

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="1770455.33"/>	<input type="text" value="1770455.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1665626.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="73308.36"/>	<input type="text" value="1842076.77"/>
(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="1738935.12"/>	<input type="text" value="3612532.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22383.61"/>	<input type="text" value="1895980.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1716551.51"/>	<input type="text" value="1716551.51"/>
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).....	40190.36	1485847.24
(ii) Unitemized	6678.00	315789.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46868.36	1801636.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	21440.00	22440.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	68308.36	1824076.77
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.....	5000.00	18000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	73308.36	1842076.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73308.36	1842076.77

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	12383.61	47053.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12383.61	47053.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	1030250.00
24. Independent Expenditures (use Schedule E)	0.00	619225.83
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	8275.00
(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)).....	0.00	8275.00
29. Other Disbursements	0.00	191176.00
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)) ..	22383.61	1895980.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22383.61	1895980.59

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)	68308.36	1824076.77
34. Total Contribution Refunds (from Line 28(d))	0.00	8275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68308.36	1815801.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12383.61	47053.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12383.61	47053.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Basem B. Abdelmalak M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012 Transaction ID : C1886970
Mailing Address Dept of General Anesthesiology, E-9500 Euclid Ave.		Amount of Each Receipt this Period 41.60
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.80	

Full Name (Last, First, Middle Initial) B. John P. Abenstein M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2012 Transaction ID : C1883780
Mailing Address 10978 Eleventh Ave N.W.		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50	

Full Name (Last, First, Middle Initial) C. John P. Abenstein M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2012 Transaction ID : C1885766
Mailing Address 10978 Eleventh Ave N.W.		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50	

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

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

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

FOR LINE NUMBER: PAGE 7 OF 127
(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. Amr E. Abouleish M.D., M.B.

Mailing Address 4303 Evergreen Elm Ct

City State Zip Code
 Houston TX 77059-3120

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

Name of Employer Occupation
 University of Texas Medical Branch Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2012

Transaction ID : C1879120

Amount of Each Receipt this Period
 83.30

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

Mailing Address 291 Southhall Lane

City State Zip Code
 Maitland FL 32751

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

Name of Employer Occupation
 JLR Anesth. Assoc. Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 453.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1875084

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
C. Kelly J. Allen M.D.

Mailing Address 291 Southhall Lane

City State Zip Code
 Maitland FL 32751

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

Name of Employer Occupation
 JLR Anesth. Assoc. Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 453.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : C1889824

Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 127
	<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. Quaison Alleyne M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3528
 City Milton State FL Zip Code 32572-3528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panhandle Anesthesia Associates Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.20**

Date of Receipt **12 / 23 / 2012**
Transaction ID : C1888117
 Amount of Each Receipt this Period **41.60**

B. Charles K. Anderson M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 60975 Billadeau Rd
 City Bend State OR Zip Code 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bend Anesthesiology Group, Inc Occupation Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **12 / 04 / 2012**
Transaction ID : C1881121
 Amount of Each Receipt this Period **83.30**

c. Jonathan C. Anderson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Jossie Ln
 City Kalispell State MT Zip Code 59901-6961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Rockies Anesthesia Consultant Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 08 / 2012**
Transaction ID : C1885242
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	224.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 127
<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. Shane C. Angus M.S., A.A.		Date of Receipt 12 / 15 / 2012 Transaction ID : C1886983
Mailing Address 820 1st N.E. LL-150, Mail 25		Amount of Each Receipt this Period 83.30
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		
Name of Employer Case School of Medicine	Occupation Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1663.60	

Full Name (Last, First, Middle Initial) B. James M. Anton M.D.		Date of Receipt 12 / 05 / 2012 Transaction ID : C1883366
Mailing Address 2302 Paradise Canyon Dr.		Amount of Each Receipt this Period 50.00
City Pearland	State TX	Zip Code 77584-3297
FEC ID number of contributing federal political committee. C		
Name of Employer Greater Houston Health Network	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) c. Gregory K. Applegate D.O.		Date of Receipt 12 / 20 / 2012 Transaction ID : C1887987
Mailing Address 5950 N Pointe Dr		Amount of Each Receipt this Period 41.60
City Pepper Pike	State OH	Zip Code 44124
FEC ID number of contributing federal political committee. C		
Name of Employer Federal Government	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.20	

SUBTOTAL of Receipts This Page (optional).....▶	174.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 127
<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. Brett L. Arron M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Lake Street
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Narragansett Bay Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : C1879221
 Amount of Each Receipt this Period
 83.30

B. Carolyn F. Bannister M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5102 Chastleton Drive
 City Stone Mountain State GA Zip Code 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University School of Medicine Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : C1888052
 Amount of Each Receipt this Period
 83.30

c. Charles R. Beckenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 S Rome Ave Apt 602
 City Tampa State FL Zip Code 33606-2589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UniCom Anesthesia Associates, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 457.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886892
 Amount of Each Receipt this Period
 41.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 127
<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. Eileen V. Begin M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 110 Irving St. NW #G-226

City Washington	State DC	Zip Code 20010-3017
--------------------	-------------	------------------------

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

Name of Employer Washington Hospital Center	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2012

Transaction ID : C1888153

Amount of Each Receipt this Period

41.60

B. Vicente Behrens M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 830 SW 93rd Ave

City Miami	State FL	Zip Code 33174-3151
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jackson Memorial Hosp	Occupation Resident
---	------------------------

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
12	/	21	/	2012

Transaction ID : C1888057

Amount of Each Receipt this Period

41.60

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

Mailing Address 7 Plymouth Ln.

City East Brunswick	State NJ	Zip Code 08816
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **582.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

Transaction ID : C1886358

Amount of Each Receipt this Period

83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 127
	<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. Joel L. Bez D.O.			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2012
Mailing Address 3806 Viceroy Dr.			Transaction ID : C1886991
City Okemos	State MI	Zip Code 48864	Amount of Each Receipt this Period 41.60
FEC ID number of contributing federal political committee. C			
Name of Employer Lansing Anesthesiologist P.C.	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.80		

Full Name (Last, First, Middle Initial) B. David J. Biel A.A.-C			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012
Mailing Address 2929 Edgehill Rd			Transaction ID : C1888054
City Cleveland Heights	State OH	Zip Code 44118-2017	Amount of Each Receipt this Period 41.60
FEC ID number of contributing federal political committee. C			
Name of Employer University Hospitals of Cleveland	Occupation Anesthesiologist Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.40		

Full Name (Last, First, Middle Initial) C. Wendy B. Binstock M.D.			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2012
Mailing Address 1122 W Montana St			Transaction ID : C1886264
City Chicago	State IL	Zip Code 60614-2221	Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C			
Name of Employer university of chicago	Occupation physican		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 127
	<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 F. Birch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 582 Summit Ave.
 City St. Paul State MN Zip Code 55102-2654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairview Ridges Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.20**

Date of Receipt **12 / 11 / 2012**
Transaction ID : C1886103
 Amount of Each Receipt this Period **41.60**

B. Timothy M. Bittenbinder M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304
 City Temple State TX Zip Code 76508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **999.60**

Date of Receipt **12 / 15 / 2012**
Transaction ID : C1886972
 Amount of Each Receipt this Period **83.30**

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 Scott and White Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **999.60**

Date of Receipt **12 / 25 / 2012**
Transaction ID : C1888154
 Amount of Each Receipt this Period **83.30**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 127
(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 J. Blake M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7920 Clark State Road
 City State Zip Code
 Blacklick OH 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Mgmt Serv 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
 12 / 04 / 2012
Transaction ID : C1881111
 Amount of Each Receipt this Period
 500.00

B. Will Blankenship M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2215 viewmont way w
 City State Zip Code
 Seattle WA 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 swedish medical group anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2012
Transaction ID : C1888151
 Amount of Each Receipt this Period
 50.00

C. Kenneth J. Bochenek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Spruce Dr
 City State Zip Code
 Lafayette IN 47905-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesiology Associates, P.C. ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012
Transaction ID : C1886235
 Amount of Each Receipt this Period
 50.00

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: PAGE 15 OF 127
(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. Srinivas S. Bollimpalli M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1850 N Central Ave Ste 1600

City Phoenix	State AZ	Zip Code 85004-4633
-----------------	-------------	------------------------

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

Name of Employer Valley Anes. Consultants, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : C1884518

Amount of Each Receipt this Period

603.30

B. David L. Boyer M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 400 Kentwood Drive

City Killen	State AL	Zip Code 35645
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

Transaction ID : C1884975

Amount of Each Receipt this Period

500.00

C. K P Branam M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 160 Green Glades

City Ridgeland	State MS	Zip Code 39157-8662
-------------------	-------------	------------------------

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

Name of Employer UMC	Occupation Physician
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2012

Transaction ID : C1887036

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	603.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 127
	<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 Brouillard A.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Executive Park S
 Dept of Anes
 City Atlanta State GA Zip Code 30322-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University School of Medicine Occupation AA Pprogram Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : C1885243
 Amount of Each Receipt this Period
 833.00

B. Chad M. Brummett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 E. Medical Center Dr.
 UH1 H247 SPC 5048
 City Ann Arbor State MI Zip Code 48109-5048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2012
Transaction ID : C1886999
 Amount of Each Receipt this Period
 20.00

C. Matthew E. Buckon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1945 N.W. 28th Pl.
 City Portland State OR Zip Code 97210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Anesthesiology Group, P.C. Occupation anesthesiology
 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
 12 / 09 / 2012
Transaction ID : C1885403
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	353.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 127
	<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. Kurt T. Budenbender D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 N. Central Ave Ste 1600
 Valley Anes. Consultants, LTD
 City Phoenix State AZ Zip Code 85004
 Name of Employer Valley Anesthesia Consultants, LTD Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Occupation Anesthesiologist
 Aggregate Year-to-Date ▼ 1499.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2012
Transaction ID : C1887000
 Amount of Each Receipt this Period
 83.30

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
 Name of Employer Providence VAMC Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Occupation anesthesiologist
 Aggregate Year-to-Date ▼ 1449.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : C1886905
 Amount of Each Receipt this Period
 83.30

C. 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
 Name of Employer Providence VAMC Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Occupation anesthesiologist
 Aggregate Year-to-Date ▼ 1449.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2012
Transaction ID : C1888152
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 127
	<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. James Burkman M.D.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2012
Mailing Address 601 Belmont Ave E Apt A12		Transaction ID : C1886889
City Seattle	State WA	Zip Code 98102-4801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.60
Name of Employer Physicians Anesthesia Service	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.20	

Full Name (Last, First, Middle Initial) B. Frederick Campbell III, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012
Mailing Address 4100 Park Forest Dr Ste 210		Transaction ID : C1886906
City Traverse City	State MI	Zip Code 49684-7306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
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 ▼ 1082.90	

Full Name (Last, First, Middle Initial) C. Nicholas Capone D.O.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012
Mailing Address 9146 Bay Point Drive		Transaction ID : C1888140
City Orlando	State FL	Zip Code 32819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.60
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 ▼ 494.40	

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

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

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

FOR LINE NUMBER: PAGE 19 OF 127
(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. Mark S. Carlson M.D.

