

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text"/>	<input type="text" value="2060382.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1377281.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="185775.26"/>	<input type="text" value="537432.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1563057.22"/>	<input type="text" value="2597814.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="446190.54"/>	<input type="text" value="1480947.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1116866.68"/>	<input type="text" value="1116866.68"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

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

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2087.20	44621.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2087.20	44621.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	153000.00	541800.00
24. Independent Expenditures (use Schedule E)	275000.00	485390.06
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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
29. Other Disbursements	16000.00	406000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	446190.54	1480947.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	446190.54	1480947.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 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

A. Basem B. Abdelmalak M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of General Anesthesiology E-3
 9500 Euclid Ave.
 City Cleveland State OH Zip Code 44195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730795
 Amount of Each Receipt this Period
 41.67

B. John P. Abenstein M.S.E.E.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Anes. Dept. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : C2729448
 Amount of Each Receipt this Period
 83.34

C. Amr E. Abouleish M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Branch Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725977
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.31
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

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

Mailing Address 8717 W 110th St Ste 600

City Overland Park State KS Zip Code 66210-2126

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

Name of Employer Anesthesia Assoc of Kansas City Occupation Pain Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : C2725968

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Jerome M. Adams M.D., M.P.

Mailing Address 10959 Harbor Bay Dr

City Fishers State IN Zip Code 46040

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

Name of Employer Wishard Anesthesia Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : C2730784

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Simon M Adanin D.O.

Mailing Address 2516 Waukegan Rd #353

City Glenview State IL Zip Code 60025

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

Name of Employer Midwest Anesthesia Partners Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 291.69

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C2726059

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.34

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

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

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FOR LINE NUMBER: PAGE 8 OF 208
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Bruce T Adelman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4896 Woodcliff Hill Rd N
 City West Bloomfield State MI Zip Code 48323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Hospital West Bloomfield Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2739096
 Amount of Each Receipt this Period
 41.67

B. Michael O. Adkins M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N Central Ave Ste 1600
 City Phoenix State AZ Zip Code 85004-4633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anesthesia Consultants, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2744321
 Amount of Each Receipt this Period
 500.00

C. Rita Agarwal M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13123 E 16th Ave # B090
 City Aurora State CO Zip Code 80045-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Childrens Hospital Colorado Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : C2732398
 Amount of Each Receipt this Period
 41.67

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

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

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

FOR LINE NUMBER: PAGE 9 OF 208
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Nelson Algarra M.D.

Mailing Address 3901 Rainbow Blvd

City State Zip Code
 Kansas City KS 66160-8500

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

Name of Employer Occupation
 Kansas Univ Med Ctr Anes Dept Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C2726101

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Charles K. Anderson M.D., M.B.

Mailing Address 60975 Billadeau Rd

City State Zip Code
 Bend OR 97702-8715

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

Name of Employer Occupation
 TenetHealth Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C2726790

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
c. Charles K. Anderson M.D., M.B.

Mailing Address 60975 Billadeau Rd

City State Zip Code
 Bend OR 97702-8715

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

Name of Employer Occupation
 TenetHealth Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C2726791

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Shane C. Angus A.A.-C, M.		Date of Receipt MM / DD / YYYY 05 / 11 / 2014
Mailing Address 820 1st N.E. LL-150, Mail 25		Transaction ID : C2730277
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Case Western Reserve University	Occupation Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. James M. Anton M.D.		Date of Receipt MM / DD / YYYY 05 / 27 / 2014
Mailing Address 2302 Paradise Canyon Dr.		Transaction ID : C2742314
City Pearland	State TX	Zip Code 77584-3297
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Baylor College of Medicine - Texas Hea	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) c. Gregory K. Applegate D.O.		Date of Receipt MM / DD / YYYY 05 / 15 / 2014
Mailing Address 5950 N Pointe Dr		Transaction ID : C2731622
City Pepper Pike	State OH	Zip Code 44124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer University Hospitals Case Medical Cent	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

SUBTOTAL of Receipts This Page (optional).....▶	175.01
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

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

Mailing Address 4 Windy Hill Ct

City State Zip Code
 Sunfish Lake MN 55077-1437

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

Name of Employer Occupation
 Fairview Ridges Hospital Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 18 / 2014
Transaction ID : C2738842

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Sanjay K. Arora M.D.

Mailing Address 655 Gaylord St

City State Zip Code
 Denver CO 80206

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

Name of Employer Occupation
 Physician Anesthesia Services Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 12 / 2014
Transaction ID : C2730560

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Lee E. Arthur M.D.

Mailing Address 504 Medical Center Blvd

City State Zip Code
 Conroe TX 77304-2808

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

Name of Employer Occupation
 North Houston Anesthesiologists Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 20 / 2014
Transaction ID : C2740709

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

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

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

A. Michael E. Ashmore M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Reynolds Ln
 City State Zip Code
 Kingston GA 30145-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northside Hospital Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2744016
 Amount of Each Receipt this Period
 250.00

B. Sana Ata M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Rd
 City State Zip Code
 Burlington MA 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lahey Clinic Physician Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730312
 Amount of Each Receipt this Period
 83.34

c. Harvey S. Auerbach M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 Pine Tree Dr.
 City State Zip Code
 Centerville MA 02632-3182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cape Cod Anesthesia Associates, Incorp Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738875
 Amount of Each Receipt this Period
 250.00

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

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

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

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

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

A. Jennifer P. Aunspaugh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CHILDRENS WAY
 City State Zip Code
 LITTLE ROCK AR 72202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Arkansas for Medical Sci Assistant Professor Pediatric Anesthes
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725961
 Amount of Each Receipt this Period
 100.00

B. Moeed S. Azam M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4317 New Broad St.
 City State Zip Code
 Orlando FL 32814-6045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JLR Medical Group Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738901
 Amount of Each Receipt this Period
 500.00

C. William P. Bailey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6008 E. 106th St. South
 City State Zip Code
 Tulsa OK 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AAI physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738883
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Greg Balfanz M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1040 Hortons Creek Rd

City	State	Zip Code
Cary	NC	27519

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

Name of Employer	Occupation
Univ NC Anes Dept	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2014

Transaction ID : C2739161

Amount of Each Receipt this Period

250.00

B. Shawn E. Banks M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 601 NE 36th St Apt 3407

City	State	Zip Code
Miami	FL	33137-3976

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

Name of Employer	Occupation
University of Miami School of Medicine	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2014

Transaction ID : C2744366

Amount of Each Receipt this Period

83.34

C. Jaime L. Baratta M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 111 S 11th St
Suite 8290, Gibbon Building - Anes

City	State	Zip Code
Philadelphia	PA	19107-4824

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

Name of Employer	Occupation
Thomas Jefferson University Hospital	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2014

Transaction ID : C2730796

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	375.01
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

A. Jeremy L. Baron M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Burniston Ct
 City Hillsborough State NJ Zip Code 08844-2334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants of NJ LLC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 18 / 2014
Transaction ID : C2738864
 Amount of Each Receipt this Period 41.67

B. Gustavo Z. Bazan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Elizabeth Ave.
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIOLOGY OF GREENWOOD Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2014
Transaction ID : C2745041
 Amount of Each Receipt this Period 500.00

C. David R. Becker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4327 E. North Lane
 City Phoenix State AZ Zip Code 85028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METRO ANES CONSUL Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2014
Transaction ID : C2744310
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1041.67
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Johnathan L. Beebe M.D.		Date of Receipt MM / DD / YYYY 05 / 22 / 2014
Mailing Address 169 Gilliland Rd.		Transaction ID : C2742031
City West Monroe	State LA	Zip Code 71291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Parish Anesthesia of Monroe LLC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Roderick W. Beer M.D.		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 3966 Holden Dr.		Transaction ID : C2738924
City Ann Arbor	State MI	Zip Code 48103-9415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anesthesia Associates of Ann Arbor	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Timothy N. Beeson M.D.		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 3715 Sapphire Dr.		Transaction ID : C2740630
City Martinez	State GA	Zip Code 30907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BDT anesthesia Ass	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1291.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Amy C. Benedikt M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Patterson Ave.
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tejas Anesthesia Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.35**

Date of Receipt **05 / 08 / 2014**
Transaction ID : C2729449
 Amount of Each Receipt this Period **25.00**

B. Amy C. Benedikt M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Patterson Ave.
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tejas Anesthesia Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.35**

Date of Receipt **05 / 13 / 2014**
Transaction ID : C2730776
 Amount of Each Receipt this Period **41.67**

C. Dean Berkus M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9675 Brighton Way STE 100
 City Beverly Hills State CA Zip Code 90210-5100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Specialty Surgical Center Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 17 / 2014**
Transaction ID : C2738798
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **316.67**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 18 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mordechai Bermann M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Plymouth Ln
 City State Zip Code
 East Brunswick NJ 08816-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rutgers Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730797
 Amount of Each Receipt this Period
 83.34

B. Joseph S. Bernstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 700138
 City State Zip Code
 Oostburg WI 53070-0138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2742840
 Amount of Each Receipt this Period
 83.34

C. Douglas M. Bez D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3597 Otsego Dr.
 City State Zip Code
 Okemos MI 48864-5965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 McLaren Pain Management Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : C2742023
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer university of chicago Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730310
 Amount of Each Receipt this Period
 83.30

B. Aundie Bishop M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Connecticut Ave
 City Spartanburg State SC Zip Code 29302-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothills Anesthesia Associates Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : C2744901
 Amount of Each Receipt this Period
 500.00

C. Timothy M. Bittenbinder M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304
 City Temple State TX Zip Code 76508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas AM College of Medicine Scott an Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730800
 Amount of Each Receipt this Period
 83.34

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

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

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

FOR LINE NUMBER: PAGE 20 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert R. Blocker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5754 Silver Mountain Cv
 City State Zip Code
 Mtn Green UT 84050-6724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mountain West Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730477
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : C2738829
 Amount of Each Receipt this Period
 250.00

C. John C. Bohnert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11021 Point Six Rd
 City State Zip Code
 Missoula MT 59808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MA md
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : C2742738
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Manuel Bonilla
Full Name (Last, First, Middle Initial)

Mailing Address 1405 Dogwood Drive

City Alexandria State VA Zip Code 22302

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

Name of Employer Am. Soc. of Anesthesiologists Occupation Association Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
05 / 21 / 2014
Transaction ID : **C2742000**

Amount of Each Receipt this Period
275.00

B. Andrew J. Boryan M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 347 Stonegate Ct

City Chambersburg State PA Zip Code 17201-4523

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

Name of Employer Chambersburg Hospital Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
05 / 17 / 2014
Transaction ID : **C2738746**

Amount of Each Receipt this Period
41.67

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

Mailing Address 17210 Meadow Tree Cir.

City Dallas State TX Zip Code 75248-6000

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

Name of Employer Pinnacle Anesthesia Occupation Physician Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 12 / 2014
Transaction ID : **C2730640**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 816.67

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

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

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

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

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

A. Peter M. Bozeman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7209 Quackenbush
 City Dexter State MI Zip Code 48130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A4 Anesthesia Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2014
Transaction ID : C2739603
 Amount of Each Receipt this Period 250.00

B. Josue Brainin-Mattos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7891 Mount Ranier Dr
 City Jacksonville State FL Zip Code 32256-2999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Anesthesia Associates Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 02 / 2014
Transaction ID : C2725958
 Amount of Each Receipt this Period 83.34

C. Devin Branstetter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 S Aurora Ave
 City Tacoma State WA Zip Code 98465-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. Army MAMC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2014
Transaction ID : C2726099
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brad N. Brian M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 W Pebble Dr
 City Washington State UT Zip Code 84780-8327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dixie Regional Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **05 / 10 / 2014**
Transaction ID : C2730251
 Amount of Each Receipt this Period **83.34**

B. Daniel R. Briggs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8301 Cottsbrooke Drive
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Anesthesia Associates Occupation physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 08 / 2014**
Transaction ID : C2729492
 Amount of Each Receipt this Period **500.00**

C. Thomas G. Briles M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 26605 W 106th Ter
 City Olathe State KS Zip Code 66061-7412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthesia associates of kansas city Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 01 / 2014**
Transaction ID : C2725954
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1083.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address DC005.00
One Hospital Drive

City Columbia State MO Zip Code 65212-0001

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

Name of Employer University of Missouri Anesthesiology Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
05 / 08 / 2014
Transaction ID : **C2729450**

Amount of Each Receipt this Period
83.34

B. Tanner Brownrigg M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 9604 NE 89th St

City Kansas City State MO Zip Code 64157-8660

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

Name of Employer Ad Vivum Anesthesiology, PC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 30 / 2014
Transaction ID : **C2744909**

Amount of Each Receipt this Period
500.00

C. Thomas Buchheit M.D.
Full Name (Last, First, Middle Initial)

Mailing Address Of Anesthesiology Dept 3094

City Durham State NC Zip Code 27710-0001

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

Name of Employer Duke University Medical Center Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 22 / 2014
Transaction ID : **C2742106**

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. J. Michael Burdine M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2267 Cedardale Ave
 City Baton Rouge State LA Zip Code 70808-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : C2744327
 Amount of Each Receipt this Period **250.00**

B. Frederick W. Burgess M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 569 Fruit Hill Ave
 City North Providence State RI Zip Code 02911-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence VAMC Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.50**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2731094
 Amount of Each Receipt this Period **83.30**

C. Timothy A. Burke M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3655 Border Creek Ct
 City Denver State NC Zip Code 28037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Anesthesiology Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2014**
Transaction ID : C2730327
 Amount of Each Receipt this Period **41.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James T. Byland M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Carmel Ln
 City Brentwood State TN Zip Code 37027-8928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738858
 Amount of Each Receipt this Period
 41.67

B. Brian E. Campbell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 Meadow Brook Ln
 City Birmingham State AL Zip Code 35213-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Resources Mangement Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : C2744356
 Amount of Each Receipt this Period
 41.67

C. Frederick Campbell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Park Forest Dr Ste 210
 City Traverse City State MI Zip Code 49684-7306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Traverse Anesthesia Associates, PC Occupation physician anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730794
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	166.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Daniel Campos III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Schooner Ridge Rd
 City State Zip Code
 Cumb Foreside ME 04110-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spectrum Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725964
 Amount of Each Receipt this Period
 41.67

B. James Carlsen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1958 Common Way Rd
 City State Zip Code
 Orlando FL 32814-6332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JLR Medical Group Anesthesiology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : C2742248
 Amount of Each Receipt this Period
 41.67

C. Debra L. Caroli M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4548 Burke St
 City State Zip Code
 Orlando FL 32814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LCAA anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725652
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	166.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dominic S. Carollo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6511 Louis XIV St
 City State Zip Code
 New Orleans LA 70124-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Clinic Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : C2741581
 Amount of Each Receipt this Period
 41.60

B. Dominic S. Carollo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6511 Louis XIV St
 City State Zip Code
 New Orleans LA 70124-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Clinic Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2744934
 Amount of Each Receipt this Period
 41.67

C. Lee Carter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Regatta Way
 City State Zip Code
 Tuscaloosa AL 35406-2963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 West Alabama Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2740226
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.27
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 339 Consort Dr

City State Zip Code
Ballwin MO 63011-4439

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

Name of Employer Occupation
Western Anesthesiologists Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 24 / 2014
Transaction ID : C2742247

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. Andrei Cernea M.D.

Mailing Address 6708 Kenhill Rd

City State Zip Code
Bethesda MD 20817-6016

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

Name of Employer Occupation
self physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 05 / 2014
Transaction ID : C2726095

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
c. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City State Zip Code
Little Rock AR 72223-8917

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

Name of Employer Occupation
UAMS Dept of Anesthesiology Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.02

Date of Receipt
05 / 04 / 2014
Transaction ID : C2726040

Amount of Each Receipt this Period
41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.94

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

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

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

FOR LINE NUMBER: PAGE 30 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Claire L. Chandler A.A.-C

Mailing Address 1253 Citadel Dr NE

City Atlanta State GA Zip Code 30324-3817

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

Name of Employer Emory Healthcare Occupation Anesthesiologist Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 12 / 2014**

Transaction ID : C2730338

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Vishal A. Chandra D.O.

Mailing Address 8740 Norwood Dr.

City Leawood State KS Zip Code 66206

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

Name of Employer Menorah Medical Center Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 04 / 2014**

Transaction ID : C2726050

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
c. Songsiri Chanvitayapongs M.D.

Mailing Address 2810 N Swan Rd Ste 100
 Old Pueblo Anesthesia, P.C.

