR Disbursement Por: 2014  Primary General President State: OR 97031  Transaction ID: D158136  Amount of Each Disbursement Disbursement For: 2014  Cardidate Name Rep. Greg Walden  Office Sought: House Senate Primary General Primary Ge	A. MCKINLEY FOR CONGRESS				
City WHELING WV 26003 Purpose of Disbursement 2014 Primary Contribution Cardidate Name Rep. David B. McKinley Office Sought:	Mailing Address 32 20TH STREET				
## WHEELING ## Purpose of Disbursement ## 2014 Primary Contribution ## 2000.00					
WHELING Purpose of Disbursement 2014 Primary Contribution Candidate Name Rep. David B. McKinley Office Sought: State: W District: 01 Full Name (Last, First, Middle Initial) B. MATSUI FOR CONGRESS Mailing Address PO BOX 1738  City SACRAMENTO CA 95812 Purpose of Disbursement 2014 Primary Contribution Candidate Name Rep. Doris Matsui Office Sought: State: CA District: 06 Full Name (Last, First, Middle Initial) Ctty State Zip Code SACRAMENTO CA 95812 Purpose of District: 06 Full Name (Last, First, Middle Initial) Ctty State: CA District: 06  Full Name (Last, First, Middle Initial) Candidate Name Rep. Doris Matsui Office Sought: State: CA District: 06  Full Name (Last, First, Middle Initial) Ctty State Zip Code President State: CA District: 06  Candidate Name Rep. Greg Walden Office Sought: State: CA Disbursement Office Sought: Purpose of Disbursement Category/ Type  Date of Disbursement  Transaction ID: D158588  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Transaction ID: D158136  Amount of Each Disbursement  Category/ Type  Office Sought: Purpose of Disbursement  Category/ Type  Transaction ID: D158136  Amount of Each Disbursement  Category/ Type  Transaction ID: D158136  Amount of Each Disbursement  Office Sought: Purpose of Disbursement  Category/ Type  Transaction ID: D158136  Amount of Each Disbursement  Transaction ID: D158136  Amount of Each Disbursement  Transaction ID: D158136  Transaction ID: D158136  Transaction ID: D158136  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Primary Contribution  Candidate Name  Rep. Greg Walden  Office Sought: Sanate Primary Contribution  Candidate Name  Rep. Greg Walden  Office Sought: Transaction ID: D158136  Trans				Transaction ID : D15	58134
Amount of Each Disbursement this Period Candidate Name Rep. David B. McKinley Office Sought:		WV 26003			
Candidate Name Rep. David B. McKinley Office Sought:			011	Amount of Each Disbu	rsement this Period
Rep. David B. McKinley Office Sought:	Candidate Name				
Office Sought: Senate President State: WV District: 01  Full Name (Last, First, Middle Initial)  Candidate Name Rep. Doris Matsui  Office Sought: Senate President State: Zip Code Candidate Name Rep. Doris Matsui  Office Sought: Senate President State: Zip Code Candidate Name Rep. Doris Matsui  City Senate President State: Zip Code Candidate Name Rep. Doris Matsui  Office Sought: Senate President State: Zip Code Candidate Name Rep. Doris Matsui  Office Sought: Senate President State: Candidate Name Rep. Doris Matsui  City Senate President State: Zip Code OR 97031  City State: Candidate Name Rep. Greeral President State: Candidate Name Rep. Greeral President State: Candidate Name Rep. Greeral Other (specify) ▼  State: Candidate Name Rep. Greeral President State: Candidate Name					2000.00
State: WV District: 01  Full Name (Last, First, Middle Initial)  B. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City State Zip Code SACRAMENTO CA 95812  Purpose of Disbursement 2014 Primary Contribution  Candidate Name President President President State: CA District: 06  Full Name (Last, First, Middle Initial)  C: WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code Category/ Type  Other (specify) ▼  Date of Disbursement  Category/ Type  Date of Disbursement Disbursement this Period  Category/ Office Sought: State: CA District: 06  Full Name (Last, First, Middle Initial)  C: WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code OR 97031  Candidate Name Rep. Greg Walden  Office Sought: House Senate President State: OR Disbursement For: 2014  Primary General Primary General Primary General President State: OR Disbursement For: 2014  Primary General Primary General Primary General President State: OR Disbursement For: 2014  Substortal of Disbursements This Page (optional)	Office Sought: House Disburse				
State: WV District: 01 Full Name (Last, First, Middle Initial) B. MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City SACRAMENTO CA 95812 Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Doris Matsui  Office Sought: House President State: CA District: 06  Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code OR 97031  Category' Type  Category' Type  Category' Type  Category' Type  Category' Type  State: OR District: 02  Subtrotal of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category' Type  7500.00  Subtrotal of Disbursements This Page (optional)		-			
Full Name (Last, First, Middle Initial)  MATSUI FOR CONGRESS  Mailing Address PO BOX 1738  City State Zip Code SACRAMENTO CA 95812  Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Doris Matsui  Office Sought: House Senate President State Zip Code Senate Propose of Disbursement For: 2014  Full Name (Last, First, Middle Initial)  C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code Other (specify) Tansaction ID: D158588  Amount of Each Disbursement this Period  Date of Disbursement this Period  Transaction ID: D158588  Amount of Each Disbursement this Period  Date of Disbursement this Period  Transaction ID: D158136  Amount of Each Disbursement  Office Sought: Category/ Type  Office Sought: Primary General Other (specify) Category/ Type  Office Sought: Primary General Other (specify) Type  Office Sought: Primary General Other (specify) Type  State: OR District: O2  SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼			