Mailing Address 671 Prairie Psge

City State Zip Code
 N Sioux City SD 57049-5152

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

Name of Employer Occupation
 Anesthesia Consultants PC Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2012

Transaction ID : C1887401

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dominic S. Carollo M.D.

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 Staff 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
 12 / 21 / 2012

Transaction ID : C1888056

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
c. Chun K. Chan M.D.

Mailing Address 1354 Island PI E

City State Zip Code
 Memphis TN 38103-9023

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

Name of Employer Occupation
 Medical Anesthesia Group Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 457.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1875077

Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 127
	<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. Chun K. Chan M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1354 Island PI E

City Memphis State TN Zip Code 38103-9023

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 ▼ 457.60

Date of Receipt 12 / 28 / 2012
Transaction ID : C1889818

Amount of Each Receipt this Period 41.60

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

Mailing Address 1253 Citadel Dr. NE

City Atlanta State GA Zip Code 30324

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

Name of Employer Emory Healthcare Occupation Anesthesiologist Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 916.30

Date of Receipt 12 / 12 / 2012
Transaction ID : C1886265

Amount of Each Receipt this Period 83.30

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

Mailing Address 1319 S.9th St.

City Fargo State ND Zip Code 58103-4105

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

Name of Employer Sanford Health Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 701.80

Date of Receipt 12 / 13 / 2012
Transaction ID : C1886359

Amount of Each Receipt this Period 41.60

SUBTOTAL of Receipts This Page (optional).....▶ 166.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 127
	<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. John C. Chatelain M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 S.9th St.
 City Fargo State ND Zip Code 58103-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 701.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2012
Transaction ID : C1887772
 Amount of Each Receipt this Period
 41.60

B. Robert G. Cline M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7423 Westwind Rd
 City Traverse City State MI Zip Code 49686-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Traverse Anesthesia Associates Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2012
Transaction ID : C1879117
 Amount of Each Receipt this Period
 41.60

C. David J. Cohen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 32630 Bingham Rd
 City Bingham Farms State MI Zip Code 48025-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 994.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2012
Transaction ID : C1887015
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional).....▶	124.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 127
	<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. Norman A. Cohen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 0841 SW Gaines St # 504
 City Portland State OR Zip Code 97239-2976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Health and Science Univ. Anes. Occupation Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : C1879222
 Amount of Each Receipt this Period
 83.30

B. John A. Cooley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Fox Hedge Rd
 City Saddle River State NJ Zip Code 07458-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anes Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : C1886907
 Amount of Each Receipt this Period
 83.30

c. Marvin D. Covrig M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 Cornerstone Ct
 City Modesto State CA Zip Code 95355-4566
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : C1887883
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 127
	<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. Critical Health Systems of South Carolina		Date of Receipt
Mailing Address P.O. Box 18139		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Raleigh	NC	27619
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2300134
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="4575.08"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4575.08"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David A Cross M.D.		Date of Receipt
Mailing Address Department of Anesthesiology 2401 South 31st Street		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Temple	TX	76508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1883781
Name of Employer	Occupation	Amount of Each Receipt this Period
Scott and White Healthcare	Physician	<input type="text" value="83.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Jay D. Cunningham D.O.		Date of Receipt
Mailing Address 18808 Saddle River Dr		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Edmond	OK	73012-4104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C1886909
Name of Employer	Occupation	Amount of Each Receipt this Period
Affiliated Anesthesiologist Inc	Anesthesiologist	<input type="text" value="83.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.90"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4741.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : C2300134

This contribution was deposited by ASA financial staff by error and was not entered into the ASA PAC

Form/Schedule:

Transaction ID:

**SCHEDULE A (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 127
	<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. Susan G. Curling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2727 Kirby Dr Apt 11D
 City Houston State TX Zip Code 77098-1152
 Name of Employer North Houston Anesthesiologists Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1165.90

Date of Receipt 12 / 01 / 2012
Transaction ID : C1879103
 Amount of Each Receipt this Period 83.30

B. Stephan R. Curry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 Cumberland Head Rd
 City Plattsburgh State NY Zip Code 12901-6708
 Name of Employer Champlain Valley Physicians Hospital M Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.20

Date of Receipt 12 / 03 / 2012
Transaction ID : C1879212
 Amount of Each Receipt this Period 41.60

C. Patricia A. Dailey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Creekwood Way
 City Hillsborough State CA Zip Code 94010-6913
 Name of Employer Anesthesia Care Associates Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 13 / 2012
Transaction ID : C1886421
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 127
	<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. Michael Danic M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14726 Fox
 City Redford State MI Zip Code 48239-3163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Lakes Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.30**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886891
 Amount of Each Receipt this Period
83.30

B. Robert A. Daniel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 Terranova Ct
 City Lexington State KY Zip Code 40513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer bluegrass anesthesia services Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.20**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : C1887988
 Amount of Each Receipt this Period
41.60

C. Sharon M. Darrow D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Huntington Ave
 City Nichols Hills State OK Zip Code 73116-6212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.40**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2012
Transaction ID : C1871414
 Amount of Each Receipt this Period
83.30

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

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

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

FOR LINE NUMBER: PAGE 27 OF 127
(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. Sharon M. Darrow D.O.

Mailing Address 1115 Huntington Ave

City Nichols Hills State OK Zip Code 73116-6212

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

Name of Employer Northwest Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.40**

Date of Receipt
12 / 27 / 2012

Transaction ID : C1888239

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. Anand S. Dash M.D.

Mailing Address 1624 E. Wayne Street

City South Bend State IN Zip Code 46615

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

Name of Employer St. Joseph Valley Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.60**

Date of Receipt
11 / 29 / 2012

Transaction ID : C1876383

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
C. Anand S. Dash M.D.

Mailing Address 1624 E. Wayne Street

City South Bend State IN Zip Code 46615

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

Name of Employer St. Joseph Valley Anesthesia Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **457.60**

Date of Receipt
12 / 29 / 2012

Transaction ID : C1889840

Amount of Each Receipt this Period
41.60

SUBTOTAL of Receipts This Page (optional)..... ► **166.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 127
	<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. Kraig S. de Lanzac M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886379
 Amount of Each Receipt this Period
 83.30

B. Sasha M. Demos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 Lee St.
 City State Zip Code
 Downers Grove IL 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2012
Transaction ID : C1877508
 Amount of Each Receipt this Period
 250.00

C. Allen Dennis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14857 Holly Leaf Dr
 City State Zip Code
 Frisco TX 75035-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baylor Center for Pain Management Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2012
Transaction ID : C1876382
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 127
<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. Abhijit Desai M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2012 Transaction ID : C1879104
Mailing Address 74 Clairmont St		Amount of Each Receipt this Period 41.60
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.20	

Full Name (Last, First, Middle Initial) B. Abhijit Desai M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 Transaction ID : C1887992
Mailing Address 74 Clairmont St		Amount of Each Receipt this Period 41.60
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.20	

Full Name (Last, First, Middle Initial) C. Laura I. Dew M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2012 Transaction ID : C1879121
Mailing Address 3009 Cason St		Amount of Each Receipt this Period 83.30
City Houston	State TX	Zip Code 77005-3812
FEC ID number of contributing federal political committee. C		
Name of Employer Greater Houston Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 127
	<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. John F. Di Capua M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2012
Mailing Address 74 Byram Ridge Road			Transaction ID : C1888105
City Armonk	State NY	Zip Code 10504-1210	Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C			
Name of Employer North Shore University Hospital Anesth	Occupation Anesthesiology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40		

Full Name (Last, First, Middle Initial) B. Christina D. Diaz M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 2433 N Lefebber Ave			Transaction ID : C1887035
City Milwaukee	State WI	Zip Code 53213-1219	Amount of Each Receipt this Period 41.60
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College of Wisconsin Childrens	Occupation Pediatric Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.20		

Full Name (Last, First, Middle Initial) C. Christian Diez M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2012
Mailing Address 7915 SW 55 Avenue			Transaction ID : C1886998
City Miami	State FL	Zip Code 33143	Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C			
Name of Employer University of Miami	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.60		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 127
	<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. Matthew Donovan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 Evergreen Drive N.E.
 Anesthesia Practice Consultants, P
 City Grand Rapids State MI Zip Code 49525-9756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2012
Transaction ID : C1888135
 Amount of Each Receipt this Period
 41.60

B. Donald D. Downs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7351 Oliver Woods Dr SE
 City Grand Rapids State MI Zip Code 49546-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1082.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2012
Transaction ID : C1888103
 Amount of Each Receipt this Period
 83.30

C. Casey M. Drawert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3622 Ivory Crk
 City San Antonio State TX Zip Code 78258-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation Anesthesiologist Intensivist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2012
Transaction ID : C1888134
 Amount of Each Receipt this Period
 41.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 127
	<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. Kenneth Elmassian D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 Pine Hollow Dr.
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ingham Regional Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2012
Transaction ID : C1879101
 Amount of Each Receipt this Period
 83.30

B. Emil D. Engels M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3127 Windsong Dr
 City Oakton State VA Zip Code 22124-1832
 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 ▼ 374.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883374
 Amount of Each Receipt this Period
 41.60

C. Jesse Epps M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 2341 McCallie Ave., #402
 Anesthesiologists Associated
 City Chattanooga State TN Zip Code 37404-3231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiologists Associated Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : C1879223
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 127
	<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. Lawrence Epstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. Of Anesthesiology Box 1192
 One Gustave Levy Place
 City New York State NY Zip Code 10029-6574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai School of Medicine Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.10**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : C1886267
 Amount of Each Receipt this Period
83.30

B. Lawrence Epstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. Of Anesthesiology Box 1192
 One Gustave Levy Place
 City New York State NY Zip Code 10029-6574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai School of Medicine Occupation Physician Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.10**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2012
Transaction ID : C1887034
 Amount of Each Receipt this Period
41.60

C. Luis Esparza M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 N Swan Rd Ste 100
 City Tucson State AZ Zip Code 85712-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OLD PUEBLO ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **775.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2012
Transaction ID : C1877506
 Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....	209.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 127
	<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. Luis Esparza M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012
Mailing Address 2810 N Swan Rd Ste 100		Transaction ID : C1886931
City Tucson	State AZ	Zip Code 85712-6300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
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 ▼ 775.00	

Full Name (Last, First, Middle Initial) B. Monique Espinosa M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2012
Mailing Address PO Box 16370 (M-820) Anes. Dept.		Transaction ID : C1879097
City Miami	State FL	Zip Code 33101-6370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer University of Miami	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.10	

Full Name (Last, First, Middle Initial) C. Faye M. Evans M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2012
Mailing Address 140 Waverly Way NE		Transaction ID : C1879168
City Atlanta	State GA	Zip Code 30307-2568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Emory University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	418.30
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 127
(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. Forest L. Evans Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1928
 City Columbia State SC Zip Code 29202-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants of Columbia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1457.60**

Date of Receipt **12 / 06 / 2012**
Transaction ID : C1883774
 Amount of Each Receipt this Period **41.60**