City Tucson State AZ Zip Code 85712-6300

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

Name of Employer Old Pueblo Anesthesia, P.C. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 28 / 2014**

Transaction ID : C2744128

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **833.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eric C Chappell D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 10856 S. FM 1187

City Fort Worth State TX Zip Code 76126

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

Name of Employer USAP Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2014

Transaction ID : C2726038

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 14523 38th Ave NE

City Lake Forest Park State WA Zip Code 98155-7807

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

Name of Employer University of Washington Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014

Transaction ID : C2738909

Amount of Each Receipt this Period
 500.00

C. Bayer P. Cheng M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1118 Ross Clark Cir., #700

City Dothan State AL Zip Code 36301

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

Name of Employer Anesthesia Consultants Medical Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : C2740232

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Gerald G. Cherayil M.D., M.B.
Full Name (Last, First, Middle Initial)
Mailing Address 3300 Gallows Rd
Anes Dept
City Falls Church State VA Zip Code 22042-3307
FEC ID number of contributing federal political committee. **C**
Name of Employer Inova Fairfax Hospital Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2014
Transaction ID : **C2738843**
Amount of Each Receipt this Period
250.00

B. Timothy Chia M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 9206 W 145th PI
City Overland Park State KS Zip Code 66221-2261
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Associates of Kansas City Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2014
Transaction ID : **C2735013**
Amount of Each Receipt this Period
1000.00

C. Christina W. Chin M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 100 Town Center Drive
City Warren State NJ Zip Code 07079
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Medical Doctor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2014
Transaction ID : **C2734024**
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Bruce D. Chipkin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Forrest Way
 City State Zip Code
 Poughkeepsie NY 12603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAPA Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2731101
 Amount of Each Receipt this Period
 50.00

B. Robin Church-Hajduk M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4242 Medical Dr Ste 3100
 City State Zip Code
 San Antonio TX 78229-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tejas Anesthesia, PA Pediatric Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : C2744821
 Amount of Each Receipt this Period
 500.00

C. Joe F. Clark M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6549 Tallwood Dr
 City State Zip Code
 Roanoke VA 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anesthesia, P.C. Lewis-Gale Med Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738840
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert G. Cline M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7423 Westwind Rd
 City State Zip Code
 Traverse City MI 49686-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Traverse Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : C2740710
 Amount of Each Receipt this Period
 500.00

B. Norman A. Cohen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 0841 SW Gaines St # 504
 City State Zip Code
 Portland OR 97239-2976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Oregon Health and Science Univ. Anes. Associate Professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : C2726016
 Amount of Each Receipt this Period
 83.30

C. Steven R. Cohen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1819 Denver West Dr Ste 200
 City State Zip Code
 Golden CO 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physician Anesthesia Services Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Margaret A. Conover M.D.

Mailing Address 5413 W 141st Ter

City State Zip Code
 Leawood KS 66224-1172

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

Name of Employer Occupation
 Anesthesia Associates of Kansas City ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2735014

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 48 Fox Hedge Rd

City State Zip Code
 Saddle River NJ 07458-2706

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

Name of Employer Occupation
 North American Partners in Anes Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2731097

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
C. Lebron Cooper M.D.

Mailing Address 444 W. Willis St #514

City State Zip Code
 Detroit MI 48201

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

Name of Employer Occupation
 Henry Ford Hospital Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738867

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 1166.64

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

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

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

FOR LINE NUMBER: PAGE 36 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Stephen C. Cotton M.D.

Mailing Address 3906 Eaton Dr.

City State Zip Code
 Rockford IL 61114-6184

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

Name of Employer Occupation
 Rockford Memorial Hospital staff anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 27 / 2014
Transaction ID : C2742342

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. William M. Cottrell M.D.

Mailing Address 758 Williamsburg Dr.

City State Zip Code
 Concord NC 28025

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

Name of Employer Occupation
 NortheastAnesthesia and Pain Associate Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 27 / 2014
Transaction ID : C2742739

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Mary K. Craddock M.D.

Mailing Address 5514 Western Ave.

City State Zip Code
 Chevy Chase MD 20815

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

Name of Employer Occupation
 SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 14 / 2014
Transaction ID : C2735015

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert M. Craft M.D.

Mailing Address Dept. of Anesthesiology
 1924 Alcoa Highway, Box-U109

City Knoxville State TN Zip Code 37920

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

Name of Employer University Anesthesiologists Occupation Physician - Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 23 / 2014
Transaction ID : C2742153

Amount of Each Receipt this Period
 41.67

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

Mailing Address Department of Anesthesiology
 2401 South 31st Street

City Temple State TX Zip Code 76508

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

Name of Employer Scott and White Healthcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.50

Date of Receipt
 05 / 06 / 2014
Transaction ID : C2726787

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
C. Laszlo Csernak M.D.

Mailing Address 2509 E Cherrywood Pl

City Chandler State AZ Zip Code 85249-3522

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

Name of Employer Anesthesia Resources Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 28 / 2014
Transaction ID : C2744134

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.97

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

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

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FOR LINE NUMBER: PAGE 38 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christopher S. Cuciti M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6911 Van Dorn, Suite # 2
 City Lincoln State NE Zip Code 68506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2014
Transaction ID : C2730415
 Amount of Each Receipt this Period 500.00

B. Candra A. Cummings M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 Maiden Creek Ct
 City Davidsonville State MD Zip Code 21035-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dimensions Health Care Occupation Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 28 / 2014
Transaction ID : C2742835
 Amount of Each Receipt this Period 83.34

C. Luis Cummings Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Ave Tito Castro Ste 501 Medical Tower
 City Ponce State PR Zip Code 00716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ponce Interventional Pain Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2014
Transaction ID : C2726024
 Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Judson P. Cuttino M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Hawkins Ln
 City Savannah State GA Zip Code 31411-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Savannah, P.C Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **580.00**

Date of Receipt **05 / 13 / 2014**
Transaction ID : C2730801
 Amount of Each Receipt this Period **200.00**

B. William J. Daly Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5501 Cherlyn Dr
 City New Orleans State LA Zip Code 70124-1136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 23 / 2014**
Transaction ID : C2744944
 Amount of Each Receipt this Period **250.00**

C. Robert A. Daniel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 Terranova Ct
 City Lexington State KY Zip Code 40513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer bluegrass anesthesia services Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.00**

Date of Receipt **05 / 20 / 2014**
Transaction ID : C2740605
 Amount of Each Receipt this Period **41.60**

SUBTOTAL of Receipts This Page (optional)..... **311.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William Daniels D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8717 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City, Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2734894
 Amount of Each Receipt this Period **1000.00**

B. Victor Davila M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 Kipling Rd
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University, Occupation Assistant Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt **05 / 01 / 2014**
Transaction ID : C2725865
 Amount of Each Receipt this Period **83.34**

c. Arup De M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Forest Rd
 City Delmar State NY Zip Code 12054-3039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center, Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 02 / 2014**
Transaction ID : C2725974
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **1125.01**
TOTAL This Period (last page this line number only).....

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City State Zip Code
 Metairie LA 70002-1559

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

Name of Employer Occupation
 Slidell Memorial Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2014

Transaction ID : C2726030

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Leisa W. De Venny M.D.

Mailing Address 3090 Yorktown Dr.

City State Zip Code
 Tuscaloosa AL 35406-2713

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

Name of Employer Occupation
 ANESTHESIOLOGY AND PAIN MANAGEMENT OF ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : C2744930

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
c. Jeffrey A. Dean Sr., M.D.

Mailing Address 206 Elizabeth Ave

City State Zip Code
 Greenwood SC 29646-3815

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

Name of Employer Occupation
 ANESTHESIOLOGY OF GREENWOOD Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : C2745038

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **666.68**

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

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

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

FOR LINE NUMBER: PAGE 42 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David A. Debenham M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 910369
 City State Zip Code
 St. George UT 84791-0369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mtn. West anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2744936
 Amount of Each Receipt this Period
 41.67

B. C.Phillip deJarnette M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 888 Guinevere Way SW
 City State Zip Code
 Lilburn GA 30047-5449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlanta Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2740237
 Amount of Each Receipt this Period
 250.00

C. Louis DelCampo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2828 N National Ave
 City State Zip Code
 Springfield MO 65803-4306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ozarks Community Hospital Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : C2729947
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.34
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 14857 Holly Leaf Dr

City Frisco State TX Zip Code 75035-7451

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

Name of Employer Center for Spine Care Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
05 / 09 / 2014

Transaction ID : C2729952

Amount of Each Receipt this Period
83.34

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

Mailing Address 74 Clairmont St

City Longmeadow State MA Zip Code 01106-1002

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

Name of Employer Milford Anesthesia Associates, Inc Ane Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt
05 / 01 / 2014

Transaction ID : C2725864

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
C. Robert J. DiBenedetto M.D.

Mailing Address 206 Elizabeth Ave

City Greenwood State SC Zip Code 29646-3815

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

Name of Employer ANESTHESIOLOGY OF GREENWOOD Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
05 / 30 / 2014

Transaction ID : C2745040

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **624.94**

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

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

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

FOR LINE NUMBER: PAGE 44 OF 208
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Gary J. DiLisio M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 324 Gannett Dr Ste 200

City South Portland	State ME	Zip Code 04106-3266
------------------------	-------------	------------------------

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

Name of Employer Spectrum Medical Management	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt: **05 / 02 / 2014**
Transaction ID : C2725976
 Amount of Each Receipt this Period: **83.34**

B. Aristeidie M. Diveris M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 825 N Sheridan Rd

City Lake Forest	State IL	Zip Code 60045-2226
---------------------	-------------	------------------------

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

Name of Employer Forerunner Anesthesia Ltd	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt: **05 / 17 / 2014**
Transaction ID : C2738741
 Amount of Each Receipt this Period: **41.67**

C. Deanna L. Dorsey M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 9 Tamarack Trl

City Bangor	State ME	Zip Code 04401-2172
----------------	-------------	------------------------

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

Name of Employer EMMC, Anes. Dept.	Occupation anesthesiologist
---------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **05 / 22 / 2014**
Transaction ID : C2742087
 Amount of Each Receipt this Period: **250.00**

SUBTOTAL of Receipts This Page (optional)..... **375.01**

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

**SCHEDULE A (FEC Form 3X)
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald D. Downs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Oliver Woods Dr SE
 City State Zip Code
 Grand Rapids MI 49546-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Practice Consultants Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : C2728056
 Amount of Each Receipt this Period
 83.34

B. John J. Doyle M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 N River Dr
 City State Zip Code
 St Augustine FL 32095-8895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Associates of Clay County Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2739097
 Amount of Each Receipt this Period
 41.67

C. Greg R. Dragon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Crestview Dr.
 City State Zip Code
 Ocean View NJ 08230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cape Anesthesia anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738845
 Amount of Each Receipt this Period
 500.00

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

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

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

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

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

Mailing Address 4009 Winston Way

City Birmingham State AL Zip Code 35213

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

Name of Employer UAB Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 19 / 2014
Transaction ID : C2738926

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Kishan Dwarakanath M.D.

Mailing Address 6720 Bertner Ave. MC 1-226

City Houston State TX Zip Code 77030

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

Name of Employer Texas Heart Institute CV Anesthesiolog Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 10 / 2014
Transaction ID : C2730245

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. William F. Eckhardt III, M.D.

Mailing Address 1850 N. Central Ave., Ste. 1600

City Phoenix State AZ Zip Code 85004

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

Name of Employer VALLEY ANES CONSUL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 28 / 2014
Transaction ID : C2744316

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Erik Eckman M.D.		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 4963 Lilac Way N		Transaction ID : C2739629
City Lake Elmo	State MN	Zip Code 55042-8531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Associated Anesthesiologists, P.A.	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Matthew C. Edwards M.D.		Date of Receipt MM / DD / YYYY 05 / 02 / 2014
Mailing Address 14601 Fairway St		Transaction ID : C2725981
City Overland Park	State KS	Zip Code 66224-4614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anesthesia Associates of Kansas City	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark E. Ellis M.D.		Date of Receipt MM / DD / YYYY 05 / 25 / 2014
Mailing Address 1972 Maryland Ave.		Transaction ID : C2742278
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northeast Anesthesia and Pain Speciali	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Theodore J. Ellis Sr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 Bonnema Ct
 City Naperville State IL Zip Code 60565-5243
 Name of Employer Dupage Valley Anesthesiologists Ltd Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 12 / 2014
Transaction ID : C2730320
 Amount of Each Receipt this Period 41.67

B. Kenneth Elmassian D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 Pine Hollow Dr.
 City East Lansing State MI Zip Code 48823
 Name of Employer Ingham Regional Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 01 / 2014
Transaction ID : C2725641
 Amount of Each Receipt this Period 83.34

C. Emil D. Engels M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3127 Windsong Dr
 City Oakton State VA Zip Code 22124-1832
 Name of Employer Inova Fairfax Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 05 / 05 / 2014
Transaction ID : C2726091
 Amount of Each Receipt this Period 41.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael R. England M.D.		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : C2742154
Mailing Address 250 Beacon St # 5		Amount of Each Receipt this Period 41.67
City Boston	State MA	Zip Code 02116-1203
FEC ID number of contributing federal political committee. C		
Name of Employer tufts medical center	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Lawrence Epstein M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : C2730299
Mailing Address 1 Gustave L Levy Pl Dept Ofanesthe Department of Anesthesiology		Amount of Each Receipt this Period 83.30
City New York	State NY	Zip Code 10029-6504
FEC ID number of contributing federal political committee. C		
Name of Employer Mount Sinai School of Medicine	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.86	

Full Name (Last, First, Middle Initial) C. John J. Erkmann D.O.		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : C2734026
Mailing Address 12520 Catalina St		Amount of Each Receipt this Period 500.00
City Leawood	State KS	Zip Code 66209-2649
FEC ID number of contributing federal political committee. C		
Name of Employer Cincinnati Childrens Hospital	Occupation Resident	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	624.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Luis Esparza M.D.		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : C2744945
Mailing Address 2810 N Swan Rd Ste 100		Amount of Each Receipt this Period 85.00
City Tucson	State AZ	Zip Code 85712-6300
FEC ID number of contributing federal political committee. C		
Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Christopher Espinosa M.D.		Date of Receipt MM / DD / YYYY 05 / 09 / 2014 Transaction ID : C2729949
Mailing Address 25 N Winfield Rd		Amount of Each Receipt this Period 50.00
City Winfield	State IL	Zip Code 60190-1222
FEC ID number of contributing federal political committee. C		
Name of Employer West Central Anesthesiology Group, Ltd	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Timothy G. Esser M.D.		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : C2738929
Mailing Address 10487 Deerpath S		Amount of Each Receipt this Period 250.00
City Traverse City	State MI	Zip Code 49685
FEC ID number of contributing federal political committee. C		
Name of Employer Traverse Anesthesia Associates, PC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	385.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joel D. Farmer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2804 E Old Orchard Trl
 City State Zip Code
 Sioux Falls SD 57103-4371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Associates, Inc. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : C2726788
 Amount of Each Receipt this Period
 100.00

B. William Feaster M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Ocean Avenue
 City State Zip Code
 Seal Beach CA 90740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Childrens Hospital Orange County anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730319
 Amount of Each Receipt this Period
 83.34

C. William Feaster M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Ocean Avenue
 City State Zip Code
 Seal Beach CA 90740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Childrens Hospital Orange County anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : C2732397
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Feaster M.D.		Date of Receipt
Mailing Address 507 Ocean Avenue		M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2014
City Seal Beach	State CA	Zip Code 90740
FEC ID number of contributing federal political committee. C		Transaction ID : C2742321
Name of Employer Childrens Hospital Orange County		Amount of Each Receipt this Period
Occupation anesthesiologist		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1249.90

Full Name (Last, First, Middle Initial) B. Melvin A. Ferlita M.D.		Date of Receipt
Mailing Address 320 Jade Ct.		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014
City Madisonville	State LA	Zip Code 70447-3128
FEC ID number of contributing federal political committee. C		Transaction ID : C2731621
Name of Employer APMC LLC		Amount of Each Receipt this Period
Occupation Anesthesiologist		41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate 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		M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2014
City Lake Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		Transaction ID : C2742270
Name of Employer Northwest Suburban Anesthesiologists		Amount of Each Receipt this Period
Occupation Anesthesiologist		41.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		208.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gregory W. Fischer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Gustave L Levy Pl
 P.O. Box 1010
 City New York State NY Zip Code 10029-6504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt **05 / 13 / 2014**
Transaction ID : C2730781
 Amount of Each Receipt this Period **83.34**