Mailing Address PO BOX 1738  City State Zip Code SACRAMENTO CA 95812  Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Doris Matsui  Office Sought: House President President President State: CA District: 06  Mailing Address PO BOX 1091  City State Zip Code OR 97031  Candidate Name  Rep. Greg Walden  Office Sought: House Senate President State: OR Disbursement For: 2014  Senate Purpose of Disbursement Category/ Type  Candidate Name  Rep. Greg Walden  Office Sought: House Senate President State: OR Disbursement For: 2014  Senate President State: OR District: 02  SubstortAL of Disbursements This Page (optional)					
Mailing Address PO BOX 1738  City SACRAMENTO CA 95812  Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Doris Matsui  Office Sought: Fresident State: CA District: 06  Full Name (Last, First, Middle Initial)  C: WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  Transaction ID : D158588  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Disbursement For: 2014  Primary General Office Sought:				Date of Disbursement	
City SACRAMENTO CA 95812  Purpose of Disbursement 2014 Primary Contribution  Category/ Type  Category/ Type  Category/ Type  Date of Disbursement 2014 Primary Contribution  City Naddress PO BOX 1738  Transaction ID: D158588  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  City HOUSE City HOUDEN FOR CONGRESS  Mailling Address PO BOX 1091  City HOOD RIVER OR Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought:  Date of Disbursement Category/ Type  Transaction ID: D158588  Amount of Each Disbursement this Period  Transaction ID: D158136  Category/ Type  Transaction ID: D158136  Amount of Each Disbursement  Category/ Type  Office Sought:  Office Sought:  Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought:  House Senate President State: OR District: 02  SUBTOTAL of Disbursements This Page (optional)	WATOUT OR CONCRESS				Y
SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Doris Matsui  Office Sought:  State: CA District: 06  Full Name (Last, First, Middle Initial)  City HOOD RIVER Purpose of Disbursement 2014 Primary General 2015 07  Transaction ID: D158136  Amount of Each Disbursement this Period  Transaction ID: D158136  Date of Disbursement  2014 Primary General 2014 Primary General 2014 Primary General 2014 Primary General 2016 Primary General 2017 Primary General 2018 Primary General 2019 Primary General 2010 Primary General	Mailing Address PO BOX 1738				
SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Doris Matsui  Office Sought:  State: CA District: 06  Full Name (Last, First, Middle Initial)  City HOOD RIVER Purpose of Disbursement 2014 Primary General 2015 Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General 2014 Primary General 2014 Primary General 2015 General 2016 Disbursement this Period  Amount of Each Disbursement this Period	City	State Zin Code			
2014 Primary Contribution Candidate Name Rep. Doris Matsui  Office Sought:				Transaction ID : D15	58588
Candidate Name Rep. Doris Matsui  Office Sought:	•				
Rep. Doris Matsui  Office Sought: House Senate President State: CA District: 06  Full Name (Last, First, Middle Initial)  C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code HOOD RIVER OR 97031  Purpose of Disbursement 2014 Primary Ontribution  Candidate Name Rep. Greg Walden  Office Sought: House Senate President State: OR District: 02  Subtrotal of Disbursements This Page (optional)	·		011	Amount of Each Disbu	ursement this Period
Office Sought:					3000.00
Senate President Other (specify)   Full Name (Last, First, Middle Initial)  C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code OR 97031  Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought: House Senate President State: OR District: 02  SUBTOTAL of Disbursements This Page (optional)	•	ment For: 2014	туре		
State: CA District: 06  Full Name (Last, First, Middle Initial)  C. WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City State Zip Code OR 97031  Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Greg Walden  Office Sought: House Senate President State: OR District: 02  SUBTOTAL of Disbursements This Page (optional)					
Full Name (Last, First, Middle Initial)  WALDEN FOR CONGRESS  Mailing Address PO BOX 1091  City HOOD RIVER Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden Office Sought: State: OR District: 02  Substortal of Disbursements This Page (optional)					
Mailing Address PO BOX 1091  City State Zip Code HOOD RIVER OR 97031  Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought: House Senate President State: OR District: 02  Substoctal of Disbursement This Page (optional)	State: CA District: 06				
Mailing Address PO BOX 1091  City State Zip Code HOOD RIVER OR 97031  Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought: House Senate President President President State: OR District: 02  Subtrotal of Disbursements This Page (optional)					
Mailing Address PO BOX 1091  City State Zip Code HOOD RIVER OR 97031  Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought: House Senate President State: OR District: 02  Subtotal of Disbursements This Page (optional)	C. WALDEN FOR CONGRESS			Date of Disbursement	