B. Rita Fattouch Saikali M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Prince of Wales Court
 City Williamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wagdy Ghaly MD PC Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 29 / 2012**
Transaction ID : C1876379
 Amount of Each Receipt this Period **50.00**

C. Rita Fattouch Saikali M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Prince of Wales Court
 City Williamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wagdy Ghaly MD PC Occupation Resident
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 29 / 2012**
Transaction ID : C1889838
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **141.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 127
	<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. William Feaster M.D.		Date of Receipt 12 / 15 / 2012 Transaction ID : C1886973
Mailing Address 377 Eagle Trace Dr		Amount of Each Receipt this Period 83.30
City Half Moon Bay	State CA	Zip Code 94019-2291
FEC ID number of contributing federal political committee. C		
Name of Employer Childrens Hospital Orange County	Occupation Chief Medical Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) B. Marco A. Fernandez M.D.		Date of Receipt 12 / 25 / 2012 Transaction ID : C1888156
Mailing Address 24181 N Grandview		Amount of Each Receipt this Period 41.60
City Lake Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest Suburban Anesthesiologists	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) C. Gerhard W. Flacke M.D.		Date of Receipt 12 / 26 / 2012 Transaction ID : C1888170
Mailing Address 3947 E Ina Rd		Amount of Each Receipt this Period 83.30
City Tucson	State AZ	Zip Code 85718-1531
FEC ID number of contributing federal political committee. C		
Name of Employer Old Pueblo Anesthesia	Occupation physician anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.80	

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

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

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

FOR LINE NUMBER: PAGE 37 OF 127
(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. Richard M. Flowerdew M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Hedgerow Dr
 City Falmouth State ME Zip Code 04105-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1082.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886360
 Amount of Each Receipt this Period
 83.30

B. William A. Frame M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 N Edward St
 City Decatur State IL Zip Code 62526-4163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists of Decatu Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886361
 Amount of Each Receipt this Period
 83.30

C. Wayne A. Fuller M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1269 E. Giles Rd.
 City Muskegon State MI Zip Code 49445
 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 ▼ 916.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : C1883782
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 127
<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. Charles J. Garrett M.D.		Date of Receipt 11 / 29 / 2012 Transaction ID : C1876381
Mailing Address 1617 Kansas Ave		Amount of Each Receipt this Period 83.30
City San Angelo State TX Zip Code 76904-6834	FEC ID number of contributing federal political committee. C	
Name of Employer Emory University Hospital Anesthesiolo Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.60

Full Name (Last, First, Middle Initial) B. Charles J. Garrett M.D.		Date of Receipt 12 / 29 / 2012 Transaction ID : C1889839
Mailing Address 1617 Kansas Ave		Amount of Each Receipt this Period 83.30
City San Angelo State TX Zip Code 76904-6834	FEC ID number of contributing federal political committee. C	
Name of Employer Emory University Hospital Anesthesiolo Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.60

Full Name (Last, First, Middle Initial) C. Robin Gavelin M.D.		Date of Receipt 11 / 29 / 2012 Transaction ID : C1877510
Mailing Address 5215 S Laurelhurst Ct		Amount of Each Receipt this Period 250.00
City Spokane State WA Zip Code 99223-8100	FEC ID number of contributing federal political committee. C	
Name of Employer Physician Anesthesia Group Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 127
	<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. Frank M. Gentile M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 S 311 Blackthorne Lane
 City Naperville State IL Zip Code 60540
 Name of Employer DUPAGE VALLEY ANES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 29 / 2012
Transaction ID : C1877496
 Amount of Each Receipt this Period 250.00

B. John E. George III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6035 North Pointe Drive
 City Pepper Pike State OH Zip Code 44124
 Name of Employer The Cleveland Clinic Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2012
Transaction ID : C1887016
 Amount of Each Receipt this Period 200.00

C. Patrick Giam M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Greater Houston Anesthesiology
 2411 Fountain View, Suite 200
 City Houston State TX Zip Code 77057-4817
 Name of Employer Greater Houston Anesthesiology, P.A. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt 12 / 04 / 2012
Transaction ID : C1881122
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 533.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 127
	<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. Lawrence M. Gibbons D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012
Mailing Address 42 Cromwell Dr		Transaction ID : C1875083
City Portsmouth	State RI	Zip Code 02871-1346
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Anesthesia Associates of Massachusetts	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) B. Lawrence M. Gibbons D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012
Mailing Address 42 Cromwell Dr		Transaction ID : C1889821
City Portsmouth	State RI	Zip Code 02871-1346
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Anesthesia Associates of Massachusetts	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) C. David F. Gloyna M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012
Mailing Address Scott and White, Dept. of Anes. 2401 South 31st		Transaction ID : C1886910
City Temple	State TX	Zip Code 76508
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Scott and White Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 716.50	

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 41 OF 127
	<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. Santiago L. Gomez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Chateau Pontet Canet Dr
 City Kenner State LA Zip Code 70065-2035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane Hospital Occupation Doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012
Transaction ID : C1886989
 Amount of Each Receipt this Period
41.60

B. Michael C. Gosney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Chase Dr.
 City Muscle Shoals State AL Zip Code 35661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Medical Consultants, LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883375
 Amount of Each Receipt this Period
83.30

C. Andrew M Gross M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6801 LAKE DEVONWOOD DR
 City Fort Myers State FL Zip Code 33908-7202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Center of Florida Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012
Transaction ID : C1881116
 Amount of Each Receipt this Period
41.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 127
<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. Nelson V. Guevara M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12712 Northern Sky Ave NE
 City Albuquerque State NM Zip Code 87111-8086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Anes Dept Occupation Medical Doctor Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 25 / 2012**
Transaction ID : C1888155
 Amount of Each Receipt this Period **50.00**

B. Dhanesh K. Gupta M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 N Lake Shore Dr Apt 2910
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern University Feinberg Schoo Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 05 / 2012**
Transaction ID : C1883360
 Amount of Each Receipt this Period **500.00**

C. Allen N. Gustin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 653 W Briar PI 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 **600.00**

Date of Receipt **12 / 05 / 2012**
Transaction ID : C1883761
 Amount of Each Receipt this Period **50.00**

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 43 OF 127
	<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. Melanie J. Guthrie A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Holmes Street
 MG-200
 City Kansas City State MO Zip Code 64108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri - Kansas City Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012
Transaction ID : C1881117
 Amount of Each Receipt this Period
 41.60

B. Melanie J. Guthrie A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Holmes Street
 MG-200
 City Kansas City State MO Zip Code 64108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri - Kansas City Occupation Anesthesiologist Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : C1886911
 Amount of Each Receipt this Period
 41.60

C. Aaron Hammond D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3390 N. Campbell Ave., Ste. 110
 City Tucson State AZ Zip Code 85719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : C1883772
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 127
<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. William E. Harris M.D.		Date of Receipt 12 / 03 / 2012 Transaction ID : C1879216
Mailing Address 3120 Legacy Trace		Amount of Each Receipt this Period 41.60
City Amberley Village	State OH	Zip Code 45237
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia GROUP PRACTICE, INC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.20	

Full Name (Last, First, Middle Initial) B. Steven Hattamer M.D.		Date of Receipt 12 / 02 / 2012 Transaction ID : C1879126
Mailing Address 8 Prospect St		Amount of Each Receipt this Period 83.30
City Nashua	State NH	Zip Code 03060-3925
FEC ID number of contributing federal political committee. C		
Name of Employer Nashua Anesthesia Partners	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.70	

Full Name (Last, First, Middle Initial) c. Jonathan C. Hausheer M.D.		Date of Receipt 11 / 30 / 2012 Transaction ID : C1878125
Mailing Address 771 Dommerich Dr.		Amount of Each Receipt this Period 41.60
City Maitland	State FL	Zip Code 32751
FEC ID number of contributing federal political committee. C		
Name of Employer JLR Medical Group	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.40	

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

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

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

FOR LINE NUMBER: PAGE 45 OF 127
(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. Jonathan C. Hausheer M.D.

Mailing Address 771 Dommerich Dr.

City Maitland State FL Zip Code 32751

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

Name of Employer JLR Medical Group Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **289.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2012

Transaction ID : C1889945

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
B. Joy L. Hawkins M.D.

Mailing Address 12631 E 17th Ave, MS 8203
 University of Colorado School of M

City Aurora State CO Zip Code 80045-2527

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

Name of Employer University of Colorado School of Medic 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
12 / 12 / 2012

Transaction ID : C1886352

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. David Healy M.D.

Mailing Address 1500 E. Medical Ctr. Dr., 1H247
 University of Michigan

City Ann Arbor State MI Zip Code 48109

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

Name of Employer University of Michigan Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : C1885765

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **561.60**

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 46 OF 127
(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. Heaton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4694 N. Rocky Crest Place
 City Tucson State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 12 / 2012
Transaction ID : C1886332
 Amount of Each Receipt this Period 300.00

B. Peter L. Hendricks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1590 Panorama Dr.
 City Vestavia Hills State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1082.90

Date of Receipt 12 / 08 / 2012
Transaction ID : C1885249
 Amount of Each Receipt this Period 83.30

C. Richard L. Henry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3046 O'Brien Dr
 City Tallahassee State FL Zip Code 32309-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates of Tallahassee Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 12 / 06 / 2012
Transaction ID : C1883778
 Amount of Each Receipt this Period 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 424.90
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 127
	<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. Andrew Herlich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Haverford Circle
 City Pittsburgh State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pittsburgh Physicians Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2012
Transaction ID : C1879119
 Amount of Each Receipt this Period
83.30

B. Linda B. Hertzberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6622 N. Forkner Ave.
 City Fresno State CA Zip Code 93711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants of Fresno Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2012
Transaction ID : C1879123
 Amount of Each Receipt this Period
83.30

C. Gregory S. Hondorp M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2931 Pioneer Club, S.E.
 City Grand Rapids State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APC Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1888173
 Amount of Each Receipt this Period
41.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 127
	<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 Horvath M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5201 N. Fort Yuma Trl

City Tucson State AZ Zip Code 85750

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

Name of Employer Old Pueblo Anes. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2012
Transaction ID : C1878121

Amount of Each Receipt this Period 250.00

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

Mailing Address 5201 N. Fort Yuma Trl

City Tucson State AZ Zip Code 85750

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

Name of Employer Old Pueblo Anes. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2012
Transaction ID : C1889939

Amount of Each Receipt this Period 25.00

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

Mailing Address PO Box 1025

City Fairhope State AL Zip Code 36533-1025

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

Name of Employer Eastern Shore Anesthesia Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 916.30