B. Stephen A. Fischer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 154 Boynton Ave
 City St Johnsbury State VT Zip Code 05819-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NVRH, St Johnsbury, VT Occupation MD Director, Department of Anesthesia
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.00**

Date of Receipt **05 / 16 / 2014**
Transaction ID : C2736377
 Amount of Each Receipt this Period **41.60**

C. Quentin A. Fisher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6213 Stoneham Road
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medstar-Washington Hospital Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : C2744325
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **374.94**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 54 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Melissa Flanigan D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Fredd St
 City Morgantown State WV Zip Code 26501-2219
 Date of Receipt 05 / 29 / 2014
Transaction ID : C2744358
 Amount of Each Receipt this Period 41.67
 FEC ID number of contributing federal political committee. C
 Name of Employer WVUH Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

B. Roberto C. Flores M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1602 Governors Dr Apt 1922
 City Pensacola State FL Zip Code 32514-9424
 Date of Receipt 05 / 29 / 2014
Transaction ID : C2744365
 Amount of Each Receipt this Period 41.67
 FEC ID number of contributing federal political committee. C
 Name of Employer Panhandle Anesthesiology Associates, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

C. Richard M. Flowerdew M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Hedgerow Dr
 City Falmouth State ME Zip Code 04105-1407
 Date of Receipt 05 / 03 / 2014
Transaction ID : C2726018
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. C
 Name of Employer Spectrum Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

SUBTOTAL of Receipts This Page (optional).....▶ 166.68
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 55 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael R. Flynn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6808 Stone Mill Dr
 City Knoxville State TN Zip Code 37919-7496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 11 / 2014
Transaction ID : C2730273
 Amount of Each Receipt this Period 83.34

B. Walter H. Folger M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 S. Manning Blvd.
 City Albany State NY Zip Code 12203-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2014
Transaction ID : C2729962
 Amount of Each Receipt this Period 500.00

C. Charles J. Fox M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 King Hwy
 LSU Health
 City shreveport State LA Zip Code 71130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSU HSC shreveport Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 24 / 2014
Transaction ID : C2742244
 Amount of Each Receipt this Period 83.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Christopher Frandrup M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2014
Mailing Address 11201 Benton St mailstop: 112A		Transaction ID : C2739093
City Loma Linda	State CA	Zip Code 92357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Department of Defense	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

Full Name (Last, First, Middle Initial) B. Eugene Freid M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2014
Mailing Address 291 Southhall Ln		Transaction ID : C2741583
City Maitland	State FL	Zip Code 32751-7274
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer JLR Medical Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Bradley C. Fry M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2014
Mailing Address 765 Mc Clendon Ct.		Transaction ID : C2738789
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Wayne A. Fuller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1269 E. Giles Rd.
 City Muskegon State MI Zip Code 49445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Anes. of Muskegon Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : C2726786
 Amount of Each Receipt this Period
 83.30

B. Wayne A. Fuller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1269 E. Giles Rd.
 City Muskegon State MI Zip Code 49445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Anes. of Muskegon Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2014
Transaction ID : C2730280
 Amount of Each Receipt this Period
 83.34

C. Jeffery L. Fuqua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12419 Mallard Bay Dr.
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Tennessee Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725975
 Amount of Each Receipt this Period
 100.00

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

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

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

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

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

A. Kevin R. Fuqua M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Elizabeth Ave.
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Of Greenwood Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2014
Transaction ID : C2745046
 Amount of Each Receipt this Period 500.00

B. Barbara A. Furgason M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11520 Summit St
 City Kansas City State MO Zip Code 64114-5576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates Kansas City Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2014
Transaction ID : C2735012
 Amount of Each Receipt this Period 1000.00

C. Bradley J. Gawey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 N.W. 15th St.
 City Oklahoma City State OK Zip Code 73103-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia PC Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2014
Transaction ID : C2730355
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Patrick Giam M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Fountain View, Suite 200
 2411 Fountain View, Suite 200
 City Houston State TX Zip Code 77057-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725959
 Amount of Each Receipt this Period
 83.34

B. James Glenski M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8717 West 110th Street, Suite 600
 City Overland Park State KS Zip Code 66210-2144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Assoc. of Kansas City, P.C. Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : C2726012
 Amount of Each Receipt this Period
 1000.00

C. David F. Gloyna M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 S 31st
 Scott and White, Dept. of Anes.
 City Temple State TX Zip Code 76508-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White, Dept. of Anes. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2731095
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1183.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John E. Gobis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3755 Mary Cliff Ln
 City Brookfield State WI Zip Code 53005-2131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730852
 Amount of Each Receipt this Period
 500.00

B. Jose M. Goldar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1453 SW 156th Way
 City Pembroke Pines State FL Zip Code 33027-2379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheridan Healthcorp Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : C2742316
 Amount of Each Receipt this Period
 41.67

c. Peter Goldzweig D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 942 Wood Hollow Ln
 City Ridgewood State NJ Zip Code 07450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeamHealth Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725646
 Amount of Each Receipt this Period
 41.67

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

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

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

FOR LINE NUMBER: PAGE 61 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jerry M. Gonzales M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Whispering Brook Way
 City State Zip Code
 Media PA 19063-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Anesthesia Services Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738837
 Amount of Each Receipt this Period
 500.00

B. Michael C. Gosney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Chase Dr
 City State Zip Code
 Muscle Shoals AL 35661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Medical Consultants, LLC Anesthesiology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725637
 Amount of Each Receipt this Period
 83.34

C. Andrew J. Greenfield M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 670 Carrotwood Terrace
 City State Zip Code
 Plantation FL 33324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sheridan Healthcare Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725960
 Amount of Each Receipt this Period
 41.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kimberly M. Greenwald M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 18623
 City Raleigh State NC Zip Code 27619-8623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **238.35**

Date of Receipt **05 / 10 / 2014**
Transaction ID : C2730249
 Amount of Each Receipt this Period **41.67**

B. Charles D. Gregorius M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 the Knls
 City Lincoln State NE Zip Code 68512-1929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2014**
Transaction ID : C2730352
 Amount of Each Receipt this Period **500.00**

C. Stefan J. Grenvik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Blountville Hwy Suite 207
 City Bristol State TN Zip Code 37620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation MD Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt **05 / 05 / 2014**
Transaction ID : C2726093
 Amount of Each Receipt this Period **83.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

A. James F. Griffin D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 230
 City Wakefield State RI Zip Code 02880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 08 / 2014**
Transaction ID : C2729559
 Amount of Each Receipt this Period **250.00**

B. Ryan J. Grindstaff M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 3300 W 129th St
 City Leawood State KS Zip Code 66209-1771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anestheisa Associates of Kansas City Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2754359
 Amount of Each Receipt this Period **1000.00**

C. Allen N. Gustin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 653 W Briar Pl Apt 1
 City Chicago State IL Zip Code 60657-8406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Department of An Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2735019
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
TOTAL This Period (last page this line number only).....

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

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

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

Full Name (Last, First, Middle Initial)
A. Ezra A. Hallam M.D.

Mailing Address 883 Augusta Cir

City North Liberty State IA Zip Code 52317-9419

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

Name of Employer Linn County Anesthesiologists Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
05 / 10 / 2014

Transaction ID : C2730256

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Kimberley D. Haluski M.D.

Mailing Address 4565 Mystic Dr. NE

City Atlanta State GA Zip Code 30342-2516

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

Name of Employer Physician Specialists in Anes., P.C. Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt
05 / 23 / 2014

Transaction ID : C2742145

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. Aaron Hammond D.O.

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

City Tucson State AZ Zip Code 85719

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

Name of Employer Southern Arizona Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
05 / 05 / 2014

Transaction ID : C2726102

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ► **208.35**

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

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

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

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

A. H. David Hardman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Galway Dr
 City State Zip Code
 Chapel Hill NC 27517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of North Carolina at Chapel Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : C2726269
 Amount of Each Receipt this Period
 1000.00

B. James A. Harris D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1227 Stone Meadows Ct
 City State Zip Code
 Grovetown GA 30813-5946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US Army Staff Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : C2726058
 Amount of Each Receipt this Period
 50.00

C. Anne T. Hartney-Baucom M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5671 Peachtree Dunwoody Rd Ste 610
 City State Zip Code
 Atlanta GA 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physician Specialists in Anesthesia, P Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738880
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ► 1800.00
TOTAL This Period (last page this line number only)..... ►

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

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

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

Full Name (Last, First, Middle Initial)
A. Alison D. Hartvigson M.D.

Mailing Address 5323 NE 42nd St

City State Zip Code
 Seattle WA 98105-4910

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

Name of Employer Occupation
 Virginia Mason Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : C2742151

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
B. Derek S. Harwell M.D.

Mailing Address 206 Elizabeth Ave
 Anesthesiology of Greenwood

City State Zip Code
 Greenwood SC 29646-3815

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

Name of Employer Occupation
 Anesthesiology of Greenwood Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : C2745037

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. John V. Hasewinkel M.D.

Mailing Address 11615 E. 100 N.

City State Zip Code
 Sheridan IN 46069

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

Name of Employer Occupation
 Wishard Anesthesia Group, LLC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : C2740228

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1041.67

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 67 OF 208
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Steven Hattamer M.D.

Mailing Address 8 Prospect St
 Nashua Anesthesia Partners

City Nashua State NH Zip Code 03060-3925

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

Name of Employer Nashua Anesthesia Partners Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.50

Date of Receipt
 05 / 02 / 2014
Transaction ID : C2725978

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Robert E. Heflin M.D.

Mailing Address 6 Fairview Hts

City Parkersburg State WV Zip Code 26101-2918

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

Name of Employer United Anesthesia Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 20 / 2014
Transaction ID : C2740772

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 14 / 2014
Transaction ID : C2731104

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.64

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 68 OF 208
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. David L. Hepner M.D.

Mailing Address Department of Anesthesiology
 75 Francis St L1

City Boston State MA Zip Code 02115-6110

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

Name of Employer Brigham and Womens Hosp - Harvard Med Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 25 / 2014**

Transaction ID : C2742271

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Andrew Herlich M.D.

Mailing Address 116 Haverford Cir

City Pittsburgh State PA Zip Code 15228-2380

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

Name of Employer University of Pittsburgh School of Med Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 12 / 2014**

Transaction ID : C2730307

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
c. Steven L. Herling D.O.

Mailing Address 31 School Lane

City Lloyd Harbor State NY Zip Code 11743

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

Name of Employer North American Partners in Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 20 / 2014**

Transaction ID : C2740606

Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**

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

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

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FOR LINE NUMBER: PAGE 69 OF 208
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Linda B. Hertzberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6622 N. Forkner Ave.
 City State Zip Code
 Fresno CA 93711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Linda B Hertzberg MD Inc. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725647
 Amount of Each Receipt this Period
 83.34

B. Gregory Hickman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Gulf Breeze Parkway
 Suite 100
 City State Zip Code
 Gulf Breeze FL 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Paradigm Anesthesia, PA Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725592
 Amount of Each Receipt this Period
 250.00

C. Travis S. Hiles M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 E Catalpa St
 City State Zip Code
 Springfield MO 65804-0201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ozark Anesthesia Assoc. anesthesia
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738835
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Albert F Ho M.D.		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : C2740229
Mailing Address 2033 Brandon Cir		Amount of Each Receipt this Period 1000.00
City Charlotte	State NC	Zip Code 28211-1650
FEC ID number of contributing federal political committee. C	Name of Employer Northeast Anesthesia	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Maggie M. Ho D.O.		Date of Receipt MM / DD / YYYY 05 / 01 / 2014 Transaction ID : C2725870
Mailing Address 9 Carleys Way		Amount of Each Receipt this Period 41.67
City Rockaway	State NJ	Zip Code 07866-4530
FEC ID number of contributing federal political committee. C	Name of Employer Morris Anest. Group St. Clares Hosp.	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Douglas A. Hof M.D.		Date of Receipt MM / DD / YYYY 05 / 13 / 2014 Transaction ID : C2730791
Mailing Address 1755 Kirby Pkwy Ste 330		Amount of Each Receipt this Period 83.34
City Memphis	State TN	Zip Code 38120-4398
FEC ID number of contributing federal political committee. C	Name of Employer Medical anesthesia group	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	1125.01
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 1993 Irish Bank Dr.

City State Zip Code
 Virginia Beach VA 23454-1136

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

Name of Employer Occupation
 Atlantic Anesthesia Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2014
Transaction ID : C2742257

Amount of Each Receipt this Period
 500.00

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

Mailing Address P.O. Box 162026

City State Zip Code
 Altamonte Springs FL 32716-2026

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

Name of Employer Occupation
 JLR Medical Group Anesthesiologists

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : C2726798

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City State Zip Code
 Fairhope AL 36533-1025

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

Name of Employer Occupation
 Eastern Shore Anesthesia anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2014
Transaction ID : C2726033

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **666.68**

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

**SCHEDULE A (FEC Form 3X)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William F. Hubbard Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Elizabeth Ave.
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIOLOGY OF GREENWOOD Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2745042
 Amount of Each Receipt this Period
 500.00

B. Hayden R. Hughes M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1941 21st Ave S
 City Birmingham State AL Zip Code 35209-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama Medical Center D Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : C2741586
 Amount of Each Receipt this Period
 83.30

c. Jonathan R. Hughes M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Blountville Hwy Ste 207
 Bristol Anesthesia Services
 City Bristol State TN Zip Code 37620-1671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : C2738750
 Amount of Each Receipt this Period
 83.34

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

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

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

FOR LINE NUMBER: PAGE 73 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. James B. Hulin D.O.

Mailing Address 4401 Balmoral Ct

City Norman State OK Zip Code 73072-3163

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

Name of Employer University of Oklahoma Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 04 / 2014
Transaction ID : C2726045

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. James M. Hunter Jr., M.D.

Mailing Address Anesthesiology Department
 619 S. 19th Street JT926C

City Birmingham State AL Zip Code 35249

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

Name of Employer University of Alabama at Birmingham Occupation Anesthesiologist and Intensivist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 12 / 2014
Transaction ID : C2730314

Amount of Each Receipt this Period
 50.00

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

Mailing Address Department of Anesthesiology
 231 Albert Sabin Way

City Cincinnati State OH Zip Code 45267-0531

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

Name of Employer University of Cincinnati Medical Center Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 17 / 2014
Transaction ID : C2738737

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 591.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Robert W. Hurley M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 100254
 - Hurley
 City Gainesville State FL Zip Code 32610-0254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Medical Center A Occupation Pain Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738868
 Amount of Each Receipt this Period
 41.67

B. Jaemy M. Hwang M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Breakwater
 City Fishers State IN Zip Code 46037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Anesthesiologists, PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : C2727483
 Amount of Each Receipt this Period
 41.67

C. Robert Impastato M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Barrett Hill Rd.
 City Hopewell Junction State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vassar Brothers Hospital Anes. Dept. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : C2744359
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 OF 208 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael T Ingoglia M.D.	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2014 Transaction ID : C2742265		
Mailing Address 1014 Sterling Ridge Dr	Amount of Each Receipt this Period 83.34		
<table style="width: 100%;"> <tr> <td>City Rensselaer</td> <td>State NY</td> <td>Zip Code 12144-8460</td> </tr> </table>		City Rensselaer	State NY
City Rensselaer	State NY	Zip Code 12144-8460	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 416.70		
Name of Employer Albany Medical Center		Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Venesa J. Ingold M.D.	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 21 / 2014 Transaction ID : C2741596		
Mailing Address 3901 Rainbow Blvd Mail Stop 1034	Amount of Each Receipt this Period 41.67		
<table style="width: 100%;"> <tr> <td>City Kansas City</td> <td>State KS</td> <td>Zip Code 66103-2937</td> </tr> </table>		City Kansas City	State KS
City Kansas City	State KS	Zip Code 66103-2937	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 291.67		
Name of Employer Kansas University Medical Center		Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mark T. Isaac D.O.	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014 Transaction ID : C2729950		
Mailing Address 1459 Lexington Ontario Rd	Amount of Each Receipt this Period 83.34		
<table style="width: 100%;"> <tr> <td>City Mansfield</td> <td>State OH</td> <td>Zip Code 44903-8631</td> </tr> </table>		City Mansfield	State OH
City Mansfield	State OH	Zip Code 44903-8631	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 416.70		
Name of Employer Anesthesia Associates of Mansfield		Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)..... ▶	208.35
TOTAL This Period (last page this line number only)..... ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 76 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mitchell L. Jablons M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Timberline Way
 City Watchung State NJ Zip Code 07069-6428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : C2742280
 Amount of Each Receipt this Period
 250.00

B. Jeffrey S. Jacobs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11041 Pine Lodge Trail
 City Davie State FL Zip Code 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Florida Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : C2726092
 Amount of Each Receipt this Period
 83.30

C. Muhammad Jaffar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 W Markham St Lot 515
 Dept of Anes
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas Medical Science Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : C2742157
 Amount of Each Receipt this Period
 83.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Aliraza G. Jaffer M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : C2730325
Mailing Address 5070 Brookdale Road		Amount of Each Receipt this Period 83.34
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C		
Name of Employer William Beaumont Hospital	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. Daniel J. Janik M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : C2730332
Mailing Address 15605 E Prentice Dr		Amount of Each Receipt this Period 83.34
City Centennial	State CO	Zip Code 80015-4264
FEC ID number of contributing federal political committee. C		
Name of Employer University of Colorado Denver	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.90	

Full Name (Last, First, Middle Initial) C. Norah R. Janosy M.D.		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 Transaction ID : C2742836
Mailing Address 13123 E 16th Ave # B090		Amount of Each Receipt this Period 41.67
City Aurora	State CO	Zip Code 80045-7106
FEC ID number of contributing federal political committee. C		
Name of Employer Childrens Colorado	Occupation Pediatric Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

SUBTOTAL of Receipts This Page (optional).....▶	208.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Curby D. Jenkins D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Cabrillo Ln
 City San Luis Obispo State CA Zip Code 93401-7910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725868
 Amount of Each Receipt this Period
 41.67

B. William M. Jenkins J.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3938 Blackstone Court
 City Hayward State CA Zip Code 94542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer william jenkins Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : C2742294
 Amount of Each Receipt this Period
 250.00

C. Cynthia L. Jenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Main St
 City Waterville State ME Zip Code 04901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Lewiston Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : C2726056
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	375.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 79 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. J. F. Jimenez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Seven Iron Ct.
 City State Zip Code
 Ponte Vedra Beach FL 32082-3134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jacksonville Anesthesia Corporation Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : C2731625
 Amount of Each Receipt this Period
 41.67

B. Rebecca L. Johnson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Mayo Clinic Charlton # 1
 200 First St. SW
 City State Zip Code
 Rochester MN 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Methodist North Anes. Dept. physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : C2738788
 Amount of Each Receipt this Period
 250.00

C. Tara C. Johnson-Williams M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 109-G Gainsborough Sq # 182
 City State Zip Code
 Chesapeake VA 23320-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlantic Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2744337
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 80 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Brian P. Jones M.D.