City State Zip Code OR 97031  Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Greg Walden  Office Sought: House Senate President President State: OR District: 02  Substortal of Disbursements This Page (optional)	Mailing Address DO DOV 1001				
HOOD RIVER Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought:  Senate President President State: OR District: 02   Substotal of Disbursements This Page (optional)  Transaction iD: D138136  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Transaction iD: D138136  Amount of Each Disbursement this Period  Category/ Type  2500.00	Mailing Address PO BOX 1091			05 07	2014
HOOD RIVER Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Greg Walden  Office Sought:  House Senate President President State: OR District: 02  Subtrotal of Disbursements This Page (optional)	City	State Zip Code		Transaction ID : D16	59126
2014 Primary Contribution  Candidate Name  Rep. Greg Walden  Office Sought: House Senate President State: OR District: 02  Subtotal of Disbursements This Page (optional)		OR 97031		Transaction ib . Dis	00130
Candidate Name Rep. Greg Walden  Office Sought:  Senate President State: OR  Disbursement For: 2014 Senate President State: OR  Disbursement For: 2014 Senate Primary Other (specify)  Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Type  Senate Primary Other (specify)  Type					
Rep. Greg Walden  Office Sought: House Senate President Other (specify) Type  State: OR District: 02  Substruct: O2  Substruct: O2  Substruct: O2  Substruct: O2  Substruct: O2  Substruct: O2  Type  General Other (specify) Type  7500.00	·			Amount of Each Disbu	ursement this Period
Office Sought: House Senate Primary General Other (specify)  State: OR District: 02  SUBTOTAL of Disbursements This Page (optional)					2500.00
State: OR District: 02  SUBTOTAL of Disbursements This Page (optional)	. •	ment For: 2014	71		7
State: OR District: 02  SUBTOTAL of Disbursements This Page (optional)	Senate	Primary General			
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼			
SUBTOTAL OF DISDUISEMENTS THIS Page (Optional)	State: OR District: 02				
SUBTOTAL OF DISDUISEMENTS THIS Page (Optional)	OUDTOTAL of Disk or a second of the second o				7500.00
TOTAL This Paried (last page this line number only)	SUBTUTAL of Disbursements This Page (optional).		·····•		7.000.00
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line number only	)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PA	AGE 194 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24	25 26
		27	28a 28b 28c	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	, ,			
American Society of Anesthesiolo	gists Political Action	Committee		
<u> </u>	gioto i ontiodi / totioi			
Full Name (Last, First, Middle Initial)			Data of Bishamana	
A. BILIRAKIS FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 606			05 07	2014
			ا بنا بنا	
City	State Zip Code		Transaction ID : D15813	37
Tarpon Springs Purpose of Disbursement	FL 34688		Transaction is . 5 too it	
2014 Primary Contribution		011	Amount of Each Disburse	ement this Period
Candidate Name				1 01100
Rep. Gus Bilirakis		Category/ Type		2000.00
Office Sought:   House   Disburse	ment For: 2014			
Senate	Primary General			
President	Other (specify)			
State: FL District: 09				
Full Name (Last, First, Middle Initial)  B. BILIRAKIS FOR CONGRESS			Date of Disbursement	
- BILINANIS I ON CONGNESS				Y
Mailing Address PO Box 606			05 07	2014
City Tarpon Springs	State Zip Code FL 34688		Transaction ID : D15814	40
Purpose of Disbursement	7 2 34000			
2014 General Contribution		011	Amount of Each Disburse	ement this Period
Candidate Name		Category/		500.00
Rep. Gus Bilirakis		Туре	7	300.00
	ment For: 2014			
Senate President	Primary ☐ General Other (specify) ▼			
State: FL District: 09	Other (opcomy)			
Full Name (Last, First, Middle Initial)				
C. HUFFMAN FOR CONGRESS 201	4		Date of Disbursement	
				YYYY
Mailing Address P.O. BOX 151563			05 20	2014
City	State Zip Code			
SAN RAFAEL	CA 94915		Transaction ID : D15840	63
Purpose of Disbursement 2014 General Contribution				
		011	Amount of Each Disburse	ement this Period
Candidate Name  Rep. Jared Huffman		Category/		500.00
	ment For: 2014	Туре		
Senate	Primary Seneral			
President	Other (specify) ▼			
State: CA District: 02	1			
				0222.52
SUBTOTAL of Disbursements This Page (optional).		·····•		3000.00
TOTAL This Davied (last same this Program)	A			
TOTAL This Period (last page this line number only	')			

2	CHEDULE B (FEC Form 3X)			$\overline{}$										
	,	llee een	arate schedule(s)	_			UMBER	:			PAGE	195	OF 20	80
IT	EMIZED DISBURSEMENTS		category of the	(cn	neck o				00		, _	٦.٠٠		00
			Summary Page			1b	22		23	24		25		26
					27	/	28a	2	28b	28	3C	29	3	30b
Ar	ny information copied from such Reports and Stater	nents may	not be sold or use	ed by a	any p	erson	for the	purpo	ose o	fsolic	iting c	contribu	ıtions	
or	for commercial purposes, other than using the nan	ne and add	ress of any politic	al com	mittee	e to s	solicit co	ntribu	tions	from :	such (	commit	tee.	
	NAME OF COMMITTEE (In Full)													
	American Society of Anesthesiolog	ists Pol	itical Action	Com	mitt	ee								
<u>/_</u>	,	•												
	Full Name (Last, First, Middle Initial)													
Α.	<b>HUFFMAN FOR CONGRESS 201</b>	4					Date o	f Disb	ourser	nent				
							M M	/	D	D /	Υ	ΥΥΥ	Υ	
	Mailing Address P.O. BOX 151563						05		20	)		2014		
		State	Zip Code				Trans	sactio	n ID	D158	985			
	SAN RAFAEL	CA	94915				man	Juotio			.500			
	Purpose of Disbursement 2014 Primary Contribution				_	1								
	•			01	11	Ш	Amoun	t of E	ach I	Disbur	seme	nt this	Period	
	Candidate Name			Cate	gory/							50	0.00	Т.