Date of Receipt 12 / 18 / 2012
Transaction ID : C1887770

Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 127
<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. Hayden R. Hughes M.D.			Date of Receipt 12 / 21 / 2012 Transaction ID : C1888055
Mailing Address 1941 21st Ave S			Amount of Each Receipt this Period 83.30
City Birmingham	State AL	Zip Code 35209-1345	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 914.80
Name of Employer University of Alabama Medical Center D	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) B. Robert W. Hurley M.D., Ph.D			Date of Receipt 12 / 10 / 2012 Transaction ID : C1885767
Mailing Address PO Box 100254- Hurley			Amount of Each Receipt this Period 41.60
City Gainesville	State FL	Zip Code 32610-0254	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 499.20
Name of Employer Univ of FL Med Ctr Anes Dept	Occupation Pain Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C. Robert Impastato M.D.			Date of Receipt 12 / 15 / 2012 Transaction ID : C1886987
Mailing Address 19 Barrett Hill Rd.			Amount of Each Receipt this Period 83.30
City Hopewell Junction	State NY	Zip Code 12533	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 999.60
Name of Employer Vassar Brothers Hospital Anes. Dept.	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 127
	<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. 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 ▼ 1166.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883376
 Amount of Each Receipt this Period
 83.30

B. Aliraza G. Jaffer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5070 Brookdale Road
 City 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: 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
 12 / 13 / 2012
Transaction ID : C1886362
 Amount of Each Receipt this Period
 83.30

C. Daniel J. Janik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15605 E Prentice Dr
 City Centennial State CO Zip Code 80015-4264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Colorado Denver Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886363
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 127
	<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. Cynthia L. Jenson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Main St.
 City Waterville State ME Zip Code 04901-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Lewiston Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1165.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : C1879213
 Amount of Each Receipt this Period
83.30

B. Brad N. Johnson D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 W. Spring Meadows Lane
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lansing Anesthesiologist, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2012
Transaction ID : C1879118
 Amount of Each Receipt this Period
83.30

C. Donald K. Jones M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2043 Alaqua Lakes Blvd.
 City Longwood State FL Zip Code 32779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : C1886912
 Amount of Each Receipt this Period
83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 127
	<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. Gary P. Jones A.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6410 Fannin St
 Suite 480
 City Houston State TX Zip Code 77030-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University Occupation Program Director, AA-C
 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
 12 / 13 / 2012
Transaction ID : C1886364
 Amount of Each Receipt this Period
83.30

B. Stacy L. Jones M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8700 Tallwood Dr
 City Austin State TX Zip Code 78759-7530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886380
 Amount of Each Receipt this Period
83.30

C. Zachary S. Jones M.D.
 Full Name (Last, First, Middle Initial)
 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 Department of Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883365
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **186.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 127
	<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. Vilma A. Joseph M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 682 Frick St
 City Elmont State NY Zip Code 11003-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monetefiore Medical Center Albert Eins Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1875078
 Amount of Each Receipt this Period
 41.60

B. Vilma A. Joseph M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 682 Frick St
 City Elmont State NY Zip Code 11003-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monetefiore Medical Center Albert Eins Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : C1889819
 Amount of Each Receipt this Period
 41.60

C. Geetha Kannan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 Maison Ct
 City Altamonte Springs State FL Zip Code 32714-5905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiologists Of Greater Orlando Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1875080
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.80
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 127
	(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"/> 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. Geetha Kannan M.D.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : C1889823
Mailing Address 249 Maison Ct		Amount of Each Receipt this Period 41.60
City Altamonte Springs	State FL	Zip Code 32714-5905
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiologists Of Greater Orlando	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00	

Full Name (Last, First, Middle Initial) B. Suresh Kannan M.D.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 Transaction ID : C1888058
Mailing Address 249 Maison Ct		Amount of Each Receipt this Period 50.00
City Altamonte Springs	State FL	Zip Code 32714-5905
FEC ID number of contributing federal political committee. C		
Name of Employer JLR	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Suzanne B. Karan M.D.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2012 Transaction ID : C1879095
Mailing Address 1410 Highland Ave		Amount of Each Receipt this Period 41.60
City Rochester	State NY	Zip Code 14620-1876
FEC ID number of contributing federal political committee. C		
Name of Employer University of Rochester - Strong Memor	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 457.60	

SUBTOTAL of Receipts This Page (optional).....▶	133.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 127
<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. Tripti Kataria M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 S Canal St Apt 419
 City Chicago State IL Zip Code 60606-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of CHicago Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **999.60**

Date of Receipt **12 / 10 / 2012**
Transaction ID : C1885407
 Amount of Each Receipt this Period **83.30**

B. Mohan V. Kavuri M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Settlers Dr
 City Naperville State IL Zip Code 60565-5437
 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 **11 / 29 / 2012**
Transaction ID : C1877507
 Amount of Each Receipt this Period **250.00**

C. Molly Kelly M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8600 N State Rte 91 Suite 250
 City Peoria State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, S.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 01 / 2012**
Transaction ID : C1879113
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 127
	<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. Tara L. Kennedy M.D.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 Transaction ID : C1886100
Mailing Address 8013 Anderson St		Amount of Each Receipt this Period 250.00
City Philadelphia	State PA	Zip Code 19118-2936
FEC ID number of contributing federal political committee. C		
Name of Employer Thomas Jefferson Univ Hospital	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. James K. Kerr III, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 Transaction ID : C1886099
Mailing Address 2165 Herschel St		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.20	

Full Name (Last, First, Middle Initial) C. Rubin Kesner D.O.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2012 Transaction ID : C1886890
Mailing Address 35 Hearthstone Dr		Amount of Each Receipt this Period 83.30
City Gansevoort	State NY	Zip Code 12831-2505
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Group of Albany	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.60	

SUBTOTAL of Receipts This Page (optional).....▶	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 57 OF 127
	<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. Talal Khan M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3901 Rainbow Blvd., RM 2467
3901 Rainbow Blvd., RM 2467

City Kansas City State KS Zip Code 66160-7415

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

Name of Employer Kansas Univ Medical Center Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
12 / 07 / 2012
Transaction ID : C1884516

Amount of Each Receipt this Period
41.60

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

Mailing Address 13029 NE 144th PI

City Kirkland State WA Zip Code 98034-1305

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

Name of Employer Matrix Anesthesia - Evergreen Medical Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1198.00

Date of Receipt
12 / 22 / 2012
Transaction ID : C1888107

Amount of Each Receipt this Period
100.00

C. Jeffrey G. King M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2763 Meeting PI

City Orlando State FL Zip Code 32814-6136

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

Name of Employer JLR Medical Group Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
707.40

Date of Receipt
12 / 25 / 2012
Transaction ID : C1888157

Amount of Each Receipt this Period
41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.20

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

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

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

FOR LINE NUMBER: PAGE 58 OF 127
(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. Elliott H. Klain D.O.

Mailing Address 2309 zafra ct.

City las vegas State NV Zip Code 89102

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

Name of Employer Summit Anes. Consultants Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 12 / 04 / 2012
Transaction ID : C1883284

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1510 Woodland Dr

City Deerfield State IL Zip Code 60015-2022

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

Name of Employer NorthShore University Health Systems Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 12 / 21 / 2012
Transaction ID : C1888053

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Joseph Koveleskie M.D.

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 ▼
 249.90

Date of Receipt
 12 / 13 / 2012
Transaction ID : C1886381

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 358.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 127
	<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. 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 **999.60**

Date of Receipt **12 / 01 / 2012**
Transaction ID : C1879105
 Amount of Each Receipt this Period **83.30**

B. Catherine M. Kuhn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Kendall Drive
 City Chapel Hill State NC Zip Code 27517-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical School Occupation Associate Professor of Anesthsiology R
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **12 / 13 / 2012**
Transaction ID : C1886355
 Amount of Each Receipt this Period **100.00**

C. Scott M. Kuhnert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4640 Hawk Hollow Dr. E.
 City Bath State MI Zip Code 48808-8776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lansing Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **582.50**

Date of Receipt **12 / 17 / 2012**
Transaction ID : C1887014
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **266.60**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 60 OF 127
(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 ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2012

Transaction ID : C1887764

Amount of Each Receipt this Period
 175.00

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

Mailing Address 1793 Burning Tree Lane

City State Zip Code
 Carmel IN 46032

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

Name of Employer Occupation
 SVMG 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
 12 / 02 / 2012

Transaction ID : C1879198

Amount of Each Receipt this Period
 250.00

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 999.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2012

Transaction ID : C1887003

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 508.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 127
<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. Carlos-Nicholas L. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6715 Windrift Way Apt 24
 City Austin State TX Zip Code 78745-3853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Anesthesiology Association Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt 12 / 04 / 2012
Transaction ID : C1881123
 Amount of Each Receipt this Period 83.30

B. Jeffrey A. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6650 Pasture Lands Pl.
 City Winter Garden State FL Zip Code 34787-6229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Medical Group Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 12 / 11 / 2012
Transaction ID : C1886104
 Amount of Each Receipt this Period 41.60

C. Maxine M. Lee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5432 Woodchuck Ln.
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Consultants of Virginia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.67

Date of Receipt 12 / 02 / 2012
Transaction ID : C1879128
 Amount of Each Receipt this Period 41.67

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 62 OF 127
(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 C. Lewis M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 NW 14th Street - Suite 960
 City Miami State FL Zip Code 33136-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami School of Medicine Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.40**

Date of Receipt **12 / 05 / 2012**
Transaction ID : C1883373
 Amount of Each Receipt this Period **83.30**

B. J. Lance Lichtor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4668 #8824
 City New York State NY Zip Code 10163-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Department of Anesthes Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **624.00**

Date of Receipt **12 / 05 / 2012**
Transaction ID : C1883372
 Amount of Each Receipt this Period **41.60**

C. J. Lance Lichtor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4668 #8824
 City New York State NY Zip Code 10163-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Department of Anesthes Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **624.00**

Date of Receipt **12 / 18 / 2012**
Transaction ID : C1887780
 Amount of Each Receipt this Period **41.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 127
	<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. John E. Lindsey Jr., M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012 Transaction ID : C1886357
Mailing Address 2502 S. 186th Circle		Amount of Each Receipt this Period 83.30
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. C	Name of Employer Orthopaedic Anesthesia Specialists	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50	

Full Name (Last, First, Middle Initial) B. John E. Lindsey Jr., M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012 Transaction ID : C1886990
Mailing Address 2502 S. 186th Circle		Amount of Each Receipt this Period 83.30
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. C	Name of Employer Orthopaedic Anesthesia Specialists	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50	

Full Name (Last, First, Middle Initial) c. Charles Liu M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2012 Transaction ID : C1883776
Mailing Address PO Box 3870		Amount of Each Receipt this Period 20.00
City Salt Lake City	State UT	Zip Code 84110-3870
FEC ID number of contributing federal political committee. C	Name of Employer Pediatric Anesthesiologists, Inc.	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	186.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 64 OF 127
(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. Asa C. Lockhart M.D.

Mailing Address 2106 Kennebunk Ln.