Mailing Address Department of Anesthesia
 3333 Riverbend Dr

City Springfield State OR Zip Code 97477-8800

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

Name of Employer Sacred Heart Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 10 / 2014
Transaction ID : C2730259

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. James W. Jones M.D.

Mailing Address 367 Bluff Ridge Cv

City Cordova State TN Zip Code 38018-7618

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

Name of Employer Medical Anesthesia Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 13 / 2014
Transaction ID : C2730792

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
c. Zachary S. Jones M.D.

Mailing Address 320 Jackson Hill St Apt 105

City Houston State TX Zip Code 77007-7444

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

Name of Employer UT Houston Anesthesia Occupation Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 17 / 2014
Transaction ID : C2738747

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Raymond S. Joseph M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Terry Ave Unit 908
 City Seattle State WA Zip Code 98101-1982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2744937
 Amount of Each Receipt this Period
 41.67

B. Jacob Kaczmarek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7265 SW 89th St Apt A-414
 City Miami State FL Zip Code 33156-7788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Hospital of Miami Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : C2742298
 Amount of Each Receipt this Period
 250.00

C. Scott T. Kane M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4242 Medical Dr Ste 3100
 City San Antonio State TX Zip Code 78229-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tejas Anesthesia, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : C2731626
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	391.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 82 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christopher J. Karsanac M.D., B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 945 Davidson Dr
 City Nashville State TN Zip Code 37205-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 26 / 2014
Transaction ID : C2742290
 Amount of Each Receipt this Period 50.00

B. Tyler L Keate M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1236 E Elizabeth St Ste 1
 City Fort Collins State CO Zip Code 80524-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Colorado Anesthesia Professio Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2014
Transaction ID : C2738913
 Amount of Each Receipt this Period 250.00

C. Jessica Kenaston M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Alden Rd
 City Poughkeepsie State NY Zip Code 12603-4002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 18 / 2014
Transaction ID : C2738865
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Scott Kercheville M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Mail Code 7838
 7703 Floyd Curl Drive
 City San Antonio State TX Zip Code 78229-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : C2726003
 Amount of Each Receipt this Period
 83.34

B. James K. Kerr III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Herschel St
 City Jacksonville State FL Zip Code 32204-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Florida anesthesia Consultants, Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2742828
 Amount of Each Receipt this Period
 83.34

C. Matthew Kidwell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 Ground Plum Circle
 City Solon State IA Zip Code 52333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Linn County Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2744939
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Harold Kim M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 South Service Road
 Suite 350
 City Melville State NY Zip Code 11747
 Name of Employer North American Partners in Anesthesia
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 03 / 2014
Transaction ID : C2726017
 Amount of Each Receipt this Period 83.34

B. Jeffrey G. King M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2763 Meeting Pl
 City Orlando State FL Zip Code 32814-6136
 Name of Employer JLR Medical Group
 Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 05 / 25 / 2014
Transaction ID : C2742261
 Amount of Each Receipt this Period 41.60

C. Kevin P. Kinkead M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 McConnell Dr.
 City Williamsport State PA Zip Code 17701-9300
 Name of Employer AAW
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 22 / 2014
Transaction ID : C2742022
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.28
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 85 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert A. Klein M.D.

Mailing Address 220 W San Juan Ave

City State Zip Code
 Phoenix AZ 85013-1832

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

Name of Employer Occupation
 Metro Anes. Consultants ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

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)
B. Michael A. Kline M.D.

Mailing Address P.O. Box 434

City State Zip Code
 Clarks Summit PA 18411-0434

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

Name of Employer Occupation
 NAPA Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 18 / 2014
Transaction ID : C2738869

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
c. Stephania G. Knight M.D.

Mailing Address 4016 W 90th St

City State Zip Code
 Sioux Falls SD 57108-6207

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

Name of Employer Occupation
 Anesthesia Physicians, LTD Physician

Receipt For:
 Primary General
 Other (specify) ▼

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)..... ▶ 375.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Peter A Knoester M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 W. 12th St.
 City Holland State MI Zip Code 49423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Macatawa Anesthesia, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 03 / 2014
Transaction ID : C2726005
 Amount of Each Receipt this Period 41.67

B. Robert F. Koebert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 541 E Erie St Unit 404
 City Milwaukee State WI Zip Code 53202-6237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 12 / 2014
Transaction ID : C2730336
 Amount of Each Receipt this Period 83.34

C. Courtney C. Koshar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 E Northern Ave Ste 102 Metro Anes. Consultants
 City Phoenix State AZ Zip Code 85020-3921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2014
Transaction ID : C2744312
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.01
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 87 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph Koveleskie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5500 Prytania St # 435
 City New Orleans State LA Zip Code 70115-4237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt 05 / 13 / 2014
Transaction ID : C2730787
 Amount of Each Receipt this Period 83.30

B. David M. Krhovsky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 Shawnee Dr SE
 City Grand Rapids State MI Zip Code 49506-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt 05 / 01 / 2014
Transaction ID : C2725863
 Amount of Each Receipt this Period 83.30

C. Matthew E. Kuestner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1113 Rostrevor Cir
 City Louisville State KY Zip Code 40205-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Anaesthesia Associates, PSC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 30 / 2014
Transaction ID : C2744928
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.27
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 88 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2732 Muir Woods Dr., SE

City State Zip Code
 Hampton Cove AL 35763

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : C2731616

Amount of Each Receipt this Period
175.00

Full Name (Last, First, Middle Initial)
B. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City State Zip Code
 Norton Shores MI 49441-4642

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

Name of Employer Occupation
 Lakeshore Anesthesia Services physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2725655

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
c. Christopher J. Lace M.D.

Mailing Address 12401 E 17th Ave Ste B113
 University of Colorado

City State Zip Code
 Aurora CO 80045-2548

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

Name of Employer Occupation
 University of Colorado Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2014

Transaction ID : C2726034

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.01**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher T Lancaster M.D.			Date of Receipt
Mailing Address 291 Southhall Ln			<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C2744927
Maitland	FL	32751-7274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.67"/>
Name of Employer	Occupation		
JLR Medical Group	Pediatric Anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.35"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steven N. Landau M.D.			Date of Receipt
Mailing Address 2443 Dundee Dr			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C2744355
Ann Arbor	MI	48103-6022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.67"/>
Name of Employer	Occupation		
Anesthesia Associates of Ann Arbor	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.35"/>		
<input type="checkbox"/> 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			<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C2729973
Columbia	MO	65279-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
University of Missouri	Anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1083.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Eric L. Larson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2215 Cascade Lakes Cir SE

City Grand Rapids State MI Zip Code 49546

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

Name of Employer Anesthesia Practice Consultants Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2014
Transaction ID : C2726009

Amount of Each Receipt this Period 50.00

B. Nathan Lasiter M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 18904 Shilstone Way

City Edmond State OK Zip Code 73003

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

Name of Employer Northwest Anesthesia Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 30 / 2014
Transaction ID : C2744933

Amount of Each Receipt this Period 41.67

C. Gary W. Latson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 14954 Sunshine Rd

City Holland State TX Zip Code 76534-5048

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

Name of Employer Baylor Scott and White Hospital Occupation Physician Anesthesiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 13 / 2014
Transaction ID : C2730798

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Thomas P. Laughlin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1030 Burning Tree Dr.
 City Kansas City State MO Zip Code 64145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2734734
 Amount of Each Receipt this Period **500.00**

B. Greg A. Lawrence M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3390 N. Campbell Ave., Suite 110
 City Tucson State AZ Zip Code 85733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 17 / 2014**
Transaction ID : C2738740
 Amount of Each Receipt this Period **41.67**

C. John P. Lawrence M.D., M.Ed
 Full Name (Last, First, Middle Initial)
 Mailing Address 7100 Hollyleaf Dr.
 City Burlington State KY Zip Code 41005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Cincinnati College of Me Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2731099
 Amount of Each Receipt this Period **41.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gary-Anthony Lawson-Boucher M.D.		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : C2727485
Mailing Address 5238 Mason Corbin Ct #101		Amount of Each Receipt this Period 100.00
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. C	Name of Employer Moonlight Anesthesia	Occupation Anaesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Carlos-Nicholas L. Lee M.D.		Date of Receipt MM / DD / YYYY 05 / 04 / 2014 Transaction ID : C2716077
Mailing Address 9529 Hopeland Drive		Amount of Each Receipt this Period 83.30
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C	Name of Employer Capitol Anesthesiology Association	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.50	

Full Name (Last, First, Middle Initial) C. Jay B. Lee M.D.		Date of Receipt MM / DD / YYYY 05 / 04 / 2014 Transaction ID : C2726044
Mailing Address 20 Oakwood Circle		Amount of Each Receipt this Period 83.34
City Roslyn	State NY	Zip Code 11030-3816
FEC ID number of contributing federal political committee. C	Name of Employer NAPA	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

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

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

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

FOR LINE NUMBER: PAGE 93 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City State Zip Code
 Winter Garden FL 34787-6229

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

Name of Employer Occupation
 JLR Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C2726874

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
B. Kerry T. Lee M.D.

Mailing Address 206 Elizabeth Ave.

City State Zip Code
 Greenwood SC 29646

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

Name of Employer Occupation
 Anesthesiology Of Greenwood Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : C2745045

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City State Zip Code
 Roanoke VA 24018

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

Name of Employer Occupation
 Anesthesiology Consultants of Virginia Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : C2725973

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

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

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

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

FOR LINE NUMBER: PAGE 94 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Maxine M. Lee M.D.
 Mailing Address 5432 Woodchuck Ln.
 City State Zip Code
 Roanoke VA 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Consultants of Virginia Anesthesiology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2742839
 Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Jason A. Lemons M.D.
 Mailing Address 4650 Grandview Pkwy
 City State Zip Code
 Flowery Branch GA 30542-3590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Associates of Gainesville Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : C2738793
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Brenda S. Lewis D.O.
 Mailing Address 646 Charles Pl.
 City State Zip Code
 Highland Heights OH 44143-0100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725957
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 95 OF 208

(check only one)

Grid for line numbers 11a-17 with checkboxes. 11a is checked.

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Lewis M.D.

Mailing Address 655 W 8th St

Professor Chair Anesthesiology

City Jacksonville State FL Zip Code 32209-6511

FEC ID number of contributing federal political committee. C

Name of Employer Occupation University of Florida College of Medic Anesthesiologist

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.70

Date of Receipt

Date of Receipt: 05 / 01 / 2014

Transaction ID : C2725644

Amount of Each Receipt this Period

Amount of Each Receipt this Period: 83.34

Full Name (Last, First, Middle Initial)

B. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

City New York State NY Zip Code 10163-4668

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Yale University Department of Anesthes Physician

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.35

Date of Receipt

Date of Receipt: 05 / 01 / 2014

Transaction ID : C2725653

Amount of Each Receipt this Period

Amount of Each Receipt this Period: 41.67

Full Name (Last, First, Middle Initial)

C. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

City New York State NY Zip Code 10163-4668

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Yale University Department of Anesthes Physician

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.35

Date of Receipt

Date of Receipt: 05 / 05 / 2014

Transaction ID : C2726090

Amount of Each Receipt this Period

Amount of Each Receipt this Period: 41.60

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

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

SUBTOTAL: 166.61

TOTAL: 166.61

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

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

FOR LINE NUMBER: PAGE 96 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City State Zip Code
 Little Rock AR 72205-7101

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

Name of Employer Occupation
 UAMS anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 12 / 2014
Transaction ID : C2730323

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. John E. Lindsey Jr., M.D.

Mailing Address 2502 S 186th Cir

City State Zip Code
 Omaha NE 68130

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

Name of Employer Occupation
 Orthopaedic Anesthesia Specialists Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 28 / 2014
Transaction ID : C2742838

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Asa C. Lockhart M.D.

Mailing Address 2106 Kennebunk Ln.

City State Zip Code
 Tyler TX 75703

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

Name of Employer Occupation
 ETAA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.50

Date of Receipt
 05 / 04 / 2014
Transaction ID : C2726042

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jason Lok M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5496 East Taft Road

City North Syracuse State NY Zip Code 13212

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

Name of Employer New York Spine And Wellness Center Occupation Anesthesiology And Pain Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt **05 / 02 / 2014**

Transaction ID : C2725956

Amount of Each Receipt this Period **41.67**

B. Robert A. London M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Wellington Ter

City Maitland State FL Zip Code 32751-3448

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

Name of Employer JLR Medical Group, a division of USAP Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 18 / 2014**

Transaction ID : C2738831

Amount of Each Receipt this Period **500.00**

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

Mailing Address 2810 N Swan Rd Ste 100

City Tucson State AZ Zip Code 85712-6300

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

Name of Employer Old Pueblo Anesthesia Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 28 / 2014**

Transaction ID : C2744323

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **791.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Deborah A. Lowery M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6258 Memorial Dr
 City State Zip Code
 Dublin OH 43017-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Ohio State Univ Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014
Transaction ID : C2730341
 Amount of Each Receipt this Period
83.34

B. Philip J. Lubrano M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11502 E Rocky Creek Rd
 City State Zip Code
 Crowley TX 76036-2072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baylor Surgery Care Center at Oakmont Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014
Transaction ID : C2744340
 Amount of Each Receipt this Period
500.00

C. Mikel A. Ludwikosky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3409 Ironhorse Court
 City State Zip Code
 Shawnee Mission KS 66224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Associates of Kansas City Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014
Transaction ID : C2735011
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joshua L. Lumbley M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014
Mailing Address 410 W 10th Ave N411 Doan Hall		Transaction ID : C2730305
City Columbus	State OH	Zip Code 43210-1240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer The Ohio State University Medical Cent	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Claudio Lumermann M.D.		Date of Receipt MM / DD / YYYY 05 / 07 / 2014
Mailing Address Dept. of Anesthesia 270-75 76 Ave,		Transaction ID : C2727486
City New Hyde Park	State NY	Zip Code 11040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Long Island Jewish Med. Ctr.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

Full Name (Last, First, Middle Initial) C. Robert I. Macfarlane M.D.		Date of Receipt MM / DD / YYYY 05 / 05 / 2014
Mailing Address 350 Blountville Highway Suite 207		Transaction ID : C2726094
City Bristol	State TN	Zip Code 37620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Bristol Anesthesia Services	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	208.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Asif M. Malik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2758 Charnwood Dr
 City Troy State MI Zip Code 48098-2184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford West Bloomfield Hospital An Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt **05 / 12 / 2014**
Transaction ID : C2730316
 Amount of Each Receipt this Period **83.34**

B. Mark Mandabach M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845
 City Birmingham State AL Zip Code 35249-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Department of Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt **05 / 01 / 2014**
Transaction ID : C2725650
 Amount of Each Receipt this Period **83.34**

C. Michael J. Marcovitz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4483 Ford Rd.
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Ann Arbor, P. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 24 / 2014**
Transaction ID : C2742249
 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).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gregory Marino M.D.