	Rep. Jared Huffman			Ту	ре						,	30	3.00	4
		nent For:	2014											
	Senate X	Primary	General											
	President	Other (spe	ecify) 🔻											
	State: CA District: 02													
	Full Name (Last, First, Middle Initial)													
В.	DENHAM FOR CONGRESS						Date o	f Disb	ourser	nent				
							M = M	/	D	D /	Υ	Y	Υ	
	Mailing Address 2150 RIVER PLAZA DR #150						05		20	)		2014		
	City	State	Zip Code				Trans	sactio	n ID	· D158	8465			
	SACRAMENTO	State CA	Zip Code 95833				Trans	sactio	n ID	: D158	3465			
	SACRAMENTO Purpose of Disbursement			_	_	+								
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution			01	11	]	Trans					nt this	Period	
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution Candidate Name			0°		]								1
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution Candidate Name Rep. Jeff Denham	CA		Cate		]							Period 0.00	]
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought: House Disburser	CA ment For:	95833	Cate	gory/	]								]
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:    House   Disburser   Senate   Disburser   Senate   Disburser   Senate   Disburser   D	ment For:	95833  2014  General	Cate	gory/	]								
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President  Disburser	CA ment For:	95833  2014  General	Cate	gory/	]								
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:    House   Disburser   Senate   Disburser   Senate   Disburser   Senate   Disburser   D	ment For:	95833  2014  General	Cate	gory/	]								
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President  Disburser	ment For:	95833  2014  General	Cate	gory/	]								
<u> </u>	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:    House   Disburser	ment For:	95833  2014  General	Cate	gory/	]		t of E	Each I	Disbur				
c.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought: House Senate President  State: CA District: 10  Full Name (Last, First, Middle Initial)	ment For:	95833  2014  General	Cate	gory/	]	Amoun	t of E	Each I	Disbur	seme		0.00	
<b>C</b> .	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought: House Senate President  State: CA District: 10  Full Name (Last, First, Middle Initial)	ment For:	95833  2014  General	Cate	gory/		Amoun	t of E	Each I	Disbur ment	semel	250	0.00	
<b>c</b> .	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President State: CA District: 10  Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS  Mailing Address PO BOX 775	ment For:	95833  2014  General scify)	Cate	gory/		Amoun	t of E	ourser	Disbur ment	semel	250 Y	0.00	
<b>c</b> .	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President  State: CA District: 10  Full Name (Last, First, Middle Initial)  FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City	nent For: Primary Other (spe	95833  2014 General ecify)   Zip Code	Cate	gory/		Date o	t of E	Durser	Disbur	seme	250 Y	0.00	
с.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President  State: CA District: 10  Full Name (Last, First, Middle Initial)  FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville	nent For: Primary Other (spe	95833  2014  General scify)	Cate	gory/		Date o	f Disb	Durser	Disbur	seme	250 Y	0.00	
<b>C</b> .	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President  State: CA District: 10  Full Name (Last, First, Middle Initial)  FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville Purpose of Disbursement	nent For: Primary Other (spe	95833  2014 General ecify)   Zip Code	Cate	gory/ pe		Date o	f Disb	Durser	Disbur	seme	250 Y	0.00	
c.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought: House Senate President State: CA District: 10  Full Name (Last, First, Middle Initial)  FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville  Purpose of Disbursement 2014 Primary Contribution	nent For: Primary Other (spe	95833  2014 General ecify)   Zip Code	Cate	gory/ pe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y	
c.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought: House Senate President State: CA District: 10  Full Name (Last, First, Middle Initial)  FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville  Purpose of Disbursement 2014 Primary Contribution  Candidate Name	nent For: Primary Other (spe	95833  2014 General ecify)   Zip Code	Cate Tyl	gory/ ppe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y	
C.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President State: CA District: 10  Full Name (Last, First, Middle Initial)  FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Joe Pitts	nent For: Primary Other (spe	95833  2014	Categ Typ	gory/ ppe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y	
c.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:    House   Senate   President	nent For: Primary Other (spe	95833  2014	Cate Tyl	gory/ ppe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y	
C.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  Senate President State: CA District: 10  Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Joe Pitts  Office Sought:  House Senate  Disburser  Senate	nent For: Primary Other (spe	95833  2014	Cate Tyl	gory/ ppe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y	
C.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  Senate President State: CA District: 10  Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Joe Pitts  Office Sought:  House Senate President  Disburser Senate President	nent For: Primary Other (spe	95833  2014	Cate Tyl	gory/ ppe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y	
c.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  Senate President State: CA District: 10  Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Joe Pitts  Office Sought:  House Senate  Disburser  Senate	nent For: Primary Other (spe	95833  2014	Cate Tyl	gory/ ppe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y	
c.	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  Senate President State: CA District: 10  Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Joe Pitts  Office Sought:  House Senate President  Disburser Senate President	nent For: Primary Other (spe	95833  2014	Cate Tyl	gory/ ppe		Date o	f Disb	burser	ment	y :	250 Y Y 2014 nt this	0.00 Y Period 0.00	
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  Senate President State: CA District: 10  Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Joe Pitts  Office Sought:  House Senate President  Disburser Senate President	nent For: Primary Other (spe	2014 General Pocify)  Zip Code 19375  2014 General	Cate Ty	gory/ pe		Date o	f Disb	burser	ment	y :	250 Y Y 2014	0.00 Y Period 0.00	
	SACRAMENTO Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Jeff Denham  Office Sought:  House Senate President  State: CA District: 10  Full Name (Last, First, Middle Initial)  FRIENDS OF JOE PITTS  Mailing Address PO BOX 775  City Unionville  Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Joe Pitts  Office Sought:  House Senate President  State: PA District: 16	nent For: Primary Other (spe	2014 General Pocify)  Zip Code 19375  2014 General	Cate Ty	gory/ pe		Date o	f Disb	burser	ment	y :	250 Y Y 2014 nt this	0.00 Y Period 0.00	]

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 196 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	04 🗆 05 🗆 00
	Detailed Summary Page	21b 27		24 25 26 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or us			
or for commercial purposes, other than using the na	me and address of any politic	cal committee to	solicit contributions from	such committee.