City Tyler State TX Zip Code 75703

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

Name of Employer ETAA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012

Transaction ID : C1881125

Amount of Each Receipt this Period
83.30

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

Mailing Address 6258 Memorial Dr

City Dublin State OH Zip Code 43017-8911

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

Name of Employer The Ohio State Univ Medical Center Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012

Transaction ID : C1886365

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave
 N411 Doan Hall

City Columbus State OH Zip Code 43210-1240

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

Name of Employer The Ohio State University Medical Cent Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **582.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012

Transaction ID : C1881126

Amount of Each Receipt this Period
41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ **208.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 127
	<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. Li Ma M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Linden Pl Apt 2
 City Brookline State MA Zip Code 02445-7856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2012
Transaction ID : C1887004
 Amount of Each Receipt this Period
 250.00

B. Babak Maharlouei M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Parrish Pond Ct W
 City Southampton State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East End Anesthesiologists LLC 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
 12 / 17 / 2012
Transaction ID : C1887040
 Amount of Each Receipt this Period
 250.00

C. Theresa A. Maicke M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 932 Rockbridge Rd
 City Naperville State IL Zip Code 60540-8340
 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
 11 / 29 / 2012
Transaction ID : C1877504
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	775.00
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 66 OF 127
	<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. Asif M. Malik M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012
Mailing Address 2760 Charnwood Dr		Transaction ID : C1888133
City Troy	State MI	Zip Code 48098-2184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Henry Ford West Bloomfield Hospital An	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1082.30	

Full Name (Last, First, Middle Initial) B. Mark Mandabach M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012
Mailing Address Dept. of Anesthesiology 619 S. 19th St., JT845		Transaction ID : C1886382
City Birmingham	State AL	Zip Code 35249-6810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Univ. of Alabama - Birmingham	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 913.68	

Full Name (Last, First, Middle Initial) C. James Marco M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 7 Anise Ct		Transaction ID : C1878120
City Manahawkin	State NJ	Zip Code 08050-5610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.60
Name of Employer SOCH Anesthesiology	Occupation MDA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.60	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 127
	<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 Marco M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 7 Anise Ct

City Manahawkin State NJ Zip Code 08050-5610

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

Name of Employer SOCH Anesthesiology Occupation MDA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2012

Transaction ID : C1889938

Amount of Each Receipt this Period
 41.60

B. Kurt W. Markgraf M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3663 McKinley Ave

City Fort Myers State FL Zip Code 33901

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

Name of Employer MAPMC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012

Transaction ID : C1881114

Amount of Each Receipt this Period
 83.30

C. Kurt W. Markgraf M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3663 McKinley Ave

City Fort Myers State FL Zip Code 33901

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

Name of Employer MAPMC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012

Transaction ID : C1886366

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 127
	<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. Hugh B. Martin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 Hermosa Dr SE
 City Albuquerque State NM Zip Code 87108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Department of Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1520.00**

Date of Receipt **12 / 05 / 2012**
Transaction ID : C1883763
 Amount of Each Receipt this Period **510.00**

B. Timothy Martin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203
 City Little Rock State AR Zip Code 72202-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **798.00**

Date of Receipt **12 / 13 / 2012**
Transaction ID : C1886367
 Amount of Each Receipt this Period **100.00**

C. Anne P. McConville M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5347 Coliseum St
 City New Orleans State LA Zip Code 70115-3052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane School of Medicine Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **291.20**

Date of Receipt **12 / 01 / 2012**
Transaction ID : C1879096
 Amount of Each Receipt this Period **41.60**

SUBTOTAL of Receipts This Page (optional).....	651.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 127
	<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. Felicia M. McCreary M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4724 N. 69th St.
 City State Zip Code
 Scottsdale AZ 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Anesthesiology Consultants Pediatric Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : C1888051
 Amount of Each Receipt this Period
 100.00

B. William A. McDade M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 S Ellis Ave, RM 514
 Dept of Anes & Critical Care
 City State Zip Code
 Chicago IL 60637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Chicago Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2012
Transaction ID : C1871413
 Amount of Each Receipt this Period
 41.60

C. William A. McDade M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 S Ellis Ave, RM 514
 Dept of Anes & Critical Care
 City State Zip Code
 Chicago IL 60637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Chicago Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : C1888238
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional).....▶	183.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 127
	<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 P. McGlinch M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3364 Hidden Creek Lane, N.E.

City Rochester	State MN	Zip Code 55906
-------------------	-------------	-------------------

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

Name of Employer Mayo Clinic Anesthesiology	Occupation physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2012

Transaction ID : C1886985

Amount of Each Receipt this Period

83.30

B. Richard R. McNeer M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 18340 SW 122 St.

City Miami	State FL	Zip Code 33196
---------------	-------------	-------------------

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

Name of Employer University of Miami Dept of Anesthesio	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : C1878126

Amount of Each Receipt this Period

83.30

C. Richard R. McNeer M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 18340 SW 122 St.

City Miami	State FL	Zip Code 33196
---------------	-------------	-------------------

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

Name of Employer University of Miami Dept of Anesthesio	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1080.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2012

Transaction ID : C1889943

Amount of Each Receipt this Period

83.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 OF 127
	(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"/> 16
		<input type="checkbox"/> 17

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

A. John G. Melton M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3324 King Edwards Ct

City Eugene State OR Zip Code 97401

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

Name of Employer Sacred Heart Medical Center Anesthesia Occupation anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 05 / 2012
Transaction ID : **C1883517**

Amount of Each Receipt this Period
250.00

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

Mailing Address 827 E. Birch Avenue

City Whitefish Bay State WI Zip Code 53217

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

Name of Employer Aurora Medical Group Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.90

Date of Receipt
12 / 02 / 2012
Transaction ID : **C1879125**

Amount of Each Receipt this Period
83.30

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

Mailing Address 15936 Oak Park Ct

City Westfield State IN Zip Code 46074-9140

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

Name of Employer ACI-LLC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 957.30

Date of Receipt
12 / 06 / 2012
Transaction ID : **C1883775**

Amount of Each Receipt this Period
83.30

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 127
	<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 G. Millson M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2012
Mailing Address 2400 Wimbledon Dr		Transaction ID : C1886986
City Las Vegas	State NV	Zip Code 89107-2364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Desert Anesthesiologists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.60	

Full Name (Last, First, Middle Initial) B. Mitchell F. Minana M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2012
Mailing Address 1306 E Welden Dr		Transaction ID : C1877505
City Spokane	State WA	Zip Code 99223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer PHYSICIAN ANETHESIOLOGIST GROUP	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Kenneth I. Mirsky M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012
Mailing Address 625 Lenox Ave.		Transaction ID : C1886918
City Westfield	State NJ	Zip Code 07090-2162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	683.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 127
	<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 Mitchell M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3710 SW US Veterans Hospital Rd
Portland VA Medical Center P3- ANE

City Portland State OR Zip Code 97239-2964

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

Name of Employer Occupation
Portland VA Medical Center P3- ANES Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2012

Transaction ID : C1886383

Amount of Each Receipt this Period
41.60

B. Sally A. Mitchell A.A.-C, M.
Full Name (Last, First, Middle Initial)

Mailing Address 3016 Eglantine Ct

City Marietta State GA Zip Code 30062-4988

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

Name of Employer Occupation
Emory University AA-C

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
12 / 04 / 2012

Transaction ID : C1881083

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2001 Hamilton Street
Apt. 2307

City Philadelphia State PA Zip Code 19130

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

Name of Employer Occupation
University of Pennsylvania Dept. of An Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
413.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886268

Amount of Each Receipt this Period
83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 127
	<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. 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
11	/	29	/	2012

Transaction ID : C1876385

Amount of Each Receipt this Period
41.60

B. 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
12	/	29	/	2012

Transaction ID : C1889842

Amount of Each Receipt this Period
41.60

C. James Moore M.D.
Full Name (Last, First, Middle Initial)
Mailing Address Ronald Reagan UCLA Medical Center
757 Westwood Plaza, Suite 3325

City Los Angeles	State CA	Zip Code 90095-7403
---------------------	-------------	------------------------

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

Name of Employer Department of Anesthesiology	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

Transaction ID : C1881127

Amount of Each Receipt this Period
83.30

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

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

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

FOR LINE NUMBER: PAGE 75 OF 127
(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. George A. Moresea M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1232 Ashwood Rd
 City Akron State OH Zip Code 44312-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stark County Anesthesia, Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.40

Date of Receipt 11 / 30 / 2012
Transaction ID : C1878119
 Amount of Each Receipt this Period 83.30

B. George A. Moresea M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1232 Ashwood Rd
 City Akron State OH Zip Code 44312-5800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stark County Anesthesia, Inc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.40

Date of Receipt 12 / 30 / 2012
Transaction ID : C1889937
 Amount of Each Receipt this Period 83.30

C. Caroline Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.20

Date of Receipt 11 / 29 / 2012
Transaction ID : C1876387
 Amount of Each Receipt this Period 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 127
	<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. Caroline Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **12 / 29 / 2012**
Transaction ID : C1889844
 Amount of Each Receipt this Period **83.30**

B. Jason E. Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138-5723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **11 / 29 / 2012**
Transaction ID : C1876386
 Amount of Each Receipt this Period **83.30**

C. Jason E. Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2797 Fox Creek Dr.
 City Germantown State TN Zip Code 38138-5723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Anesthesia Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **12 / 29 / 2012**
Transaction ID : C1889843
 Amount of Each Receipt this Period **83.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 127
<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 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 **12 / 07 / 2012**
Transaction ID : C1884515
 Amount of Each Receipt this Period **250.00**

B. Sunita Motiani M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4291 White Birch Dr.
 City Lisle State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dupage Valley Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 29 / 2012**
Transaction ID : C1877500
 Amount of Each Receipt this Period **250.00**

C. 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 **882.20**

Date of Receipt **12 / 13 / 2012**
Transaction ID : C1886368
 Amount of Each Receipt this Period **87.10**

SUBTOTAL of Receipts This Page (optional)..... **587.10**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 127
	<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. Mark Murray M.D.

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

City Knoxville State TN Zip Code 37920

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

Name of Employer University Anesthesiologists Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.50

Date of Receipt
12 / 18 / 2012
Transaction ID : C1887771

Amount of Each Receipt this Period
83.30

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

Mailing Address 19 Elm Park Blvd.

City Pleasant Ridge State MI Zip Code 48069-1106

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

Name of Employer William Beaumont Hospital Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.60

Date of Receipt
12 / 13 / 2012
Transaction ID : C1886384

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Peter A. Nagi M.D.

Mailing Address 3924 Forest Ave

City Mountain Brk State AL Zip Code 35213-2929

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

Name of Employer Univ. of Alabama at Birmingham Dept of Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.00

Date of Receipt
11 / 30 / 2012
Transaction ID : C1878130

Amount of Each Receipt this Period
41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 127
	<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. Peter A. Nagi M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3924 Forest Ave

City Mountain Brk State AL Zip Code 35213-2929

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

Name of Employer Univ. of Alabama at Birmingham Dept of Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **708.00**

Date of Receipt **12 / 30 / 2012**

Transaction ID : C1889942

Amount of Each Receipt this Period **41.60**

B. Jobin Nash M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1045 Tacoma Ave Apt 106

City Bismarck State ND Zip Code 58504-7462

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

Name of Employer Medcenter One Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 26 / 2012**

Transaction ID : C188169

Amount of Each Receipt this Period **100.00**

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

Mailing Address 7632 Timber Springs Dr.