Mailing Address 2626 E 66th St

City State Zip Code
Tulsa OK 74136-1248

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

Name of Employer Occupation
Blue cross oklahoma Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 10 / 2014
Transaction ID : C2730243

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Medical Anesthesia and Pain Management Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
05 / 12 / 2014
Transaction ID : C2730333

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Archer Martin M.D.

Mailing Address 7651 Gate Pkwy Apt 2301

City State Zip Code
Jacksonville FL 32256-4822

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

Name of Employer Occupation
Mayo Clinic Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 28 / 2014
Transaction ID : C2742837

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Leo A. Martin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Leo A. Martin, MD PC
 4205 East San Miguel Avenue
 City Phoenix State AZ Zip Code 85018-1141
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2744311
 Amount of Each Receipt this Period
 1000.00

B. Cori E. Mason M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8717 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-2126
 Name of Employer ANES ASSOC KANSAS CITY Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2734025
 Amount of Each Receipt this Period
 250.00

C. Donald M. Mathews M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 S Willard St
 City Burlington State VT Zip Code 05401-3908
 Name of Employer University of Vermont Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738854
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	1333.34
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 103 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Maria E. Matuszczak M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6431 Fannin St Msb 5.020
 City State Zip Code
 Houston TX 77030-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Texas Medical School Pediatric Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : C2729936
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725866
 Amount of Each Receipt this Period
 41.60

C. Patrick O. McConville M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 1924 Alcoa Hwy # U109
 City State Zip Code
 Knoxville TN 37920-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Tennessee Med Ctr Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2738928
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.60
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 104 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert D. McKay M.D.

Mailing Address 350 Blountville Hwy Ste 207

City Bristol State TN Zip Code 37620-1671

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

Name of Employer Bristol Anesthesia Services Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
05 / 13 / 2014

Transaction ID : C2730788

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Kevin J. McKeown M.D.

Mailing Address 6839 South Canton

City Tulsa State OK Zip Code 74136-3402

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

Name of Employer Associated Anesthesiologists, Inc. Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
05 / 28 / 2014

Transaction ID : C2744033

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Timothy E. Mercer M.D.

Mailing Address 1670 Enterprise Rd.

City Piney Flats State TN Zip Code 37686-3328

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

Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
05 / 27 / 2014

Transaction ID : C2742311

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **1166.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Catherine C. Meredith M.D.		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 Transaction ID : C2744034
Mailing Address 2845 Andrews Drive NW		Amount of Each Receipt this Period 250.00
City Atlanta	State GA	
Zip Code 30305		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Northside Anesthesiology Consultants	Occupation MD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Greg V. Merijanjan M.D.		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : C2735016
Mailing Address 2704 Downing St., S.E.		Amount of Each Receipt this Period 1000.00
City Huntsville	State AL	
Zip Code 35801-2247		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer CAS	Occupation anesthesia	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sharon M. Merker M.D.		Date of Receipt MM / DD / YYYY 05 / 13 / 2014 Transaction ID : C2730782
Mailing Address 2517 Top Hill Rd.		Amount of Each Receipt this Period 83.34
City Louisville	State KY	
Zip Code 40206		Aggregate Year-to-Date ▼ 416.70
FEC ID number of contributing federal political committee. C		
Name of Employer Williams and Wagner, PSC	Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1333.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Brigitte M. Messenger M.D.

Mailing Address 1924 Alcoa Hwy # U109

City State Zip Code
 Knoxville TN 37920-1511

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

Name of Employer Occupation
 The University of Tennessee Graduate S Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 13 / 2014
Transaction ID : C2730793

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Robert K. Michaels M.D.

Mailing Address 3632 Beech Tree Dr

City State Zip Code
 Orlando FL 32835

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

Name of Employer Occupation
 JLR Medical Group Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 21 / 2014
Transaction ID : C2741588

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Burney A. Miller M.D.

Mailing Address 820 S. First St. Terrace

City State Zip Code
 Odessa MO 64076

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

Name of Employer Occupation
 AAKC PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 05 / 14 / 2014
Transaction ID : C2735010

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 107 OF 208
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James K. Miller M.D.		Date of Receipt MM / DD / YYYY 05 / 10 / 2014
Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept.		Transaction ID : C2730241
City Knoxville	State TN	Zip Code 37920-1511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer University of Tennessee Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kevin M. Miller M.D.		Date of Receipt MM / DD / YYYY 05 / 03 / 2014
Mailing Address 22223 Cass Ave.		Transaction ID : C2726004
City Woodland Hills	State CA	Zip Code 91364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer St. John Health Center	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Michael D. Miller M.D.		Date of Receipt MM / DD / YYYY 05 / 27 / 2014
Mailing Address 15936 Oak Park Ct		Transaction ID : C2742317
City Westfield	State IN	Zip Code 46074-9140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Anesthesia Consultants of Indianapolis	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	225.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 108 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christopher G. Millson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Wimbledon Dr
 City Las Vegas State NV Zip Code 89107-2364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Desert Anesthesiologists Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730306
 Amount of Each Receipt this Period
 83.34

B. Daniel S. Mitchell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3426 W 164th Ter
 City Stilwell State KS Zip Code 66085-8505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest anesthesia associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : C2741566
 Amount of Each Receipt this Period
 500.00

C. Karen P. Mitchell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3838 N Braeswood Blvd Apt 112
 City Houston State TX Zip Code 77025-3005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Hermann Southwest Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : C2742159
 Amount of Each Receipt this Period
 83.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karen P. Mitchell M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3838 N Braeswood Blvd Apt 112

City Houston	State TX	Zip Code 77025-3005
-----------------	-------------	------------------------

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

Name of Employer Memorial Hermann Southwest Hospital	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : C2742320

Amount of Each Receipt this Period

833.34

B. Richard C. Month M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Hamilton St Apt 2307

City Philadelphia	State PA	Zip Code 19130
----------------------	-------------	-------------------

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

Name of Employer University of Pennsylvania Dept. of An	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2014

Transaction ID : C2730278

Amount of Each Receipt this Period

83.34

C. Raul R. Montague M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 7803 Railyard Dr SW

City Byron Center	State MI	Zip Code 49315-9525
----------------------	-------------	------------------------

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

Name of Employer Anesthesia Practice Consultants, PC	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2014

Transaction ID : C2744360

Amount of Each Receipt this Period

41.60

SUBTOTAL of Receipts This Page (optional).....▶	208.28
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nassim Moradi M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1316 Via Zumaya
 City Palos Verdes Estates State CA Zip Code 90274-2822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moradi medical corporation Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 30 / 2014**
Transaction ID : C2745554
 Amount of Each Receipt this Period **900.00**

B. Frank Moretz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. Box 5244
 City Asheville State NC Zip Code 28813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Asheville Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 28 / 2014**
Transaction ID : C2744084
 Amount of Each Receipt this Period **500.00**

C. Samuel A. Morgos M.B.,B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12707 Crestmoor Cir
 City Prospect State KY Zip Code 40059-9182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jewish Physician Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 25 / 2014**
Transaction ID : C2742272
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **1441.67**
TOTAL This Period (last page this line number only).....

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

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FOR LINE NUMBER: PAGE 111 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Caroline Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : C2744362
 Amount of Each Receipt this Period
 83.30

B. Jason E. Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138-5723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : C2744361
 Amount of Each Receipt this Period
 83.30

C. Robert R. Morrison M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Spinnaker Pointe
 City Parkville State MO Zip Code 64152-6102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ad Vivum Anesthesiology, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : C2727478
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. John P. Mrachek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4520 W. Woodlland Rd.
 City Edina State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2014
Transaction ID : C2742266
 Amount of Each Receipt this Period
 83.34

B. Joel H. Mumford M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Elm Hill St
 City Springfield State VT Zip Code 05156-2424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer V A Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730317
 Amount of Each Receipt this Period
 83.34

C. Sergio A Murillo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2170 Trenton Way
 City Allen State TX Zip Code 75013-4911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Partners In Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : C2738744
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City State Zip Code
Allen TX 75013-4911

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

Name of Employer Occupation
Pinnacle Partners In Medicine Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 19 / 2014
Transaction ID : C2739101

Amount of Each Receipt this Period
100.00

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

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

City State Zip Code
Knoxville TN 37920

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

Name of Employer Occupation
University Anesthesiologists Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.50

Date of Receipt
05 / 18 / 2014
Transaction ID : C2738862

Amount of Each Receipt this Period
83.30

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

Mailing Address 19 Elm Park Blvd.

City State Zip Code
Pleasant Ridge MI 48069-1106

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

Name of Employer Occupation
William Beaumont Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
05 / 13 / 2014
Transaction ID : C2730785

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.64

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

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

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FOR LINE NUMBER: PAGE 114 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Peter A. Nagi M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4036 Old Leeds Circle
 City State Zip Code
 Mountain Brk AL 35213-2929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Alabama at Birmingham Dept of Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2744919
 Amount of Each Receipt this Period
 41.60

B. Mark Y. Nakajima M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 E. Pine Street, Apt. 1020
 City State Zip Code
 Orlando FL 32801-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wolverine Anesthesia Consultants, Inc. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 566.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730805
 Amount of Each Receipt this Period
 83.34

C. Mark Y. Nakajima M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 E. Pine Street, Apt. 1020
 City State Zip Code
 Orlando FL 32801-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wolverine Anesthesia Consultants, Inc. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 566.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2731106
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 224.94
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 115 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Marco S. Navetta M.D.

Mailing Address 634 Chelham Way

City State Zip Code
 Santa Barbara CA 93108

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

Name of Employer Occupation
 Anes.Med. Group of Santa Barbara Physician executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : C2742003

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5500 Heathrow Dr

City State Zip Code
 Knoxville TN 37919-8964

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

Name of Employer Occupation
 American Anesthesiology of Tennessee anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2014

Transaction ID : C2730260

Amount of Each Receipt this Period
 250.00

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

Mailing Address 3681 Manor Brook Terrace

City State Zip Code
 Atlanta GA 30319

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : C2726002

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 208
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Teodora-Orhidee Nicolescu M.D.		Date of Receipt
Mailing Address PO Box 53188 Department of Anesthesia		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Oklahoma City	OK	73152-3188
FEC ID number of contributing federal political committee.		Transaction ID : C2725648
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
University of Oklahoma Health Sciences	MD Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.35"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Melissa O Nikolaidis M.D.		Date of Receipt
Mailing Address 2230 McClendon St		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Houston	TX	77030-2020
FEC ID number of contributing federal political committee.		Transaction ID : C2725965
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Baylor College of Medicine	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Heather C. Nixon M.D.		Date of Receipt
Mailing Address 4833 W Pratt Ave		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lincolnwood	IL	60712-3214
FEC ID number of contributing federal political committee.		Transaction ID : C2739098
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
University of Illinois at Chicago	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.35"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="166.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph M. Nounou M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 668 Lakeside Dock Dr
 City Kingsport State TN Zip Code 37663-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730778
 Amount of Each Receipt this Period
 83.34

B. Joseph M. Nounou M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 668 Lakeside Dock Dr
 City Kingsport State TN Zip Code 37663-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bristol Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2739103
 Amount of Each Receipt this Period
 83.34

c. Sang Y. O D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10432 E. Placita Guanajuato
 City Tucson State AZ Zip Code 85749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Old Pueblo Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : C2742289
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard P. O'Flynn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 White Pine Ln.
 City Rose Valley State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Society Hill Anesthesia Consultants at
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 14 / 2014
Transaction ID : C2731103
 Amount of Each Receipt this Period 41.67

B. Kathleen A. O'Leary M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 666 Elm and Carlton St
 Roswell Park Cancer Institute
 City Buffalo State NY Zip Code 14263-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roswell Park Cancer Institute
 Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 05 / 13 / 2014
Transaction ID : C2730775
 Amount of Each Receipt this Period 41.60

C. Peter H. Olson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8717 W 110th St Ste 600
 City Overland Park State KS Zip Code 66210-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Kansas City
 Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2014
Transaction ID : C2735009
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ► 1083.27
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 119 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Stephen B. Packer M.D.

Mailing Address 1055 N Curtis Rd

City State Zip Code
 Boise ID 83706-1309

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

Name of Employer Occupation
 Boise Anesthesia Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 21 / 2014
Transaction ID : C2741595

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Zaheer K. Pajnigar M.D.

Mailing Address 10309 N Fisk Ave

City State Zip Code
 Kansas City MO 64154-1725

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 18 / 2014
Transaction ID : C2738860

Amount of Each Receipt this Period
 41.67

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

Mailing Address 210 Royal Vw

City State Zip Code
 Pittsford NY 14534-9633

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

Name of Employer Occupation
 Geneva General Hospital Anesthesiology Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 04 / 2014
Transaction ID : C2726032

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Parag Pandya M.D.		Date of Receipt MM / DD / YYYY 05 / 22 / 2014 Transaction ID : C2742032
Mailing Address 210 Royal Vw		Amount of Each Receipt this Period 83.34
City Pittsford	State NY	Zip Code 14534-9633
FEC ID number of contributing federal political committee. C		
Name of Employer Geneva General Hospital Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. John L. Pappas M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : C2730298
Mailing Address 294 Barden Rd		Amount of Each Receipt this Period 83.30
City Bloomfield Hills	State MI	Zip Code 48304-2711
FEC ID number of contributing federal political committee. C		
Name of Employer William Beaumont Hospital Troy	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.50	

Full Name (Last, First, Middle Initial) C. Haresh D. Patel M.D.		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : C2744929
Mailing Address 1120 Enclave Rd		Amount of Each Receipt this Period 83.34
City Chattanooga	State TN	Zip Code 37415-5650
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiology Consultants Exchange	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	249.98
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 121 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Raymond M. Pessa M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 278 Round Swamp Rd
 City Melville State NY Zip Code 11747-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH AMERICAN PARTNERS ANESTHESIA Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2731100
 Amount of Each Receipt this Period
83.34

B. Mark C. Phillips M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 19th St S
 City Birmingham State AL Zip Code 35249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730783
 Amount of Each Receipt this Period
83.34

C. Estee Piehl M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 27019 E Friend Pl
 City Aurora State CO Zip Code 80016-7278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Denver Anesthes Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Marina A. Pierce M.D.		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 Transaction ID : C2736378
Mailing Address 2438 Golfview Dr		Amount of Each Receipt this Period 83.34
City Orange Park	State FL	Zip Code 32003-3383
FEC ID number of contributing federal political committee. C	Name of Employer Florida Anesthesia Assoc., P.A.	Occupation Anesthesiologist, MD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. Sara K. Pieren M.D.		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 Transaction ID : C2742841
Mailing Address 1918 E Lafayette Pl Unit 308-S		Amount of Each Receipt this Period 41.67
City Milwaukee	State WI	Zip Code 53202-1368
FEC ID number of contributing federal political committee. C	Name of Employer Anesthesiology Associates of Wisconsin	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Benjamin J. Pieters D.O.		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : C2734902
Mailing Address 8717 W 110th St Ste 600		Amount of Each Receipt this Period 1000.00
City Overland Park	State KS	Zip Code 66210-2126
FEC ID number of contributing federal political committee. C	Name of Employer Anes. Assoc. of Kansas City	Occupation Pediatric Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1125.01
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 123 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Margaret A. Pitts M.D.

Mailing Address 1 pillsbury street
 Suite 202

City State Zip Code
 Concord NH 03301

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

Name of Employer Occupation
 Anesthesia Associates PA Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C2726060

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Jeffrey A. Poage M.D.

Mailing Address 211 Roan Dr

City State Zip Code
 Danville CA 94526-1916

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

Name of Employer Occupation
 MACMGI Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : C2730311

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
 Las Vegas NV 89135

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

Name of Employer Occupation
 Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : C2736380

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.01

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

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

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FOR LINE NUMBER: PAGE 124 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6N479 Splitrail Ln

City State Zip Code
 Saint Charles IL 60175-6960

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

Name of Employer Occupation
 Kane Anesthesia Associates,S.C. Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 22 / 2014
Transaction ID : C2742108

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Donald J. Portell D.O.