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolog	gists Political Action	Committee		
Full Name (Last, First, Middle Initial)			B	
A. JOE WILSON FOR CONGRESS (	COMMITTEE		Date of Disbursement	
Mailing Address PO BOX 2145			05 20	2014
City	State Zip Code		Transaction ID - D4	50467
WEST COLUMBIA	SC 29171		Transaction ID : D1	00407
Purpose of Disbursement 2014 Primary Contribution			Amount of Each Disb	ursement this Period
Candidate Name		Category/		2500.00
Rep. Joe Wilson Office Sought:  House Disburse	ment For: 2014	Туре		
Senate President	Primary General Other (specify)			
State: SC District: 02				
Full Name (Last, First, Middle Initial)			Date of Dist	
B. ROTHFUS FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 435			05 19	2014
City SEWICKLEY	State Zip Code PA 15143		Transaction ID : D1	58454
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disb	ursement this Period
Candidate Name		Category/		1500.00
Rep. Keith Rothfus		Туре		1500.00
	ment For: 2014 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. YODER FOR CONGRESS			Date of Disbursement	
			M M / D D	/ Y   Y   Y   Y
Mailing Address P.O. Box 26742			05 28	2014
City	State Zip Code			50507
Overland Park	KS 66225		Transaction ID : D1	58597
Purpose of Disbursement 2014 General Contribution				
Candidate Name		011	Amount of Each Disb	ursement this Period
Rep. Kevin Yoder		Category/ Type		2500.00
•	ment For: 2014	1 9 0 0		7
Senate	Primary Seneral			
President	Other (specify) ▼			
State: KS District: 03				
SUBTOTAL of Disbursements This Page (optional).				6500.00
TOTAL This Period (last page this line number only	1			
TOTAL This Period (last page this line number only	J			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 197 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s	)   FOR LINE (check only	NOMBER.
II LIMILLO DIODONOLIVILIANO	for each category of the Detailed Summary Page	`21b´	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30l
Any information copied from such Reports and State	,	, , ,	1 1
or for commercial purposes, other than using the na	ame and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
$ \; angle$ American Society of Anesthesiolo	gists Political Action	Committee	
Full Name (Last, First, Middle Initial)		İ	
A. LYNN JENKINS FOR CONGRES	S		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 1441			05 28 2014
City	State Zip Code		
City Topeka	State Zip Code KS 66601		Transaction ID: D158607
Purpose of Disbursement			
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Lynn Jenkins		Type	1000.00
	ement For: 2014		
Senate President	Primary		
State: KS District: 02	_ Caron (opcomy) \		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF MICHELLE			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 7240 Evans Mill Rd			05 28 2014
City	State Zip Code		
McLean	VA 22101-3422		Transaction ID: D158581
Purpose of Disbursement			
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Michelle Lujan Grisham  Office Sought:   House   Disburs	ement For: 2014	Туре	2000.00
Office Sought: House Dispurs Senate	Primary General		
President	Other (specify)		
State: NM District: 01	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF MICHELLE			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 7240 Evans Mill Rd			05 20 2014
City	State Zip Code		
McLean	VA 22101-3422		Transaction ID: D158459
Purpose of Disbursement 2014 General Contribution			
			Amount of Each Disbursement this Period
Candidate Name Rep. Michelle Lujan Grisham		Category/	1000.00
•	ement For: 2014	Туре	7
Senate Set Senate	Primary General		
President	Other (specify)		
State: NM District: 01			
<u>'</u>		'	
SUBTOTAL of Disbursements This Page (optional)		·····	4500.00
TOTAL This Period (last page this line number onl	y)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 198 OF	208
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	26 30b
Any information copied from such Reports and Staten	nents may not be sold or u			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolog	ists Political Action	Committee		
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF MICHELLE			Date of Disbursement	
Mailing Address 7240 Evans Mill Rd			05 28 2014	
City	State Zip Code		T ID D450500	
McLean	VA 22101-3422		Transaction ID: D158530	
Purpose of Disbursement Void of 11/13 check		011	Amount of Each Disbursement this Perio	od
Candidate Name		Category/	-2500.00	П
Rep. Michelle Lujan Grisham  Office Sought:	nont For: 0044	Туре	-2300.00	_
	nent For: 2014  Primary General  Other (specify) ▼			
State: NM District: 01				
Full Name (Last, First, Middle Initial)			D (D)	
B. MIKE THOMPSON FOR CONGRE	:SS		Date of Disbursement	
Mailing Address 5429 MADISON AVENUE			05 28 2014	
SACRAMENTO	State Zip Code CA 95841		Transaction ID: D158589	
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Perio	od
Candidate Name		Category/		
Rep. Mike Thompson		Type	1000.00	
	nent For: 2014 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. MO BROOKS FOR CONGRESS			Date of Disbursement	
Mailing Address 7610 FOXFIRE DR.			05 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City S	State Zip Code AL 35802		Transaction ID: D158594	
Purpose of Disbursement 2014 Primary Contribution				
Candidate Name		011	Amount of Each Disbursement this Perio	bd
Rep. Mo Brooks		Category/ Type	5000.00	П
•	nent For: 2014 Primary General Other (specify)	Турс		
State: AL District: 05				_
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			3500.00	7

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 199 OF 2
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29
	<u> </u>	27	
Any information copied from such Reports and 3 or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesi	ologists Political Action	Committee	•
Full Name (Last, First, Middle Initial)			
A. PETE SESSIONS FOR CONG	RESS		Date of Disbursement
Mailing Address PO Box 823047			05 20 2014
City	State Zip Code		Towns of the ID D450400
Dallas	TX 75382		Transaction ID : D158466
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Pete Sessions		Type	2500.00
Office Sought: House Dist	pursement For: 2014 Primary General		
President	Other (specify) ▼		
State: TX District: 32			
Full Name (Last, First, Middle Initial)  B. WELCH FOR CONGRESS			Date of Disbursement
B. WELCH FOR CONGRESS			
Mailing Address PO BOX 1682			05 28 2014
City BURLINGTON	State Zip Code VT 05402		Transaction ID : D158600
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Rep. Peter Welch		Category/ Type	1000.00
Office Sought: House Disk	oursement For: 2014		
Senate	Y Primary General		
President	Other (specify)		
State: VT District: 00			
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. RICHARD E NEAL FOR CONC	RESS COMMINITIEE		M M / D D / Y Y Y Y