City Fishers State IN Zip Code 46038

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

Name of Employer Southeast Anesthesiologists Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.90**

Date of Receipt **12 / 13 / 2012**

Transaction ID : C1886369

Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **224.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 127
	<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. Donald L. Neirink M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 Alisop Pl Apt 201
 City Troy State MI Zip Code 48084-3469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 28 / 2012**
Transaction ID : C1875081
 Amount of Each Receipt this Period **25.00**

B. Donald L. Neirink M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 Alisop Pl Apt 201
 City Troy State MI Zip Code 48084-3469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : C1889820
 Amount of Each Receipt this Period **25.00**

C. Daniel H. Nelson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 76343 Fairway Dr
 City Indian Wells State CA Zip Code 92210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rancho Mirage Anesthesia Consultants Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 10 / 2012**
Transaction ID : C1885404
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	300.00
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 81 OF 127
(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. Michael S. Nichols A.A.-C

Mailing Address 3681 Manor Brook Terrace

City Atlanta State GA Zip Code 30319

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.50**

Date of Receipt **12 / 05 / 2012**

Transaction ID : C1883377

Amount of Each Receipt this Period **83.30**

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

Mailing Address 3681 Manor Brook Terrace

City Atlanta State GA Zip Code 30319

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.50**

Date of Receipt **12 / 15 / 2012**

Transaction ID : C1886980

Amount of Each Receipt this Period **83.30**

Full Name (Last, First, Middle Initial)
C. Orion Nohr M.D.

Mailing Address 31 Starlight Way

City Falmouth State ME Zip Code 04105-2487

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

Name of Employer Maine Medical Center Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **12 / 19 / 2012**

Transaction ID : C1887823

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **186.60**

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

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

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

FOR LINE NUMBER: PAGE 82 OF 127
(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. Richard P. O'Flynn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 White Pine Ln.
 City State Zip Code
 Rose Valley PA 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Society Hill Anesthesia Consultants at Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 374.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886377
 Amount of Each Receipt this Period
 41.60

B. Oluwatosin Oladipupo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1836 S Shores Dr
 City State Zip Code
 Decatur IL 62521-5529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Anes. of Decatur Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1366.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2012
Transaction ID : C1888116
 Amount of Each Receipt this Period
 100.00

C. Richard G. Oliver M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 E McMillan St # 2
 City State Zip Code
 Cincinnati OH 45206-2111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IAPSC Physician
 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
 12 / 26 / 2012
Transaction ID : C1888172
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.20
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 83 OF 127
(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. Kimberlee Olsen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1236 E Elizabeth St Ste 1
 City State Zip Code
 Fort Collins CO 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northern Colorado Anesthesia Professio 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
 12 / 04 / 2012
Transaction ID : C1883287
 Amount of Each Receipt this Period
 250.00

B. Ducu Onisei M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Champagnolle Court
 City State Zip Code
 Little Rock AR 72223-9629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UAMS Dept. of Anesthesiology 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
 12 / 12 / 2012
Transaction ID : C1886341
 Amount of Each Receipt this Period
 500.00

C. Carmelita S. Pablo ,PACBuilde
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 W. Markham, Slot 515
 City State Zip Code
 Little Rock AR 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Arkansas for Medical Sci 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
 12 / 19 / 2012
Transaction ID : C1887885
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 127
	<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 12 / 23 / 2012 Transaction ID : C1888127
Mailing Address 210 Royal Vw		Amount of Each Receipt this Period 83.30
City Pittsford	State NY	Zip Code 14534-9633
FEC ID number of contributing federal political committee. C		
Name of Employer Geneva General Hospital Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.60	

Full Name (Last, First, Middle Initial) B. Thomas J. Papadimos M.D.		Date of Receipt 12 / 14 / 2012 Transaction ID : C1886920
Mailing Address 4313 Oak Wood Ct		Amount of Each Receipt this Period 41.60
City Dublin	State OH	Zip Code 43016-7344
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio State University Medical Center	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.20	

Full Name (Last, First, Middle Initial) C. John L. Pappas M.D.		Date of Receipt 12 / 12 / 2012 Transaction ID : C1886269
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 ▼ 1082.90	

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

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

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

FOR LINE NUMBER: PAGE 85 OF 127
(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. Kathleen J. Park M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 Linwood Ave Apt 4
 City Buffalo State NY Zip Code 14209-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roswell Park Cancer Institute Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 11 / 27 / 2012
Transaction ID : C1871417
 Amount of Each Receipt this Period 41.60

B. Kathleen J. Park M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 Linwood Ave Apt 4
 City Buffalo State NY Zip Code 14209-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roswell Park Cancer Institute Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 12 / 27 / 2012
Transaction ID : C188242
 Amount of Each Receipt this Period 41.60

C. Harry G. Parr D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4725 Tully Rd.
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.60

Date of Receipt 12 / 15 / 2012
Transaction ID : C1886988
 Amount of Each Receipt this Period 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 127
<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. Rogerio M. Parreira M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6470 Old Shadburn Ferry Rd.
 City Buford State GA Zip Code 30518-1136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gwinnett Anestehesia Services Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012
Transaction ID : C1883248
 Amount of Each Receipt this Period
 250.00

B. Rogerio M. Parreira M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6470 Old Shadburn Ferry Rd.
 City Buford State GA Zip Code 30518-1136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gwinnett Anestehesia Services Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012
Transaction ID : C1883257
 Amount of Each Receipt this Period
 250.00

C. Rantik Patel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Trinity Ct
 City Lynchburg State VA Zip Code 24502-5263
 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
 12 / 20 / 2012
Transaction ID : C1888093
 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 87 OF 127
	<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. William J. Pekarske M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1281 E. Calle De La Cabra
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Arizona Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.30**

Date of Receipt **12 / 09 / 2012**
Transaction ID : C1885260
 Amount of Each Receipt this Period **83.30**

B. Feyce M. Peralta M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 E. Huron St, F5-704
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Memorial Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **12 / 13 / 2012**
Transaction ID : C1886371
 Amount of Each Receipt this Period **83.30**

C. Barbara A. Pero M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Senda Torcida
 City Santa Fe State NM Zip Code 87508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Santa Fe Anesthesia Specialists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **12 / 16 / 2012**
Transaction ID : C1887010
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 127
	<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. Mark C. Phillips M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2012
Mailing Address 619 19th ST S			Transaction ID : C1886372
City Birmingham	State AL	Zip Code 35249-1900	Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C			
Name of Employer UAB	Occupation Physician		
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) B. Jeffrey Plagenhoef M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2012
Mailing Address 1118 Ross Clark Circle, Suite 700 Anesthesia Consultants Medical Gro			Transaction ID : C1886981
City Dothan	State AL	Zip Code 36301	Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C			
Name of Employer Anesthesia Consultants Medical Group	Occupation anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.60		

Full Name (Last, First, Middle Initial) C. Michael H. Plumer M.D.			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012
Mailing Address 162 Paako St.			Transaction ID : C1871416
City Kapaa	State HI	Zip Code 96746	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kauai Medical Clinic	Occupation Physician		
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).....▶	216.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 127
<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. Michael H. Plumer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 Paako St.
 City Kapaa State HI Zip Code 96746
 Name of Employer Kauai Medical Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 27 / 2012
Transaction ID : C1888241
 Amount of Each Receipt this Period 50.00

B. Jeffrey A. Poage M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Roan Drive
 City Danville State CA Zip Code 94526-1916
 Name of Employer MACMGI Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 06 / 2012
Transaction ID : C1883783
 Amount of Each Receipt this Period 25.00

C. Dean Polce D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3092 Red Arrow Dr
 City Las Vegas State NV Zip Code 89135
 Name of Employer Anesthesiology Consultants, Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 16 / 2012
Transaction ID : C1887006
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
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 90 OF 127
	<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. Roma C. Polce M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2012
Mailing Address 3092 Red Arrow Dr.			Transaction ID : C1887002
City Las Vegas	State NV	Zip Code 89135-1303	Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C			
Name of Employer VAMC Southern Nevada	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1746.60		

Full Name (Last, First, Middle Initial) B. Jason Porter M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2012
Mailing Address 381 Cherry St			Transaction ID : C1887765
City St Henry	State OH	Zip Code 45883	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer Mercer Health, Coldwater, Ohio	Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.67		

Full Name (Last, First, Middle Initial) C. Johnathan L. Pregler M.D.			Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2012
Mailing Address 10556 Dunleer Dr			Transaction ID : C1879107
City Los Angeles	State CA	Zip Code 90064-4318	Amount of Each Receipt this Period 83.30
FEC ID number of contributing federal political committee. C			
Name of Employer UCLA Dept of Anesthesiology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.30		

SUBTOTAL of Receipts This Page (optional).....▶	208.27
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 91 OF 127
(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. Matthew D. Price M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 50791 Chesapeake Dr.
 City State Zip Code
 Novi MI 48374-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Oakland Anesthesia Associates PC Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : C1887822
 Amount of Each Receipt this Period
 83.30

B. Stephen F. Rabke M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Bobcat Bend
 City State Zip Code
 San Antonio TX 78231-1441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tejas Anesthesia 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
 12 / 13 / 2012
Transaction ID : C1886901
 Amount of Each Receipt this Period
 500.00

C. Nathan M. Rachman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 Killarney Dr
 City State Zip Code
 Ormond Beach FL 32174-2828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Halifax Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 349.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2012
Transaction ID : C1887769
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 624.90
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 127
	<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. Mark A. Rainosek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Central, S.E.
 City Albuquerque State NM Zip Code 87106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2012
Transaction ID : C1871412
 Amount of Each Receipt this Period
 25.00

B. Mark A. Rainosek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Central, S.E.
 City Albuquerque State NM Zip Code 87106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : C188237
 Amount of Each Receipt this Period
 25.00

C. Alvin J. Ralston M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Fountain View Dr Ste 200
 Greater Houston Anesthesiology
 City Houston State TX Zip Code 77057-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012
Transaction ID : C1881128
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... **133.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 127
	<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. Sripad P. Rao M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Bay Rd Apt 3307
 City Miami Beach State FL Zip Code 33139-3281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ryder Trauma Center Anesthesiology Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 997.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883369
 Amount of Each Receipt this Period
 83.30

B. John P. Rask M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 756 Fairway Rd., NW
 City Albuquerque State NM Zip Code 87107-5719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of New Mexico School of Med Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886385
 Amount of Each Receipt this Period
 83.30

C. Thomas J. Rich M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 Keelingwood Ct.
 City Virginia Beach State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlantic Anesthesia, Inc. Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : C1883777
 Amount of Each Receipt this Period
 41.60

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

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

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

FOR LINE NUMBER: PAGE 94 OF 127
(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. 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 ▼ **650.00**

Date of Receipt **11 / 28 / 2012**
Transaction ID : C1875082
 Amount of Each Receipt this Period **50.00**

B. 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 ▼ **650.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : C1889826
 Amount of Each Receipt this Period **50.00**

C. Cameron J. Ricks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 33965 Malaga Dr
 City Dana Point State CA Zip Code 92629-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Irvine Dept Anes Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **416.00**

Date of Receipt **12 / 16 / 2012**
Transaction ID : C1887007
 Amount of Each Receipt this Period **41.60**

SUBTOTAL of Receipts This Page (optional)..... ► **141.60**
TOTAL This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 127
	<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. 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 **833.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012
Transaction ID : C1886975
 Amount of Each Receipt this Period
83.30