Mailing Address 1555 Indian River Blvd Ste B120
 Suite B 120

City State Zip Code
 Vero Beach FL 32960-7108

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

Name of Employer Occupation
 Anesthesia of Indian River Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 18 / 2014
Transaction ID : C2738833

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Jason Porter M.D.

Mailing Address 622 Geier Ave

City State Zip Code
 St Henry OH 45883

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

Name of Employer Occupation
 Mercer Health, Coldwater, Ohio Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 17 / 2014
Transaction ID : C2738743

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.67

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

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

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FOR LINE NUMBER: PAGE 125 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Susan S. Porter M.D.

Mailing Address 828 W 56th St

City State Zip Code
 Kansas City MO 64113-1111

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

Name of Employer Occupation
 Westport Anesthesia Services Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : C2734380

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO Box 189

City State Zip Code
 Saint Charles IL 60174-0189

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

Name of Employer Occupation
 Kane Anesthesia Associates, SC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : C2731105

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Ravindra V. Prasad M.D.

Mailing Address N2201 North Wing CB 7010

City State Zip Code
 Chapel Hill NC 27599

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

Name of Employer Occupation
 U NC Sch of Med Anes Dept Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : C2729946

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **625.01**

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

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

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

FOR LINE NUMBER: PAGE 126 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Clyde W. Pray M.D.

Mailing Address 303 Anchor Dr

City Yorktown State VA Zip Code 23692-3143

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

Name of Employer Fair Oaks Anesthesia Associates Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **05 / 29 / 2014**

Transaction ID : C2744367

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City Los Angeles State CA Zip Code 90064-4318

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

Name of Employer UCLA Dept of Anesthesiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 01 / 2014**

Transaction ID : C2725640

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
C. Jacob S. Pugsley M.D.

Mailing Address 123 Second Ave # 901

City Salt Lake City State UT Zip Code 84103

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

Name of Employer Mountain West Anesthesia Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 17 / 2014**

Transaction ID : C2738808

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **666.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Eileen Quintela M.D.		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : C2727481
Mailing Address 3626 Ruffin Rd Anesthesia Service Medical Group I		Amount of Each Receipt this Period 41.67
City San Diego	State CA	
Zip Code 92123-1810		Aggregate Year-to-Date ▼ 208.35
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Service Medical Group Inc.	Occupation anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Nathan M. Rachman M.D.		Date of Receipt MM / DD / YYYY 05 / 26 / 2014 Transaction ID : C2742287
Mailing Address 1241 Killarney Dr		Amount of Each Receipt this Period 41.67
City Ormond Beach	State FL	
Zip Code 32174-2828		Aggregate Year-to-Date ▼ 208.35
FEC ID number of contributing federal political committee. C		
Name of Employer Halifax Medical Center	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Eric J. Radel D.O.		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : C2744924
Mailing Address 1180 Dogwood Meadows Dr SE		Amount of Each Receipt this Period 41.67
City Ada	State MI	
Zip Code 49301-9412		Aggregate Year-to-Date ▼ 208.35
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Medical Consultants	Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 128 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ned Radich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1930 E. Calle Verde Way
 City Fresno State CA Zip Code 93730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Agnes Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : C2740651
 Amount of Each Receipt this Period
 250.00

B. Nariman Rahimzadeh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1885 Manzanita Circle
 City Reno State NV Zip Code 89509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nevada Anesthesiology and Perioperativ Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730330
 Amount of Each Receipt this Period
 83.34

C. Garry E. Rains M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 99
 City Story State WY Zip Code 82842-0099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738890
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Neeju Ravikant M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 875 W Glengarry Circle

City Bloomfield Hills State MI Zip Code 48301-2219

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

Name of Employer anesthesia associates of ann arbor Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 16 / 2014
Transaction ID : C2736379

Amount of Each Receipt this Period 83.34

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

Mailing Address P.O. Box 70

City Summit State MS Zip Code 39666-0070

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

Name of Employer Southwest Mississippi Regional Medical Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2014
Transaction ID : C2730803

Amount of Each Receipt this Period 50.00

C. Diane Reynolds M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 501 20th St Ste 606

City Knoxville State TN Zip Code 37916-1863

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

Name of Employer Anesthesia Medical Alliance of East TN Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2014
Transaction ID : C2742667

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Linda J. Rice M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2014
Mailing Address 1139 42nd Ave N		Transaction ID : C2738802
City Saint Petersburg	State FL	Zip Code 33703-4535
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer All Childrens Hospital	Occupation pediatric anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Michael Richardson M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 3355		Transaction ID : C2730328
City Princeton	State NJ	Zip Code 08543-3355
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Anesthesia Consultants of NJ	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) C. Don G. Richter M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014
Mailing Address 15135 Stearns Pl		Transaction ID : C2732105
City Shawnee Mission	State KS	Zip Code 66221-9503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Midwest Anesthesia	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1333.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jeffrey M. Ricketts D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 Bradford Holw NE
 City Grand Rapids State MI Zip Code 49525-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Medical Consultants, P.C. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2014
Transaction ID : C2742834
 Amount of Each Receipt this Period 50.00

B. Joseph M. Rifici A.A.-C
 Full Name (Last, First, Middle Initial)
 Mailing Address Lakeside ANES 2532 LKS5007
 11100 Euclid Ave.
 City Cleveland State OH Zip Code 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ Hosp of Cleveland Case Med Ctr Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 13 / 2014
Transaction ID : C2730799
 Amount of Each Receipt this Period 83.34

C. Robert L. Ringering D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesia
 City Norwich State CT Zip Code 06360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 17 / 2014
Transaction ID : C2738745
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.01
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert L. Ringering D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesia
 City State Zip Code
 Norwich CT 06360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North American Partners in Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738855
 Amount of Each Receipt this Period
 41.67

B. Russell S. Roberson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Blue Jay Ln
 City State Zip Code
 Coppell TX 75019-5981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Texas Southwestern Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738849
 Amount of Each Receipt this Period
 250.00

C. Kevin W. Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Walnut Ln.
 City State Zip Code
 Slingerlands NY 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Albany Medical Center Hospital Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : C2740607
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	333.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 133 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Laura L. Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4217 Coolidge St
 City State Zip Code
 Mt Pleasant SC 29466-7161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical University of South Carolina Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : C2725947
 Amount of Each Receipt this Period
 500.00

B. Shay E. Robinson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 Homestead Dr Unit 85
 City State Zip Code
 Dallas PA 18612-7219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilkes-Barre General Hospital Anesthes Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2014
Transaction ID : C2730246
 Amount of Each Receipt this Period
 41.67

C. Shay E. Robinson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 Homestead Dr Unit 85
 City State Zip Code
 Dallas PA 18612-7219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wilkes-Barre General Hospital Anesthes Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738866
 Amount of Each Receipt this Period
 83.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 208
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Trevor Robison M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1629 N. Winchester Av #2
City Chicago State IL Zip Code 60622
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Valley Anesthesiologists Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 17 / 2014**
Transaction ID : C2738819
Amount of Each Receipt this Period **500.00**

B. Melissa A. Rockford M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 10011 Kill Creek Rd
City De Soto State KS Zip Code 66018-9568
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Kansas Hospital Dept of Occupation Anesthesia Clinical Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 09 / 2014**
Transaction ID : C2729954
Amount of Each Receipt this Period **50.00**

C. W. D. Rodes M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 404 Ellendale Ave
City Nashville State TN Zip Code 37205-3402
FEC ID number of contributing federal political committee. **C**
Name of Employer Phymed Occupation physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 17 / 2014**
Transaction ID : C2738816
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1550.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 135 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Leopoldo V. Rodriguez M.D.

Mailing Address 21050 NE 38th Ave Apt 305

City State Zip Code
 Aventura FL 33180-4073

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

Name of Employer Occupation
 Sheridan Healthcare Inc Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 11 / 2014
Transaction ID : C2730279

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Luis I. Rodriguez M.D.

Mailing Address 1611 NW 12th Ave. C-300

City State Zip Code
 Miami FL 33136

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

Name of Employer Occupation
 Department of Anesthesia Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 13 / 2014
Transaction ID : C2730804

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Peter M. Roessler M.D.

Mailing Address 19031 Hilltop Rd

City State Zip Code
 Lake Oswego OR 97034-7474

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

Name of Employer Occupation
 Oregon Anesthesiology Group, P.C. physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 27 / 2014
Transaction ID : C2742572

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.34

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 136 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City State Zip Code
 Leawood KS 66209

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

Name of Employer Occupation
 AAKC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2014

Transaction ID : C2726039

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Olivia B. Romano M.D.

Mailing Address 4022 Osceola St

City State Zip Code
 Denver CO 80212-2168

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

Name of Employer Occupation
 University of Colorado Denver Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014

Transaction ID : C2742030

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Gerald P. Rosen M.D.

Mailing Address 4300 Alton Rd., #1401

City State Zip Code
 Miami FL 33140

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

Name of Employer Occupation
 Miami Beach Anesthesiology Assoc. Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : C2726015

Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ **166.57**

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

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

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

FOR LINE NUMBER: PAGE 137 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thea Rosenbaum M.D.

Mailing Address 260 River Ridge Pt

City State Zip Code
 Little Rock AR 72227-1527

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

Name of Employer Occupation
 UAMS Assistant Professor of Anesthesia

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730329

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood PI

City State Zip Code
 River Ridge LA 70123-1525

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

Name of Employer Occupation
 Tulane University School of Medicine Chairman, Department of Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : C2727484

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
c. David M. Rothenberg M.D.

Mailing Address 861 Kimball Rd

City State Zip Code
 Highland Park IL 60035-3618

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

Name of Employer Occupation
 Rush University Medical Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2738921

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brian S. Rothman M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Medical Center Dr # 4648

City Nashville State TN Zip Code 37232-0028

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

Name of Employer Vanderbilt University Medical Center Occupation Assistant Professor - Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : C2742033

Amount of Each Receipt this Period
41.67

B. Lawrence J. Roy M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2420 Freeman Manor Dr

City Jones State OK Zip Code 73049-8747

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

Name of Employer Oklahoma Anesthesia Consultants Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : C2730304

Amount of Each Receipt this Period
83.34

C. Stephen M. Rublaitus D.O.
Full Name (Last, First, Middle Initial)

Mailing Address 278 E Oneida Avenue

City Elmhurst State IL Zip Code 60126

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

Name of Employer Dupage Valley Anes Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : C2744932

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	225.01
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 139 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald B. Rudolf M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9052 Short Chip Cir
 City Port St Lucie State FL Zip Code 34986-2800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheridan Healthcorp Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : C2738814
 Amount of Each Receipt this Period
 250.00

B. Judith Ruiz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 West Dr
 City Memphis State TN Zip Code 38112-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730313
 Amount of Each Receipt this Period
 83.34

C. Stephen M. Rupp M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 9th Ave # B2-AN
 Department of Anesthesiology
 City Seattle State WA Zip Code 98101-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : C2740189
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Harold M. Rust M.D.		Date of Receipt MM / DD / YYYY 05 / 17 / 2014
Mailing Address 1136 Heather Cir		Transaction ID : C2738830
City Farmington	State UT	Zip Code 84025-4305
FEC ID number of contributing federal political committee.	C	
Name of Employer Mountain West Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) B. Michael Saccocci D.O.		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 1358 East Drive SW		Transaction ID : C2740608
City Roanoke	State VA	Zip Code 24015-3718
FEC ID number of contributing federal political committee.	C	
Name of Employer Valley Anesthesia, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	
		Amount of Each Receipt this Period 41.60

Full Name (Last, First, Middle Initial) C. Benjamin P. Sampang M.D.		Date of Receipt MM / DD / YYYY 05 / 18 / 2014
Mailing Address W192N5702 Spencers Pass		Transaction ID : C2738915
City Menomonee Falls	State WI	Zip Code 53051-6307
FEC ID number of contributing federal political committee.	C	
Name of Employer Aurora Medical Group Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	791.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 141 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph J. Sandor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8625 E. Clydesdale Tr.
 City State Zip Code
 Scottsdale AZ 85258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anes. Consultants, Ltd. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2014
Transaction ID : C2742267
 Amount of Each Receipt this Period
 41.67

B. Brett H. Schlifstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9550 93rd St.
 City State Zip Code
 Seminole FL 33777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Area Anesthesia anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : C2741558
 Amount of Each Receipt this Period
 250.00

c. Matthew L. Schlossberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2105 Diamond Grove Ct
 City State Zip Code
 Virginia Beach VA 23454-7223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlantic Anesthesia Inc. Physiscian
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2014
Transaction ID : C2730258
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 142 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Armin Schubert M.D., M.B.

Mailing Address 1514 Jefferson Hwy
 Department of Anesthesiology

City State Zip Code
 New Orleans LA 70121-2429

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

Name of Employer Occupation
 Ochsner Health System Professor and Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 30 / 2014
Transaction ID : C2744931

Amount of Each Receipt this Period
 41.67

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

Mailing Address 100 Port Washington Blvd

City State Zip Code
 Roslyn NY 11576-1353

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

Name of Employer Occupation
 NY Cardiovascular Anesthesiologists Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 166.68

Date of Receipt
 05 / 13 / 2014
Transaction ID : C2730777

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
c. Anthony L. Schwagerl M.D.

Mailing Address 45 E Newton St Apt 707

City State Zip Code
 Boston MA 02118

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

Name of Employer Occupation
 UMASS Memorial Medical Center Attending Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 05 / 27 / 2014
Transaction ID : C2742343

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01

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

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

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FOR LINE NUMBER: PAGE 143 OF 208
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Robin H. Schwartz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Snows Creek
 City Hattiesburg State MS Zip Code 39402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Laurel Surgery and Endoscopy Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2731617
 Amount of Each Receipt this Period
 500.00

B. Papiya Sengupta M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Apple Gate Unit 95
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milford Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : C2729447
 Amount of Each Receipt this Period
 41.60

C. Edward M. Seugling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 Jasmine Ct.
 City Mullica Hill State NJ Zip Code 08062-1856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Services, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : C2726013
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert P. Shafer M.D.		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 6516 Fairway View Trail		Transaction ID : C2740611
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer ACV Inc.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Maitriyi N. Shah M.D.		Date of Receipt MM / DD / YYYY 05 / 03 / 2014
Mailing Address 75 Francis St		Transaction ID : C2726025
City Boston	State MA	Zip Code 02115-6110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Brigham and Womens Hospital Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Nishant Shah M.D.		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address 3406 Whirlaway Drive		Transaction ID : C2742158
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.67	
Name of Employer PRAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

SUBTOTAL of Receipts This Page (optional).....▶	333.34
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 145 OF 208
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)
A. Aryeh Shander M.D., FCCM

Mailing Address 10 Myrtle Ave

City Demarest State NJ Zip Code 07627-2222

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

Name of Employer Englewood Hospital and Medical Center Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
05 / 21 / 2014

Transaction ID : C2741594

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Fred E. Shapiro D.O.

Mailing Address Department of Anesthesiology
 330 Brookline Ave # F-407

City Boston State MA Zip Code 02215-5400

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

Name of Employer Harvard Medical School Occupation Assistant Professor of Anesthesia

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.50**

Date of Receipt
05 / 01 / 2014

Transaction ID : C2725867

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Mickel B. Sharp M.D.