Mailing Address 76 MAGNOLIA TERRACE			05 07 2014
City	State Zip Code		
SPRINGFIELD	MA 01108		Transaction ID : D158133
Purpose of Disbursement 2014 Primary Contribution			
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Richard E. Neal		Category/	1000.00
•	oursement For: 2014	Туре	
Senate	Primary General		
President	Other (specify)		
State: MA District: 02	·		
SUBTOTAL of Disbursements This Page (option	nal)		4500.00
TOTAL This David Life is a single sin	1. 1		
TOTAL This Period (last page this line number	only)	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 200 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State	monte may not be cald as		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
ig  American Society of Anesthesiolo	gists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. ROBERT HURT FOR CONGRES	S		Date of Disbursement
			M   M / D   D / Y   Y   Y   Y
Mailing Address PO BOX 8			05 09 2014
City	State Zip Code		
CHATHAM	VA 24531		Transaction ID: D158473
Purpose of Disbursement 2014 Primary Contribution		· · · ]	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Robert Hurt		Туре	4000.00
Office Sought: House Disburse Senate	ment For: 2014  Primary General		
President	Other (specify)		
State: VA District: 05	- (-1)/ <b>V</b>		
Full Name (Last, First, Middle Initial)			
B. ROBIN KELLY FOR CONGRESS			Date of Disbursement
Mailing Address DO DOV 2252			M M / D D / Y Y Y Y
Mailing Address PO BOX 6953			05 14 2014
City CHICAGO	State Zip Code IL 60680		Transaction ID: D158472
Purpose of Disbursement	i_ 00080		
2014 General Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Robin Kelly Office Sought:  House Disburse	mont For: 2244	Type	2000.00
Office Sought: House Disburse Senate	ment For: 2014  Primary General		
President	Other (specify)		
State: IL District: 02			
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF FARR			Date of Disbursement
Mailing Address 555 Capitol Mall, Suite 1425			05 28 2014
Maining Address 555 Capitol Mail, Suite 1425			20 2014
City	State Zip Code		Transaction ID : D158599
Sacramento Purpose of Disbursement	CA 95814		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Sam Farr		Type	1000.00
	ment For: 2014		,
Senate	Primary General		
State: CA District: 17	Other (specify)		
State: On Biotriot. 17			
SUBTOTAL of Disbursements This Page (optional).			7000.00
3 (41.1.4.4)			
TOTAL This Period (last page this line number only	′)		

SCHE	DULE B (FEC Form 3X)			FC	R LINE	NUMBER	:	PAG	E 201 (	OF 208
ITEMI	ZED DISBURSEMENTS		parate schedule(s) category of the		eck only	one)				
			Summary Page		21b	22 28a	23 28b	24 28c	25 29	26 30b
Any inte	promotion conicd from such Deposits and Chita	l nonto ma::	not be sold as	and his						
	ormation copied from such Reports and Stater commercial purposes, other than using the nam									
NAM	E OF COMMITTEE (In Full)									
Am	nerican Society of Anesthesiolog	ists Po	litical Action	Com	mittee	<del>)</del>				
	Name (Last, First, Middle Initial)					_				
A. SA	NFORD BISHOP FOR CONGR	ESS				Date o	of Disburser			
Maili	ng Address P. O. BOX 909					05	08		2014	Y
City		State	Zip Code			T		D450420		
	UMBUS	GA	31902			Irans	saction ID :	D138139		
201	ose of Disbursement 4 Primary Contribution			0	11	Amour	nt of Each I	Disburseme	ent this	Period
	lidate Name				gory/				2500	0.00
	o. Sanford D. Bishop Jr.  e Sought:	nent For:	2014	Ту	ре		-	7		
Onice		Primary Other (spe	General							
State	e: GA District: 02									
	Name (Last, First, Middle Initial)					<b>.</b>	( D: 1			
B. SH	ELLEY MOORE CAPITO FOR	SENAI	E				of Disburser			
Maili	ng Address P.O. Box 11519					05	07		2014	Y
	leston	State WV	Zip Code 25339			Tran	saction ID	: D158135		
	ose of Disbursement 4 Primary Contribution			0	11	Amour	nt of Each I	Disburseme	ent this	Period
Cano	lidate Name			Cate	gory/				-	
	p. Shelley Moore Capito				pe pe			7	3000	0.00
Office		nent For:								
	Senate X President	Primary	General							
State		Other (spe	ecny) 🔻							
	Name (Last, First, Middle Initial)									
C. MA	RINO FOR CONGRESS					Date of	of Disburser	nent		
Moili	ng Addross DO DOV 652					05	/ 19		2014	Y
iviailli	ng Address PO BOX 653					05	18		2014	
City		State	Zip Code			Tran	saction ID	D159/55		
	IAMSPORT	PA	17703			iran	รสนเปที่ เป	טוט (455		
	ose of Disbursement 4 Primary Contribution			0.	11					
	lidate Name				11	Amour	nt of Each I	Disburseme	ent this	Period
	p. Tom Marino				gory/ pe				2500	0.00
		nent For:	2014	- ,			-	7		
	Senate	Primary	General							
	President	Other (spe	ecify) 🔻							
State	PA District: 10									
SUBTO	<b>DTAL</b> of Disbursements This Page (optional)				···· <b>•</b>			,	8000	.00
T0=	This Board (lost									
TOTAL	. This Period (last page this line number only)				▶		,	7		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 202	OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29	
Any information popied from such Deposits and Class	monto mov not be cold as			
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolo	gists Political Action	Committee		
Full Name (Last, First, Middle Initial)				
A. TONY CARDENAS FOR CONGR	ESS		Date of Disbursement	
Mailing Address 3700 WILSHIRE BLVD SUITE 10	50-B		05 28 2014	Y
City	State Zip Code		Transaction ID : D158593	
LOS ANGELES	CA 90010		Transaction id . D136333	
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/	20	00.00
Rep. Tony Cardenas  Office Sought: House Disburs	ement For: 2014	Туре		
Senate President	Primary General Other (specify) ▼			
State: CA District: 29				
Full Name (Last, First, Middle Initial)  B. BECERRA FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 71584			05 28 2014	
City Los Angeles	State Zip Code CA 90026		Transaction ID : D158608	
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this	s Period
Candidate Name		Category/	25	00.00
Rep. Xavier Becerra		Туре	23	00.00
	ement For: 2014  Primary General  Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. LOFGREN FOR CONGRESS			Date of Disbursement	
Mailing Address C/O CONTRIBUTION SOLUTION	NS, LLC		05 28 2014	Y
City	State Zip Code		Transaction ID D450500	
SAN JOSE	CA 95112		Transaction ID : D158592	
Purpose of Disbursement 2014 Primary Contribution				
Candidate Name		0.1	Amount of Each Disbursement this	s Period
Rep. Zoe Lofgren		Category/ Type	10	00.00
Office Sought: House Senate President Disburs	ement For: 2014 Primary General Other (specify)	71		
State: CA District: 16				
SUBTOTAL of Disbursements This Page (optional)			550	00.00
TOTAL This Period (last page this line number onl	/)	·····		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 203 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	INOMBEIT.