B. Edwin A. Risi Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19543 SW 39th St
 City Miramar State FL Zip Code 33029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore Anesthesiology Partners L Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : C1885245
 Amount of Each Receipt this Period
100.00

C. Daniel Rivera M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18810 Canoe Brk
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Colleagues, Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : C1878127
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	283.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 127
	<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. Daniel Rivera M.D.		Date of Receipt 12 / 30 / 2012 Transaction ID : C1889946
Mailing Address 18810 Canoe Brk		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C		
Name of Employer Clinical Colleagues, Inc	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Charles M. Robertson M.D.		Date of Receipt 12 / 22 / 2012 Transaction ID : C1888111
Mailing Address 660 South Euclid Ave Campus Box 8054 - Anesthesiology		Amount of Each Receipt this Period 83.30
City Saint Louis	State MO	Zip Code 63110
FEC ID number of contributing federal political committee. C		
Name of Employer Washington University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.50	

Full Name (Last, First, Middle Initial) C. Edward S. Robinson M.D.		Date of Receipt 12 / 13 / 2012 Transaction ID : C1886893
Mailing Address 417 E 37th St		Amount of Each Receipt this Period 75.00
City Kansas City	State MO	Zip Code 64109-2604
FEC ID number of contributing federal political committee. C		
Name of Employer AAKC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	258.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 127
	<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. Leopoldo V. Rodriguez M.D.		Date of Receipt
Mailing Address 21050 NE 38th Ave Apt 305 Atlantic 3 at the Point		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City Aventura	State FL	Zip Code 33180-4073
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1884519
Name of Employer Surgery Center of Aventura		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="499.80"/>		

Full Name (Last, First, Middle Initial) B. Scott T. Roethle M.D.		Date of Receipt
Mailing Address 5005 W 131 Terr		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Leawood	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1881129
Name of Employer AAKC		Amount of Each Receipt this Period
Occupation MDA		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1249.90"/>		

Full Name (Last, First, Middle Initial) C. John Rogoski D.O.		Date of Receipt
Mailing Address Dept of Anes 915 Olentangy River Rd Ste 1000		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Columbus	State OH	Zip Code 43212-3156
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1886976
Name of Employer Wexner Medical Center		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1082.90"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

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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

Full Name (Last, First, Middle Initial)
A. Gerald P. Rosen M.D.

Mailing Address 4300 Alton Rd., #1401

City Miami State FL Zip Code 33140

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

Name of Employer Miami Beach Anesthesiology Assoc. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt **12 / 03 / 2012**

Transaction ID : C1879219

Amount of Each Receipt this Period **41.60**

Full Name (Last, First, Middle Initial)
B. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood PI

City River Ridge State LA Zip Code 70123-1525

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

Name of Employer Tulane University School of Medicine Occupation Chairman, Department of Anesthesiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1149.60**

Date of Receipt **12 / 05 / 2012**

Transaction ID : C1883378

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
C. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood PI

City River Ridge State LA Zip Code 70123-1525

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

Name of Employer Tulane University School of Medicine Occupation Chairman, Department of Anesthesiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1149.60**

Date of Receipt **12 / 18 / 2012**

Transaction ID : C1887782

Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **174.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 127
	<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 Saccocci D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1358 East Drive SW
 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: Primary General Other (specify)
 Aggregate Year-to-Date **208.00**

Date of Receipt **12 / 20 / 2012**
Transaction ID : C1887989
 Amount of Each Receipt this Period **41.60**

B. Patrick Salisbury M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 Riverbend Dr Sacred Heart Medical Center
 City Springfield State OR Zip Code 97477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Department Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 08 / 2012**
Transaction ID : C1885251
 Amount of Each Receipt this Period **250.00**

C. Mahesh P. Sardesai M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Fairstead Lane
 City Pittsburgh State PA Zip Code 15217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Shadyside Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1082.94**

Date of Receipt **12 / 12 / 2012**
Transaction ID : C1886350
 Amount of Each Receipt this Period **83.34**

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 100 OF 127
(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. Mahesh P. Sardesai M.D.

Mailing Address 1304 Fairstead Lane

City Pittsburgh State PA Zip Code 15217

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

Name of Employer UPMC Shadyside Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1082.94**

Date of Receipt
12 / 18 / 2012

Transaction ID : C1887781

Amount of Each Receipt this Period
83.30

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

Mailing Address 3601 W 139th St
 Anesthesia Assoc. of Kansas City

City Overland Park State KS Zip Code 66224-1127

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

Name of Employer Anesthesia Assoc. of Kansas City Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.40**

Date of Receipt
12 / 03 / 2012

Transaction ID : C1879215

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
c. Mario Serafini D.O.

Mailing Address 260 Crescent Rd.

City Burlington State VT Zip Code 05401-4665

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

Name of Employer University of Vermont Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt
12 / 26 / 2012

Transaction ID : C1890667

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **174.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 127
	(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

Full Name (Last, First, Middle Initial) A. Fred E. Shapiro D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2012 Transaction ID : C1879100
Mailing Address Department of Anesthesiology 330 Brookline Ave # F-407		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.90	

Full Name (Last, First, Middle Initial) B. Karen S. Sibert M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012 Transaction ID : C1886373
Mailing Address 4146 Sunnyslope Ave.		Amount of Each Receipt this Period 83.30
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C	Name of Employer Cedars-Sinai Medical Center Anes. Dept	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50	

Full Name (Last, First, Middle Initial) C. Karen S. Sibert M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 16 / 2012 Transaction ID : C1886997
Mailing Address 4146 Sunnyslope Ave.		Amount of Each Receipt this Period 83.30
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C	Name of Employer Cedars-Sinai Medical Center Anes. Dept	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50	

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

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

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

FOR LINE NUMBER: PAGE 102 OF 127
(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. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr.

City State Zip Code
 Wappingers Falls NY 12590-6452

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 ▼
 833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012

Transaction ID : C1883371

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Rohit G. Singh M.D.

Mailing Address 140 Stevenson Rd

City State Zip Code
 Clarks Summit PA 18411-8977

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

Name of Employer Occupation
 Community Medical Center MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : C1886926

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
c. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City State Zip Code
 Port Saint Lucie FL 34984

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 ▼
 444.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012

Transaction ID : C1879224

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 127
	<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. Robert H. Small M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012 Transaction ID : C1886374
Mailing Address Dept of Anes - N411 Doan Hall 410 W 10th Ave		Amount of Each Receipt this Period 83.30
City Columbus	State OH	Zip Code 43210-1240
FEC ID number of contributing federal political committee. C		
Name of Employer The Ohio State University	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.60	

Full Name (Last, First, Middle Initial) B. Blair Smith M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2012 Transaction ID : C1885248
Mailing Address 1046 Lake Colony Ln.		Amount of Each Receipt this Period 83.30
City Birmingham	State AL	Zip Code 35242-7405
FEC ID number of contributing federal political committee. C		
Name of Employer UAB	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.30	

Full Name (Last, First, Middle Initial) C. Paul R. Smythe M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 25 / 2012 Transaction ID : C1888161
Mailing Address Department of Anesthesiology 1500 E. Medical Center Drive		Amount of Each Receipt this Period 50.00
City Ann Arbor	State MI	Zip Code 48109
FEC ID number of contributing federal political committee. C		
Name of Employer University of Michigan	Occupation faculty anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	216.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 104 OF 127
(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. Philip C. Snyder M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13324 Desert Flower PI NE
 City Albuquerque State NM Zip Code 87111-5510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philip C. Snyder, MD 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
 11 / 29 / 2012
Transaction ID : C1876384
 Amount of Each Receipt this Period
 41.60

B. Philip C. Snyder M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13324 Desert Flower PI NE
 City Albuquerque State NM Zip Code 87111-5510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philip C. Snyder, MD 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
 12 / 29 / 2012
Transaction ID : C1889841
 Amount of Each Receipt this Period
 41.60

C. Roy G. Soto M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Sycamore Ct
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Beaumont Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : C1884514
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.80
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 127
	<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 J. Souter M.B.,Ch.B.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012
Mailing Address 325 9th Ave, Box 359724		Transaction ID : C1886375
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Harborview Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) B. Spiro G. Spanakis D.O.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2012
Mailing Address 65 Lake Ave., #1005		Transaction ID : C1888120
City Worcester	State MA	Zip Code 01604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.60
Name of Employer University of Massachussetts Medical S	Occupation Assistant Professor of Anesthesiology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.60	

Full Name (Last, First, Middle Initial) C. Brett M. Sprtel M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2012
Mailing Address 11934 Crossing Deer Ct		Transaction ID : C1885259
City Roscommon	State MI	Zip Code 48653-7538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Mercy Hospital Grayling Dept of Anesth	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.80	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 127
	<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. Myra C. Stamps M.D.		Date of Receipt 12 / 05 / 2012 Transaction ID : C1883367
Mailing Address 4436 Jett Rd NW		Amount of Each Receipt this Period 25.00
City Atlanta	State GA	Zip Code 30327-3565
FEC ID number of contributing federal political committee. C		
Name of Employer Ambulatory Anesthesia of Atlanta	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. James Stangl M.D.		Date of Receipt 12 / 14 / 2012 Transaction ID : C1886913
Mailing Address 314 Martin Luther King Jr Way # 30		Amount of Each Receipt this Period 83.30
City Tacoma	State WA	Zip Code 98405-4250
FEC ID number of contributing federal political committee. C		
Name of Employer Tacoma Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) C. Erica Stein M.D.		Date of Receipt 12 / 05 / 2012 Transaction ID : C1883379
Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall		Amount of Each Receipt this Period 83.30
City Columbus	State OH	Zip Code 43210-1240
FEC ID number of contributing federal political committee. C		
Name of Employer The Ohio State University	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.30	

SUBTOTAL of Receipts This Page (optional).....▶	191.60
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 107 OF 127
	<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. John Stephenson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City Atlanta State GA Zip Code 30342

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

Name of Employer Physician Specialists in Anesthesia, P
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1415.50

Date of Receipt
12 / 02 / 2012
Transaction ID : C1879124

Amount of Each Receipt this Period
83.30

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

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City Atlanta State GA Zip Code 30342

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

Name of Employer Physician Specialists in Anesthesia, P
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1415.50

Date of Receipt
12 / 14 / 2012
Transaction ID : C1886922

Amount of Each Receipt this Period
83.30

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

Mailing Address 1701 Main Ave SW Ste E

City Cullman State AL Zip Code 35055-5385

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

Name of Employer Alabama Pain Center Cullman
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
687.50

Date of Receipt
12 / 20 / 2012
Transaction ID : C1887985

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 108 OF 127
<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. Glen J. Strange Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5166 Colleton Way
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMG Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2012
Transaction ID : C1876388
 Amount of Each Receipt this Period
 100.00

B. Glen J. Strange Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5166 Colleton Way
 City Brentwood State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMG Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2012
Transaction ID : C1889845
 Amount of Each Receipt this Period
 100.00