Mailing Address 1878 E Somerset Ridge Dr

City Draper State UT Zip Code 84020-9133

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

Name of Employer Mickel Sharp MD PC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
05 / 01 / 2014

Transaction ID : C2725649

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ► **383.30**

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 146 OF 208
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Steven A. Shedd M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7332 N. 23rd St.
 City Phoenix State AZ Zip Code 85020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2744139
 Amount of Each Receipt this Period
 250.00

B. Paul W. Sheeran M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7433 Terrace St
 City Kansas City State MO Zip Code 64114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Anesthesia Associates of Kansas City
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2014
Transaction ID : C2738803
 Amount of Each Receipt this Period
 1000.00

C. John M. Shingler III
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Elizabeth Avenue
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2745039
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 147 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Douglas C. Shook M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Charlemont St
 City State Zip Code
 Newton MA 02461-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Brigham and Womens Hospital Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738851
 Amount of Each Receipt this Period
 250.00

B. Ronald A. Shore D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 551 Overlook Dr
 City State Zip Code
 Wyckoff NJ 07481-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Clares Hospital anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : C2740624
 Amount of Each Receipt this Period
 250.00

C. Karen S. Sibert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4146 Sunnyslope Ave.
 City State Zip Code
 Sherman Oaks CA 91423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cedars-Sinai Medical Center Anes. Dept Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : C2726098
 Amount of Each Receipt this Period
 83.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Afreen Siddiqui M.B.,B.S.		Date of Receipt MM / DD / YYYY 05 / 03 / 2014
Mailing Address 1 Darl Ct		Transaction ID : C2726006
City East Greenwich	State RI	Zip Code 02818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Afreen Siddiqui DBA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Brent D. Silver M.D.		Date of Receipt MM / DD / YYYY 05 / 28 / 2014
Mailing Address 11445 E Via Linda Ste 2		Transaction ID : C2744309
City Scottsdale	State AZ	Zip Code 85259-2654
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VALLEY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kenneth L. Silverstein M.D.		Date of Receipt MM / DD / YYYY 05 / 28 / 2014
Mailing Address 4755 Ogletown Stanton Rd Ste 2603		Transaction ID : C2744333
City Newark	State DE	Zip Code 19718-0002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Christiana Care Health Sys Anes Dept	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1041.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 35 Gellatly Dr

City Wappingers Falls State NY Zip Code 12590

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

Name of Employer NAPA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : C2729956

Amount of Each Receipt this Period
83.34

B. Eric D. Skolnick M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 11913 Whistler Court

City Potomac State MD Zip Code 20854

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

Name of Employer Medstar Washington Hospital Center Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : C2729593

Amount of Each Receipt this Period
250.00

C. Steven J. Slack M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2995 Appleway

City Ann Arbor State MI Zip Code 48104-1807

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

Name of Employer Anesthesia Assoc. of Ann Arbor, P.C. Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2014

Transaction ID : C2742255

Amount of Each Receipt this Period
500.00

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

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

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FOR LINE NUMBER: PAGE 150 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jonathan H. Slonin M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 SE Via Verona
 City Port Saint Lucie State FL Zip Code 34984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeamHealth Occupation Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 02 / 2014
Transaction ID : C2725963
 Amount of Each Receipt this Period 83.34

B. Robert H. Small M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 Dept of Anes - N411 Doan Hall
 City Columbus State OH Zip Code 43210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Ohio State University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 12 / 2014
Transaction ID : C2730308
 Amount of Each Receipt this Period 83.34

C. Blair Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 Lake Colony Ln
 City Vestavia State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 06 / 2014
Transaction ID : C2726792
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 151 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joel D. Smith D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Tukey Rd.
 City State Zip Code
 Oakland ME 04963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maine General Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : C2741578
 Amount of Each Receipt this Period
 250.00

B. Joshua T. Smith M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6240 E. Frontier Pl.
 City State Zip Code
 Tucson AZ 85750-5962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Old Pueblo Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : C2731872
 Amount of Each Receipt this Period
 500.00

C. Paul R. Smythe M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 1500 E. Medical Center Drive
 City State Zip Code
 Ann Arbor MI 48109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Michigan faculty anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2014
Transaction ID : C2742262
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Shannon M. Sorah D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11743 Couch Mill Road
 City Knoxville State TN Zip Code 37932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Med. Ctr. Anes. Gr. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 18 / 2014
Transaction ID : C2738857
 Amount of Each Receipt this Period 41.67

B. Michael J. Souter M.B.,Ch.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 9th Ave, Box 359724
 City Seattle State WA Zip Code 98104-2499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harborview Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 12 / 2014
Transaction ID : C2730318
 Amount of Each Receipt this Period 83.34

c. Spiro G. Spanakis D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Lake Ave., #1005
 City Worcester State MA Zip Code 01604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Massachusetstts Medical S Occupation Assistant Professor of Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 05 / 23 / 2014
Transaction ID : C2742150
 Amount of Each Receipt this Period 41.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 153 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Howard D. Spang M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2818 Valencia Dr
 City Santa Barbara State CA Zip Code 93105-3027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesth. Medical Group of Santa Barbara Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2014
Transaction ID : C2738889
 Amount of Each Receipt this Period
250.00

B. David C. Spann M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3940 Pointe Dr
 City Lakeland State TN Zip Code 38002-9888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014
Transaction ID : C2730302
 Amount of Each Receipt this Period
41.67

C. Leon Specthrie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 53 Green Hill Rd
 City Kinnelon State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morris Anesthesia Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : C2745180
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....	375.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John C. Spivak M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3104 Bradford Place
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiologists Associated, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 18 / 2014**
Transaction ID : C2738879
 Amount of Each Receipt this Period **500.00**

B. Matthew F. Spond M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6065 Allwood Dr
 City North Little Rock State AR Zip Code 72116-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt **05 / 06 / 2014**
Transaction ID : C2726793
 Amount of Each Receipt this Period **83.34**

C. James Stangl M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 Martin Luther King Jr Way Ste
 City Tacoma State WA Zip Code 98405-4292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tacoma Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.50**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2731096
 Amount of Each Receipt this Period **83.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Timothy W. Starck M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 11583 Prestwick Rd.
City Belvidere State IL Zip Code 61008
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockford Anesthesiologists Associated Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2014
Transaction ID : C2726019
Amount of Each Receipt this Period 1000.00

B. Stephen W. Starling Jr., M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2036 Magnolia Ridge
City Birmingham State AL Zip Code 35243
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Resources Management Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2014
Transaction ID : C2738786
Amount of Each Receipt this Period 500.00

C. Glen L Steeves M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 24 Eagle Dr
City Bedford State NH Zip Code 03110-4412
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Care Group PC Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2014
Transaction ID : C2725869
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 1550.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 156 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Erica Stein M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
 N411 Doan Hall

City Columbus State OH Zip Code 43210-1240

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

Name of Employer ohio state university Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **05 / 11 / 2014**

Transaction ID : C2730276

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City Lloyd Harbor State NY Zip Code 11743-1031

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

Name of Employer NAPA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **05 / 06 / 2014**

Transaction ID : C2726794

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
C. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City Lloyd Harbor State NY Zip Code 11743-1031

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

Name of Employer NAPA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **05 / 06 / 2014**

Transaction ID : C2726795

Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark A. Stevens M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 S Taylor St
 City Little Rock State AR Zip Code 72204-2643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAMS Dept of Anesthesiology Occupation Assistant Professor of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2014**
Transaction ID : C2730324
 Amount of Each Receipt this Period **41.67**

B. Ann Still M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Alabama Highway 157 Ste 201 Cullman Primary Care
 City Cullman State AL Zip Code 35058-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Pain Center Cullman Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **479.20**

Date of Receipt **05 / 25 / 2014**
Transaction ID : C2742269
 Amount of Each Receipt this Period **83.34**

C. Richard J. Stilz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1354 Herschel Ave
 City Cincinnati State OH Zip Code 45208-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthesia assoc of cincinnati Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 12 / 2014**
Transaction ID : C2730303
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **166.68**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Aimee D. Stotz D.O.		Date of Receipt MM / DD / YYYY 05 / 18 / 2014
Mailing Address 5079 W. Catalpa Ave.		Transaction ID : C2738874
City Chicago	State IL	Zip Code 60630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anesthesia Consultants, Ltd.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Tracy D. Strandhagen M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014
Mailing Address 600 Riders Trl		Transaction ID : C2730337
City Austin	State TX	Zip Code 78733-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Austin Anesthesiology Group	Occupation MD Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. R. Lawrence Sullivan Jr., M.D.		Date of Receipt MM / DD / YYYY 05 / 18 / 2014
Mailing Address 1345 Webster		Transaction ID : C2738904
City Palo Alto	State CA	Zip Code 94301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	541.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 159 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 16099 Surrey Way

City State Zip Code
 Spring Lake MI 49456-8830

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

Name of Employer Occupation
 Lakeshore Anes.Services Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : C2741585

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Esther Sung M.D.

Mailing Address 3710 SW US Veterans Hospital Rd
 P3 ANES

City State Zip Code
 Portland OR 97239-2964

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

Name of Employer Occupation
 Portland VAMC Operative Care Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014

Transaction ID : C2727480

Amount of Each Receipt this Period
 83.34

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

Mailing Address 240 Marchand Ct NW

City State Zip Code
 Atlanta GA 30328-2055

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

Name of Employer Occupation
 Physician Specialists in Anesthesia Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : C2725645

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

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

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

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

FOR LINE NUMBER: PAGE 160 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas H. Swygert M.D.

Mailing Address 7014 Prestonshire Ln

City State Zip Code
 Dallas TX 75225-1742

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

Name of Employer Occupation
 Pinnacle Anesthesia Consultants Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 12 / 2014
Transaction ID : C2730315

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Donald R. Tatum Jr., M.D.

Mailing Address 770 Brookwood Walke

City State Zip Code
 Bloomfield Hills MI 48304

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

Name of Employer Occupation
 South Oakland Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 05 / 27 / 2014
Transaction ID : C2742318

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Aaron A. Tebbs M.D.

Mailing Address 9 Edes Rd

City State Zip Code
 Cumberland ME 04021-4101

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

Name of Employer Occupation
 Anesthesia Associates of Lewiston-Aubu Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 05 / 26 / 2014
Transaction ID : C2742288

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 161 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Edward Teeple Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2359 Railroad St Apt 3502
 City Pittsburgh State PA Zip Code 15222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UPMC UPP Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C2725996
 Amount of Each Receipt this Period
 500.00

B. Kyle Thompson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 W Hampden Ave #600
 City Englewood State CO Zip Code 80110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Denver Anesthesiologists, P.C. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2744921
 Amount of Each Receipt this Period
 83.34

C. Robert W. Thomsen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Brandon Rd
 City Baltimore State MD Zip Code 21212-1128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Johns Hopkins University School of Med Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 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)..... ►

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

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

FOR LINE NUMBER: PAGE 162 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Eugene I. Tolpin M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Oberlin Rd., Green Acres
 City State Zip Code
 Wilmington DE 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 A.S.P.A. anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2014
Transaction ID : C2744339
 Amount of Each Receipt this Period
 250.00

B. Troy Tortorici M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 17401 Hawks View Ct
 City State Zip Code
 Edmond OK 73012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : C2730790
 Amount of Each Receipt this Period
 41.67

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : C2726007
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gary F. Tzeng M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : C2730331
Mailing Address 582 S Rex Blvd		Amount of Each Receipt this Period 83.34
City Elmhurst	State IL	Zip Code 60126-4259
FEC ID number of contributing federal political committee. C		
Name of Employer DVA	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. Mercy A. Udoji M.D.		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : C2739092
Mailing Address 619 19th St S JT 862		Amount of Each Receipt this Period 41.67
City Birmingham	State AL	Zip Code 35249-1900
FEC ID number of contributing federal political committee. C		
Name of Employer UAB Dept of Anesthesiology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Gail E. Vandewalker M.D.		Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : C2735017
Mailing Address Anes. Office Service, Inc. 1550 Boyson Rd.		Amount of Each Receipt this Period 300.00
City Hiawatha	State IA	Zip Code 52233-2310
FEC ID number of contributing federal political committee. C		
Name of Employer LINN CTY ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	425.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 164 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David Varlotta D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Bayshore Blvd.
 City Tampa State FL Zip Code 33606-2911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Florida Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 30 / 2014**
Transaction ID : C2754328
 Amount of Each Receipt this Period **1000.00**

B. Murari Vasudevan M.B.,B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2609 Somerset Dr
 City Prairie Village State KS Zip Code 66206-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WCGME Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : C2734985
 Amount of Each Receipt this Period **1000.00**

C. Paul J. Velky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Elizabeth Ave
 City Greenwood State SC Zip Code 29646-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Of Greenwood Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2014**
Transaction ID : C2745048
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2500.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 165 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Todd A Versteegh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 North State Street
 Department of Anesthesiology
 City Jackson State MS Zip Code 39216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Mississippi Medical Cent Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2014
Transaction ID : C2742286
 Amount of Each Receipt this Period
 41.67

B. David H. Vickers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Cheekwood Ct
 City Franklin State TN Zip Code 37069-6524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nashville Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738907
 Amount of Each Receipt this Period
 250.00

C. Annette Vizena M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1236 East Elizabeth, Suite 1
 City Fort Collins State CO Zip Code 80524-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Co Anesthesia Professional Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : C2735020
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 341.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. J. Michael Vollers M.D.		Date of Receipt 05 / 12 / 2014 Transaction ID : C2730322
Mailing Address 1 Childrens Way Slot 203, S-319		Amount of Each Receipt this Period 83.34
City Little Rock	State AR	Zip Code 72202-3510
FEC ID number of contributing federal political committee. C		
Name of Employer University of Arkansas for Medical Sci	Occupation Professor of Anesthesiology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. David B. Waisel M.D.		Date of Receipt 05 / 12 / 2014 Transaction ID : C2730321
Mailing Address 15 Beechwood Rd		Amount of Each Receipt this Period 41.67
City Wellesley	State MA	Zip Code 02482
FEC ID number of contributing federal political committee. C		
Name of Employer Harvard Medical School Childrens Hospi	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) C. Samuel H. Wald M.D.		Date of Receipt 05 / 28 / 2014 Transaction ID : C2744039
Mailing Address 2160 Sunset Crest Dr		Amount of Each Receipt this Period 1000.00
City Los Angeles	State CA	Zip Code 90046-1844
FEC ID number of contributing federal political committee. C		
Name of Employer David Geffen School of Medicine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
	PAGE 167 OF 208								
	(check only one)								

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

Full Name (Last, First, Middle Initial) A. Aaron D. Wallace M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : C2730300
Mailing Address 6969 Brockton Ave Suite B		Amount of Each Receipt this Period 41.67
City Riverside	State CA	Zip Code 92506
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Medical Group of Riverside	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Brian E. Wallace M.D.		Date of Receipt MM / DD / YYYY 05 / 24 / 2014 Transaction ID : C2742250
Mailing Address 400 E Pioneer Ste 204		Amount of Each Receipt this Period 50.00
City Puyallup	State WA	Zip Code 98372-3257
FEC ID number of contributing federal political committee. C		
Name of Employer Rainier Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ebon J. Wallace-Talifarro M.D.		Date of Receipt MM / DD / YYYY 05 / 04 / 2014 Transaction ID : C2726035
Mailing Address 7313 Stoney Creek Dr		Amount of Each Receipt this Period 150.00
City Augusta	State MI	Zip Code 49012-8873
FEC ID number of contributing federal political committee. C		
Name of Employer Central Anesthesia Services	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	241.67
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 168 OF 208
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Aimee Walsh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1340 Sledge Dr
 City State Zip Code
 Mobile AL 36606-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Metro Anesthesia and Pain Services, PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : C2726071
 Amount of Each Receipt this Period
 1000.00

B. James J. Walsh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 83rd St.
 City State Zip Code
 Brooklyn NY 11209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAPA physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : C2726796
 Amount of Each Receipt this Period
 41.67

C. Travis A. Warner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5773 N Winding Woods Pl
 City State Zip Code
 Tucson AZ 85718-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Old Pueblo Anesthesia PC Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : C2726008
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ► 1083.34
TOTAL This Period (last page this line number only)..... ►

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

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

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

A. William R. Warner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Elizabeth Ave
 City Greenwood State SC Zip Code 29646-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANES OF GREENWOOD Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2745047
 Amount of Each Receipt this Period
 500.00

B. Jimmie P. Watkins M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8408 Copperpenney Terrace
 City Chesterfield State VA Zip Code 23832-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McGuire Veterans Administration Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : C2726777
 Amount of Each Receipt this Period
 250.00

C. Kelley T. Watson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Elizabeth Ave.
 City Greenwood State SC Zip Code 29646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Regional Healthcare Hospital Occupation Anesthesiologist (pain control), Pain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2745044
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joshua D. Weber M.D.		Date of Receipt MM / DD / YYYY 05 / 08 / 2014
Mailing Address 5203 Pawnee Rd.		Transaction ID : C2729503
City Roeland Park	State KS	Zip Code 66205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Midwest Anesthesia Associates	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Paul S. Webster M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014
Mailing Address 825 E Oak St		Transaction ID : C2730301
City Kissimmee	State FL	Zip Code 34744-5838
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Doctors Pain Management Associates	Occupation Physician Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) C. Jennifer L. Weiford M.D.		Date of Receipt MM / DD / YYYY 05 / 14 / 2014
Mailing Address 2009 W. 68th Street		Transaction ID : C2734735
City Mission Hills	State KS	Zip Code 66208
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Anes Associates of KC	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2083.34
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

A. Ivan Jared Weiner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10527 Emerald Chase Dr
 City Orlando State FL Zip Code 32836-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 30 / 2014
Transaction ID : C2744925
 Amount of Each Receipt this Period 83.34

B. Toby Weingarten M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 200 First St. SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.35

Date of Receipt 05 / 30 / 2014
Transaction ID : C2744920
 Amount of Each Receipt this Period 10.00

C. Toby Weingarten M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology
 200 First St. SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.35

Date of Receipt 05 / 30 / 2014
Transaction ID : C2744935
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.01
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alan Weiss M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014
Mailing Address 960 Royal Arms Dr		Transaction ID : C2730326
City Girard	State OH	Zip Code 44420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. Steven L. Weissman M.D.		Date of Receipt MM / DD / YYYY 05 / 25 / 2014
Mailing Address 155 Baltic Circle		Transaction ID : C2742264
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.60
Name of Employer Florida Hospital Tampa	Occupation Physician - Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) C. Brian J. West M.D.		Date of Receipt MM / DD / YYYY 05 / 17 / 2014
Mailing Address 4048 Evans Ave Ste 303		Transaction ID : C2738735
City Fort Myers	State FL	Zip Code 33901-9390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Medical Anesth. and Pain Mgt. Consulta	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

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

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

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FOR LINE NUMBER: PAGE 173 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas B. West M.D.