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26
	_ stance canniary rago	27	28a 28b 28c 29 30
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name	e and address of any politi	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		•	
American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. RYAN COSTELLO FOR CONGRE	SS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 3154			05 19 2014
City	State Zip Code		
West Chester	PA 19381		Transaction ID: D158452
Purpose of Disbursement 2014 Primary Contribution		1	
•		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Ryan Costello  Office Sought:   House   Disbursen	nent For: 2014	Туре	7
	Primary General		
President	Other (specify)		
State: PA District: 06	•		
Full Name (Last, First, Middle Initial)			
B. PAT ROBERTS FOR US SENATE	INC		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 433			05 20 2014
City	State Zip Code		
GREAT BEND	KS 67530		Transaction ID : D158460
Purpose of Disbursement			
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Pat Roberts  Office Sought: House Disbursen	nent For: 2014	Type	
	Primary General		
	Other (specify) ▼		
State: KS District: 00	(-		
Full Name (Last, First, Middle Initial)			
<b>C</b> .			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
. 4.,5000 0. 2.004.00			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Dispursement this Feriod
		Type	
Office Sought: House Disbursen	nent For:		
	Primary General		
	Other (specify) ▼		
State: District:			
			6000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	000.00
TOTAL This Period (last page this line number only)		_	153000.00

SCHEDULE B (FEC Form 3X)		EODII	NE NUMBER: PAGE 204 OF 208
TEMIZED DISBURSEMENTS	Use separate schedule(s)	_	only one)
I LIMICED DIODONOLIVILIANO	for each category of the Detailed Summary Page	I . —	21b 22 23 24 25 26
	Detailed Summary Page	2	27 X 28a 28b 28c 29 30
Any information copied from such Reports and Staten	nents may not be sold or us	ed by any r	person for the purpose of soliciting contributions
or for commercial purposes, other than using the nam	ne and address of any politic	al committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	ists Political Action	Committ	tee
,			
Full Name (Last, First, Middle Initial)			Data of Bishamanan
- Brad N. Brian M.D.			Date of Disbursement
Mailing Address 350 W Pebble Dr			05 28 2014
Maining Address 550 VV I Cobic Di			20 2014
City	State Zip Code		T 11 ID D450570
Washington	UT 84780-8327		Transaction ID: D158578
Purpose of Disbursement Refund of 5/14 contribution		1	1
		010	Amount of Each Disbursement this Period
Candidate Name		Category/	83.34
Office Sought: House Disbursen	nent For: 2014	Туре	
	Primary General		
	Other (specify)		
State: District:	Refund of 5/14 co	ontr	
Full Name (Last, First, Middle Initial)			
- Julie A. Joseph M.D., B.Sc			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 120 Student Pl			05 20 2014
City S Durham	State Zip Code NC 27713		Transaction ID : D158550
Purpose of Disbursement	27713		_
Refund of 5/14 contribution		010	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	20.00
Office Sought: House Disbursen	nent For: 2014		
	Primary General		
	Other (specify) ▼		
State: District:	Refund of 5/1	4	
Full Name (Last, First, Middle Initial)			Date of Diekows
			Date of Disbursement
Mailing Address			M M / D D / Y Y Y
Maining Addition			
City	State Zip Code		
·	<u> </u>		
Purpose of Disbursement		-	1
Ossalista Nassa			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursen	nent For:	Туре	
	Primary General		
	Other (specify)		
State: District:			
· I			
SUBTOTAL of Disbursements This Page (optional)			103.34
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TOTAL This Period (last page this line number only)		1	103.34

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 205 (	OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29	26 30b
Any information copied from such Departs and Ch	atomonto mov not be cold as			
Any information copied from such Reports and Stor for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesio	ogists Political Action C	committee		
Full Name (Last, First, Middle Initial)				
A. Americans for Democratic Action	າ 		Date of Disbursement	Υ
Mailing Address 1629 K Street NW Ste 300			05 20 2014	
City	State Zip Code		Transaction ID : D158549	
Washington Purpose of Disbursement	DC 20006			
2014 Contribution			Amount of Each Disbursement this	Period
Candidate Name		Category/ Type	2000	0.00
Office Sought: House Disbu	rsement For: 2014			
Senate	Primary General			
State: District:	Other (specify) ▼ Non-Federal Contri	hu		
	Non-rederal Contin	bu		
Full Name (Last, First, Middle Initial)  B. Friends of John Zerwas			Date of Disbursement	
5. Friends of John Zerwas			M M / D D / Y Y Y	V
Mailing Address P.O. Box 852			05 28 2014	
City Fulshear	State Zip Code TX 77441		Transaction ID : D158583	
Purpose of Disbursement	1741			
2014 TX State Senate		11	Amount of Each Disbursement this	Period
Candidate Name		Category/	5000	0.00
Dr. John Zerwas M.D.		Туре		5.00
Office Sought: House Disbu	rsement For: 2014 Primary General			
	Other (specify) ▼			
State: District:	2014 Contribution	1		
Full Name (Last, First, Middle Initial)				
C. Hattamer for Executive Council			Date of Disbursement	
			M M / D D / Y Y Y	Υ
Mailing Address P.O. Box 1633			05 28 2014	
City	State Zip Code		Transaction ID : D158587	
Nashua	NH 03060		11a113a6ti011 ID . D13030/	
Purpose of Disbursement NH Executive Council				
Candidate Name			Amount of Each Disbursement this	Period
Canadato Hamo		Category/ Type	5000	0.00
Office Sought: House Disbu	rsement For: 2014	71		
Senate	Primary General			
President	Other (specify)      ▼			
State: District:	2014 Contribution	1		
			12000	0.00
SUBTOTAL of Disbursements This Page (optional	al)	·····	12000	
TOTAL This Period (last page this line number of	nlv)			
I ( pago uno mio nambor o	, ,			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 206 OF 208
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	INOMBER.