C. Erin Sullivan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Anes PUH C-224
 200 Lothrop St.
 City Pittsburgh State PA Zip Code 15213-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPP Department of Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : C1879225
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	283.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 127
<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. George Sullivan D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Butler Bay Dr. N.
 City Windermere State FL Zip Code 34786-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1875079
 Amount of Each Receipt this Period
 41.60

B. George Sullivan D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Butler Bay Dr. N.
 City Windermere State FL Zip Code 34786-6109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : C1889822
 Amount of Each Receipt this Period
 41.60

C. Steven L. Sween M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Marchand Ct NW
 City Atlanta State GA Zip Code 30328-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Specialists in Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : C1884520
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 127
	<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. Thomas H. Swygert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7014 Prestonshire Ln.
 City Dallas State TX Zip Code 75225-1742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Anesthesia Consultants Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **12 / 13 / 2012**
Transaction ID : C1886354
 Amount of Each Receipt this Period **83.30**

B. Joseph Talarico D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address University of Pittsburgh Medical C
 200 Lothrop St C-205
 City Pittsburgh State PA Zip Code 15213-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pittsburgh Medical Center Occupation Assistant Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **476.00**

Date of Receipt **12 / 14 / 2012**
Transaction ID : C1886914
 Amount of Each Receipt this Period **20.00**

C. Samuel E. Talsma M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2110 Dorset Rd.
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthesia assoc of ann arbor Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1333.00**

Date of Receipt **12 / 07 / 2012**
Transaction ID : C1884513
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **186.60**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 111 OF 127
(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 R. Tatum Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Brookwood Walke
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.98

Date of Receipt 11 / 27 / 2012
Transaction ID : C1875000
 Amount of Each Receipt this Period 83.34

B. Donald R. Tatum Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Brookwood Walke
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Oakland Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.98

Date of Receipt 12 / 27 / 2012
Transaction ID : C1888246
 Amount of Each Receipt this Period 83.34

C. Marcy W. Thomas B.S., M.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10615 Woodpecker Rd
 City Chesterfield State VA Zip Code 23838-4308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.80

Date of Receipt 12 / 13 / 2012
Transaction ID : C1886376
 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 112 OF 127
	<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. Kyle Thompson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 W Hampden Ave #600
 City Englewood State CO Zip Code 80110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Denver Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1124.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : C1878128
 Amount of Each Receipt this Period
 83.34

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 South Denver Anesthesiologists, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1124.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2012
Transaction ID : C1889947
 Amount of Each Receipt this Period
 83.34

c. Christopher A. Troianos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Heights Dr
 City Gibsonia State PA Zip Code 15044-6032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Penn Allegheny Health System Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883370
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.98
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 127
	<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. Terrence Truxillo M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : C1886921
Mailing Address Department of Anesthesiology 1514 Jefferson Highway		Amount of Each Receipt this Period 41.60
City New Orleans	State Zip Code LA 70121-2429	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 499.20
Name of Employer Ochsner 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) B. Christopher Turner M.D., Ph.D		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2012 Transaction ID : C1887986
Mailing Address 3100 Shore Dr Bay Area Med Ctr Dept of Anes		Amount of Each Receipt this Period 41.60
City Marinette	State Zip Code WI 54143-4242	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 332.80
Name of Employer Bay Area Med Ctr Dept of Anes	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rebecca Twersky M.D., M.P.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2012 Transaction ID : C1879127
Mailing Address 450 Clarkson Ave Box #6		Amount of Each Receipt this Period 83.30
City Brooklyn	State Zip Code NY 11203-2012	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 249.90
Name of Employer SUNY Downstate Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 127
	<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.

Mailing Address 582 S Rex Blvd

City Elmhurst State IL Zip Code 60126-4259

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

Name of Employer DVA Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2012

Transaction ID : C1887033

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. Tami L. Ulatowski M.D.

Mailing Address W268N7212 Thousand Oaks Dr

City Sussex State WI Zip Code 53089-1854

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

Name of Employer Aurora Health Care Anesthesiology Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012

Transaction ID : C1885258

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
C. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City Rochester Hills State MI Zip Code 48309

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

Name of Employer SOAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1147.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2012

Transaction ID : C1887774

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **224.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 127
	<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. 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 **749.70**

Date of Receipt **12 / 05 / 2012**
Transaction ID : C1883380
 Amount of Each Receipt this Period **83.30**

B. Hector Vila Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 W Azelee St
 City Tampa State FL Zip Code 33609-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hector Vila Jr MD PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.30**

Date of Receipt **12 / 14 / 2012**
Transaction ID : C1886904
 Amount of Each Receipt this Period **83.30**

C. Annette Vizena M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1236 East Elizabeth, Suite 1
 City 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 **600.00**

Date of Receipt **12 / 14 / 2012**
Transaction ID : C1886932
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **216.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 127
	<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 Vollers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Childrens Way
 Slot 203, S-319
 City Little Rock State AR Zip Code 72202-3510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arkansas for Medical Sci Occupation Professor of Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1082.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : C1886356
 Amount of Each Receipt this Period
83.30

B. Witold Waberski M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Gold St #24-HJ
 City Hartford State CT Zip Code 06103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : C1886925
 Amount of Each Receipt this Period
50.00

C. Lance W. Wagner M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 55th St
 City Brooklyn State NY Zip Code 11220-2559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lutheran Medical Center Occupation Anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012
Transaction ID : C1886984
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	233.30
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 117 OF 127
(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. Brian E. Wallace M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E Pioneer Ste 204
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : C1886330
 Amount of Each Receipt this Period
 50.00

B. Harper R. Ward M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Belleview Ter
 City Oklahoma City State OK Zip Code 73112-7741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harper R Ward MD PLLC Occupation Attending
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2012
Transaction ID : C1886993
 Amount of Each Receipt this Period
 250.00

c. Erikka L. Washington M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6431 FANNIN
 msb 5.020
 City HOUSTON State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSC-Houston Dept of Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : C1886923
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 341.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 127
	<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. Larry Weber M.D.		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>02</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	02	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	02	/	2012								
Mailing Address 120 NW 14th Ave., Suite 300		Transaction ID : C1879114										
City Portland	State OR	Zip Code 97209										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer Oregon Anesthesiology Group, P.C.	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) B. Alan Weiss M.D.		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>12</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	12	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	12	/	2012								
Mailing Address 960 Royal Arms Dr.		Transaction ID : C1886271										
City Girard	State OH	Zip Code 44420-1652										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30										
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50											

Full Name (Last, First, Middle Initial) C. Alan Weiss M.D.		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>15</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	15	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	15	/	2012								
Mailing Address 960 Royal Arms Dr.		Transaction ID : C1886982										
City Girard	State OH	Zip Code 44420-1652										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30										
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.50											

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 119 OF 127
<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. Steven L. Weissman M.D.		Date of Receipt 12 / 25 / 2012 Transaction ID : C1888164
Mailing Address 155 Baltic Circle		Amount of Each Receipt this Period 41.60
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C		
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 ▼ 453.40	

Full Name (Last, First, Middle Initial) B. Gregory L. Whitaker D.O.		Date of Receipt 12 / 03 / 2012 Transaction ID : C1879217
Mailing Address 1228 E Baltimore Dr		Amount of Each Receipt this Period 83.30
City El Paso	State TX	Zip Code 79902-2121
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.10	

Full Name (Last, First, Middle Initial) C. John W. Whiteley M.D.		Date of Receipt 12 / 24 / 2012 Transaction ID : C1888136
Mailing Address 4679 Meadow Springs Dr		Amount of Each Receipt this Period 41.60
City Watkinsville	State GA	Zip Code 30677-4649
FEC ID number of contributing federal political committee. C		
Name of Employer Athens Regional Med Ctr	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.00	

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

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

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

FOR LINE NUMBER: PAGE 120 OF 127
(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. Harshdeep Wilkhu M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 Mallard Circle
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Anesthesia Consultants Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : C1878122
 Amount of Each Receipt this Period
 41.60

B. Harshdeep Wilkhu M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2216 Mallard Circle
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Anesthesia Consultants Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1889950
 Amount of Each Receipt this Period
 41.60

C. David J. Wlody M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 339 Hicks St.
 Long Island College Hospl - Dept.
 City Brooklyn State NY Zip Code 11201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Island College Hospl - Dept. of A Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2012
Transaction ID : C1879122
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 127
	<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. Cynthia A. Wong M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2440 N Lakeview Ave Apt 16A
 City Chicago State IL Zip Code 60614-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Medical Faculty Foundatio 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
 12 / 13 / 2012
Transaction ID : C1886898
 Amount of Each Receipt this Period
 250.00

B. Granville B. Work M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3749 Lynnfield Dr
 City Virginia Beach State VA Zip Code 23452-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sentara Norfolk General Hospital Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : C1885406
 Amount of Each Receipt this Period
 83.30

C. Ning-Yen Yao M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 E 81st St Apt 6E
 City New York State NY Zip Code 10028-1869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : C1878124
 Amount of Each Receipt this Period
 41.60

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

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

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

FOR LINE NUMBER: PAGE 122 OF 127
(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. Ning-Yen Yao M.D.

Mailing Address 145 E 81st St Apt 6E

City State Zip Code
 New York NY 10028-1869

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 ▼
 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2012
Transaction ID : C1889941

Amount of Each Receipt this Period
 41.60

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

Mailing Address 126 Wentworth Dr

City State Zip Code
 Dothan AL 36305

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

Name of Employer Occupation
 Anesthesia Consultants Med. Group Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : C1879091

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City State Zip Code
 Atlanta GA 30342

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

Name of Employer Occupation
 Physician Specialists in Anesthesia Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 458.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2012
Transaction ID : C1888110

Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.20

TOTAL This Period (last page this line number only)..... ▶ 40190.36

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

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

FOR LINE NUMBER: PAGE 123 OF 127
(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. ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2341 McCallie Ave
 PO BOX 3549
 City Chattanooga State TN Zip Code 37404-3231
 FEC ID number of contributing federal political committee. **C** C00491969
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 21440.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C2300135
 Amount of Each Receipt this Period
 21440.00

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).....▶	21440.00
TOTAL This Period (last page this line number only).....▶	21440.00

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

Form/Schedule: SA11C

Transaction ID : C2300135

This contribution was deposited by ASA financial staff by error and was not entered into the ASA PAC

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 125 OF 127
(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. Barber Election Fund
 Mailing Address P.O. Box 57715
 City Tucson State AZ Zip Code 85732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) **Recount**
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 19 / 2012
Transaction ID : C1887886
 Amount of Each Receipt this Period
5000.00

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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District: Credit Card Merchant

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : D140232

Amount of Each Disbursement this Period

1533.96

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District: Credit Card Merchant

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2012

Transaction ID : D140234

Amount of Each Disbursement this Period

10849.65

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

12383.61

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

12383.61

**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. Lobo PAC

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2012 Contribution

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2012

Transaction ID : D139840

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HELLER FOR SENATE

Mailing Address PO BOX 371907

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement
2012 General Debt Retirement

011

Category/
Type

Candidate Name

Sen. Dean Heller

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2012

Transaction ID : D139841

Amount of Each Disbursement this Period

5000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

10000.00

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

10000.00