Mailing Address PO Box 515

City State Zip Code
 Lakemont GA 30552-0009

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

Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : C2743999

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Ezekiel J. Wetzel M.D.

Mailing Address 3315 DEBORAH DR
 Suite 401

City State Zip Code
 Monroe LA 71201

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

Name of Employer Occupation
 Parish Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C2726057

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
c. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City State Zip Code
 Albuquerque NM 87122-2109

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : C2742310

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeanine P. Wiener-Kronish M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Anesthesia and Critical Care
 55 Fruit St # 444A
 City Boston State MA Zip Code 02114-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014
Transaction ID : C2741557
 Amount of Each Receipt this Period
250.00

B. Elizabeth Wilkinson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5210 N. 31st Place
 City Phoenix State AZ Zip Code 85016-3701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : C2744943
 Amount of Each Receipt this Period
500.00

C. Michael J. Williams M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Kings Hwy
 City Moorestown State NJ Zip Code 08057-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Jefferson University Occupation Assistant Professor of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2014
Transaction ID : C2738790
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 175 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Douglas F. Wiseman B.S., M.D.

Mailing Address 6836 Cookes Hope Rd

City Easton State MD Zip Code 21601-8302

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

Name of Employer University of Maryland Shore Regional Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 26 / 2014

Transaction ID : C2742296

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. William Womack M.D., Ph.D

Mailing Address PO Box 1025

City Fairhope State AL Zip Code 36533

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

Name of Employer Eastern Shore Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : C2741560

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Granville B. Work M.D.

Mailing Address 3749 Lynnfield Dr

City Virginia Beach State VA Zip Code 23452-4721

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

Name of Employer Sentara Norfolk General Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : C2729452

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **833.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jason Workman M.D.		Date of Receipt MM / DD / YYYY 05 / 27 / 2014
Mailing Address 7575 W Washington Ave Suite 127-374		Transaction ID : C2742322
City Las Vegas	State NV	Zip Code 89128-4333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Anesthesiology Consultants, Inc	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. W. Bradley Worthington M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014
Mailing Address 101 Hillwood Blvd		Transaction ID : C2730309
City Nashville	State TN	Zip Code 37205-2811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Hospital for Spinal Surgery	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) C. Crystal C. Wright M.D.		Date of Receipt MM / DD / YYYY 05 / 12 / 2014
Mailing Address 3032 Jarrard St.		Transaction ID : C2730340
City Houston	State TX	Zip Code 77005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Baylor College of Medicine Dept. of An	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	250.02
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 177 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Manoj B. Wunnava M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Bennington Parkway
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Department of Anesthsiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : C2738856
 Amount of Each Receipt this Period
 250.00

B. Manoj B. Wunnava M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Bennington Parkway
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Department of Anesthsiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : C2742319
 Amount of Each Receipt this Period
 25.00

C. Jeremy Wynn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 NE 9th Ct
 City Moore State OK Zip Code 73160-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW ANESTHESIA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : C2730638
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 178 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jay Yedlin M.D.

Mailing Address 8717 W 110th St Ste 600

City Overland Park State KS Zip Code 66210-2126

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

Name of Employer Anesthesia Associates of Kansas City Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
05 / 01 / 2014

Transaction ID : C2725955

Amount of Each Receipt this Period
500.00

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

Mailing Address 3048 SW 89th St Ste A

City Oklahoma City State OK Zip Code 73159-6359

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

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
05 / 19 / 2014

Transaction ID : C2740224

Amount of Each Receipt this Period
500.00

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

Mailing Address 129-4 Hidden Creek Circle

City Dothan State AL Zip Code 36301

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

Name of Employer Anesthesia Consultants Med. Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
05 / 14 / 2014

Transaction ID : C2731351

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **1083.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jason E. York M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 6910 Hunters Knl NE

City Atlanta State GA Zip Code 30328-1763

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

Name of Employer Physician Specialists in Anesthesia, P Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt **05 / 26 / 2014**

Transaction ID : C2742285

Amount of Each Receipt this Period **41.67**

B. Lawrence I. Young M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1717 Valley Forge Dr.

City Hixson State TN Zip Code 37343

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

Name of Employer American Anesthesiology of Tennessee Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **05 / 25 / 2014**

Transaction ID : C2742268

Amount of Each Receipt this Period **125.00**

C. Elliot Yung M.D., M.Sc
Full Name (Last, First, Middle Initial)

Mailing Address 50 W 34th St Apt 10B5

City New York State NY Zip Code 10001-3064

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

Name of Employer New York Methodist Hospital Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 17 / 2014**

Transaction ID : C2738817

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.67**

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

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

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

FOR LINE NUMBER: PAGE 180 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sherif Zaafran M.D.

Mailing Address 2411 Fountainview
 Suite 200

City Houston State TX Zip Code 77057

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

Name of Employer US Anesthesia Partners Occupation Physician Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014

Transaction ID : C2731098

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Alan D. Zablocki M.D.

Mailing Address 1753 W Camino Ln

City Springfield State MO Zip Code 65810-2171

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

Name of Employer Ozark Anesthesia Associates Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2014

Transaction ID : C2738752

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Dino G. Zacharakos M.D.

Mailing Address 20 Spectacle Ln.

City Ridgefield State CT Zip Code 06877

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

Name of Employer EMCARE Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : C2741582

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ **416.68**

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

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

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

FOR LINE NUMBER: PAGE 181 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Zachary D. Zanowski M.D.

Mailing Address 8513 N Ashley Dr

City Edmond State OK Zip Code 73025-1558

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

Name of Employer Zachary D Zanowski, MD PLLC Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : C2730639

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Fernando L. Zaragoza M.D.

Mailing Address 4242 Medical Dr Ste 3100

City San Antonio State TX Zip Code 78229-5642

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

Name of Employer Tejas Anesthesia, P.A. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014

Transaction ID : C2744922

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Mitchell J. Zeitler M.D.

Mailing Address 6650 Nature Preserve Ct.

City Naples State FL Zip Code 34109

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

Name of Employer Anesthesia Associates of NAPles Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C2726100

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Matthew W. Zeleznik M.D.		Date of Receipt MM / DD / YYYY 05 / 22 / 2014
Mailing Address 5671 Peachtree Dunwoody Rd Ste 530		Transaction ID : C2742027
City Atlanta State GA Zip Code 30342-5005	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.60
Name of Employer Physician Specialists in Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) B. Andrzej J. Zembrzuski M.D.		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 31 Meredith Dr		Transaction ID : C2740609
City Sparta State NJ Zip Code 07871-3533	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 41.60
Name of Employer Morris Anesthesia Group	Occupation anesthesiaologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City State Zip Code	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	83.20
TOTAL This Period (last page this line number only).....▶	113497.56

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

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

FOR LINE NUMBER: PAGE 183 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Republican Attorney's General Association

Mailing Address 1201 F St NW
 Ste 675

City Washington State DC Zip Code 20004-1218

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼
 Refund of 3/14 Cont

Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : C2730601

Amount of Each Receipt this Period
 50000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

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

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

FOR LINE NUMBER: PAGE 184 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ROGERS FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 581
 City Brighton State MI Zip Code 48116
 FEC ID number of contributing federal political committee. **C** C00343863
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : C2754360
 Amount of Each Receipt this Period
 1000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Credit Card Merchant

State:

District:

Date of Disbursement

/ /

Transaction ID : D158896

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158605

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. HEARTDOCPAC

Mailing Address PO BOX 628

City Evansville State IN Zip Code 47704

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : D158462

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HOLDING ONTO OREGON'S PRIORITIES

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
2014 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : D158471

Amount of Each Disbursement this Period

5000.00

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

25000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JET PAC

Mailing Address PO BOX 2385

City Ottawa State IL Zip Code 61350

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158591

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN RICE FOR CONGRESS

Mailing Address 410 JERICHO TURNPIKE SUITE 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
2014 Primary Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : D158470

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address 4905 Del Ray Ave
Ste 401

City Bethesda State MD Zip Code 20814-2557

Purpose of Disbursement
2014 Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : D158461

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. MILLER-MEEKS FOR CONGRESS

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501-8310

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Miller Meeks

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : D158586

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Missouri Democratic State Committee

Mailing Address P.O. Box 719

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2014 Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : D158609

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
Alexander Mooney

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : D158474

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEW VISION AMERICA FUND

Mailing Address P.O. Box 8180

City San Jose State CA Zip Code 95155

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : D158585

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. NORMA TORRES FOR CONGRESS

Mailing Address 728 W Edna Pl

City Covina State CA Zip Code 91722-3222

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Norma Torres

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : D158582

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Berger for Congress

Mailing Address P.O. Box 3117

City Eden State NC Zip Code 27288

Purpose of Disbursement
2014 Primary Run-Off Contribution

011

Candidate Name

Phil Berger

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 06 Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	4

Transaction ID : D158457

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Alan Lowenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : D158590

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Ami Bera M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : D158464

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City LEXINGTON State KY Zip Code 40588

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Andy Andy Barr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : D158595

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Andy Harris

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158606

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Anna G. Eshoo

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158602

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Anna G. Eshoo

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : D158469

Amount of Each Disbursement this Period

2500.00

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

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLAINE FOR CONGRESS 2012

Mailing Address PO Box 1526

City Columbia State MO Zip Code 65205

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Blaine Luetkemeyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	4

Transaction ID : D158468

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Cheri Bustos

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	4

Transaction ID : D158138

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Chris Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	4

Transaction ID : D158458

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 State Zip Code
WHEELING WV 26003

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. David B. McKinley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : D158134

Amount of Each Disbursement this Period

2000.00

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

011

Candidate Name

Rep. Doris Matsui

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : D158588

Amount of Each Disbursement this Period

3000.00

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 Contribution

Candidate Name

Rep. Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : D158136

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. BILIRAKIS FOR CONGRESS

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Gus Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : D158137

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Rep. Gus Bilirakis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2014

Transaction ID : D158140

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City SAN RAFAEL State CA Zip Code 94915

Purpose of Disbursement
2014 General Contribution

011

Category/
Type

Candidate Name

Rep. Jared Huffman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : D158463

Amount of Each Disbursement this Period

500.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City State Zip Code
SAN RAFAEL CA 94915

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Jared Huffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : D158985

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : D158465

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Joe Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : D158456

Amount of Each Disbursement this Period

500.00

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

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Joe Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	4

Transaction ID : D158467

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. ROTHFUS FOR CONGRESS

Mailing Address PO BOX 435

City SEWICKLEY State PA Zip Code 15143

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Keith Rothfus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : D158454

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. YODER FOR CONGRESS

Mailing Address P.O. Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Kevin Yoder

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : D158597

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

6	5	0	0	.	0	0
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6	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158607

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MICHELLE

Mailing Address 7240 Evans Mill Rd

City McLean State VA Zip Code 22101-3422

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Michelle Lujan Grisham

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : D158581

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MICHELLE

Mailing Address 7240 Evans Mill Rd

City McLean State VA Zip Code 22101-3422

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Michelle Lujan Grisham

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : D158459

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City State Zip Code
Dallas TX 75382

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Pete Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2014

Transaction ID : D158466

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City State Zip Code
BURLINGTON VT 05402

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Peter Welch

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2014

Transaction ID : D158600

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City State Zip Code
SPRINGFIELD MA 01108

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2014

Transaction ID : D158133

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT HURT FOR CONGRESS

Mailing Address PO BOX 8

City CHATHAM State VA Zip Code 24531

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Robert Hurt

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	4

Transaction ID : D158473

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Robin Kelly

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : D158472

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF FARR

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Sam Farr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : D158599

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SANFORD BISHOP FOR CONGRESS

Mailing Address P. O. BOX 909

City State Zip Code
COLUMBUS GA 31902

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Sanford D. Bishop Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : D158139

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SHELLEY MOORE CAPITO FOR SENATE

Mailing Address P.O. Box 11519

City State Zip Code
Charleston WV 25339

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : D158135

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. MARINO FOR CONGRESS

Mailing Address PO BOX 653

City State Zip Code
WILLIAMSPORT PA 17703

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Tom Marino

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : D158455

Amount of Each Disbursement this Period

2500.00

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

8000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS FOR CONGRESS

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Tony Cardenas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : D158593

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. BOX 71584

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : D158608

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LOFGREN FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Zoe Lofgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : D158592

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

5	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City State Zip Code
West Chester PA 19381

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Ryan Costello

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : D158452

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR US SENATE INC

Mailing Address PO BOX 433

City State Zip Code
GREAT BEND KS 67530

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Sen. Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : D158460

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

6000.00

153000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Brad N. Brian M.D.		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 350 W Pebble Dr		Transaction ID : D158578
City Washington	State UT	
Zip Code 84780-8327	Purpose of Disbursement Refund of 5/14 contribution	Amount of Each Disbursement this Period 83.34
Candidate Name	Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Refund of 5/14 contr	
State: District:		

Full Name (Last, First, Middle Initial) B. Julie A. Joseph M.D., B.Sc		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 120 Student Pl		Transaction ID : D158550
City Durham	State NC	
Zip Code 27713	Purpose of Disbursement Refund of 5/14 contribution	Amount of Each Disbursement this Period 20.00
Candidate Name	Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Refund of 5/14	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	103.34
TOTAL This Period (last page this line number only).....	103.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Americans for Democratic Action

Mailing Address 1629 K Street NW
Ste 300

City Washington State DC Zip Code 20006

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Non-Federal Contribu**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : D158549

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Zerwas

Mailing Address P.O. Box 852

City Fulshear State TX Zip Code 77441

Purpose of Disbursement
2014 TX State Senate

Candidate Name

Dr. John Zerwas M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **2014 Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : D158583

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hattamer for Executive Council

Mailing Address P.O. Box 1633

City Nashua State NH Zip Code 03060

Purpose of Disbursement
NH Executive Council

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **2014 Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : D158587

Amount of Each Disbursement this Period

5000.00

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

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

12000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Public Response Group	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 14 / 2014
Mailing Address 12413 S Harlem Ave Ste 1SW	Amount 90000.00
City State Zip Code Palos Heights IL 60463-1447	Transaction ID : D158305 Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2014
Purpose of Expenditure Radio Ads/Production and Distribution	Category/Type 004
Name of Federal Candidate Dr. Valerie A. Arkoosh	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>13</u> State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 300390.06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Public Response Group	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2014
Mailing Address 12413 S Harlem Ave Ste 1SW	Amount 110000.00
City State Zip Code Palos Heights IL 60463-1447	Transaction ID : D158497 Date of Disbursement or Obligation MM / DD / YYYY 05 / 14 / 2014
Purpose of Expenditure Radio Ads/Production and Distribution	Category/Type 004
Name of Federal Candidate Mr. Patrick Hope	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought 110000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> 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 in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Thomas Conway

Signature _____ [Electronically Filed] Date MM / DD / YYYY **07 / 17 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Revolution Media Group	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 22 / 2014
Mailing Address 1020 Princess St	Amount 75000.00
City State Zip Code Alexandria VA 22314-2247	Transaction ID : D158478 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Purpose of Expenditure TV ad Production and Distribution	Category/Type 004
Name of Federal Candidate Chad Mathis M.D.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought 75000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought 	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	275000.00

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

Mr. Thomas Conway

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014