I LIVIIZED DISDUNSEIVIEN IS	for each category of the Detailed Summary Page	21b	22 23 24 25 26
	Detailed Suffiffiary Page	27	28a 28b 28c X 29 30l
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)		_	
American Society of Anesthesiolog	ists Political Action (	Committee	
/ Full Name (Last, First, Middle Initial)		1	
A. Tim Robinson for Senate			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 2212 Dalewood Rd			05 28 2014
City	State 7'm O-1-		
,	State Zip Code MD 21093-2703		Transaction ID : D158584
Purpose of Disbursement	21000-2100		
MD State Senate			Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
000		Туре	4000.00
	nent For: 2014		
	Primary General  Other (specify) ▼		
State: District:	other (specify) ▼ 2014 Contribution	on	
Full Name (Last, First, Middle Initial)	SS		
3.			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address			
City	State Zip Code		
Sity	Zip Oude		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursem	nent For:	Туре	7
	nent For:  Primary General		
	Other (specify)		
State: District:	<u> </u>		
Full Name (Last, First, Middle Initial)			
<b>&gt;</b> .			Date of Disbursement
Moiling Address			M   M / D   D / Y   Y   Y   Y
Mailing Address			
City	State Zip Code		
Durnoon of Dishares and			
Purpose of Disbursement		· · ·	Amount of Foot Bid
Candidate Name		Cotamin	Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disbursem	nent For:		
	Primary General		
	Other (specify) ▼		
State: District:			
CURTOTAL of Disharas and Till 5			4000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	7000.00
TOTAL This Period (last page this line number only).			16000.00

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 207 OF 208 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00255752
M / D D / Y Y Y Y Y
of Public Distribution/Dissemination
05 14 2014
nt
90000.00
ction ID: D158305 If Disbursement or Obligation
05 14 2014
: X House District: 13
ent Senate State: PA
For: Primary General
ther (specify)
of Public Distribution/Dissemination
05 / 26 / 2014
nt
110000.00
ction ID : D158497  f Disbursement or Obligation
05 / 14 / 2014
t: X House District:08
ent Senate State: VA
t For: X Primary General
ther (specify) -
200000.00

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Society of Anesthesiologists Political Action Committee	C C00255752
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee D	ate of Public Distribution/Dissemination
Public Response Group	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12413 S Harlem Ave Ste 1SW	mount
City State Zip Code	90000.00
Palos Heights IL 60463-1447 Tra	insaction ID : D158305 ate of Disbursement or Obligation
Purpose of Expenditure Radio Ads/Production and Distribution  Category/ Type  004	05 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: X House District: 13
Dr. Valerie A. Arkoosh Oppose Pro	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For: Primary General
	Other (specify) ▶
Full Name of Payee Public Response Group	ate of Public Distribution/Dissemination
Mailing Address 12413 S Harlem Ave	05 26 2014 mount
Ste 1SW	inount
City State Zip Code	110000.00
D D	ansaction ID : D158497 late of Disbursement or Obligation
Purpose of Expenditure Radio Ads/Production and Distribution  Category/ Type  004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	ought: X House District:08
Mr. Patrick Hope Oppose Pr	esident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	200000.00
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Mr. Thomas Conway  [Electronically Filed] Date 07	17 2014
Signature Date 07	2017

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	208	OF	208
FOR I	LINE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  American Society of Anesthesiologists Political A	Action Committee	FEC IDENTIFICATION NUMBER ▼
7 menean decicty of Amestresiologists i olitical 7	totion committee	C C00255752
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Revolution Media Group		05 22 7 2014
Mailing Address 1020 Princess St		Amount
City State	Zip Code	75000.00
Alexandria VA	22314-2247	Transaction ID : D158478  Date of Disbursement or Obligation
Purpose of Expenditure TV ad Production and Distribution	Category/ Type 004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: X House District: 06
Chad Mathis M.D.	Oppose	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	75000.00	Disbursement For: Primary General 2014
Tor Elocation for Clinica Goodgitt	1 (8)	Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		75000.00
,,		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		275000.00
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Mr. Thomas Conway [Electron	nically Filed] Date	07 17 2014
Signature		