

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

520 N. NORTHWEST HIGHWAY

☐ Check if different than previously reported. (ACC)

PARK RIDGE

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2011

through

M M M / D D D / Y Y Y Y Y Y
09 30 2011

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

Type or Print Name of Treasurer THOMAS CONWAY

Signature of Treasurer

THOMAS CONWAY

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2011

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		1200707.26
(b) Cash on Hand at Beginning of Reporting Period.....	1353402.66	
(c) Total Receipts (from Line 19)	379992.92	1231256.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1733395.58	2431964.16
7. Total Disbursements (from Line 31)	106298.64	804867.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1627096.94	1627096.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
09 01 2011

To:

M M / D D / Y Y Y Y Y Y
09 30 2011

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).....

314579.00

993441.00

(ii) Unitemized

65412.01

235928.51

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

379991.01

1229369.51

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

379991.01

1229369.51

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

799.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.91

88.39

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))**

379992.92

1231256.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

379992.92

1231256.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2798.64	20310.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2798.64	20310.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102500.00	668900.00
24. Independent Expenditures (use Schedule E)	0.00	7965.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements	1000.00	107691.77
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)) ..	106298.64	804867.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	106298.64	804867.22

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)	379991.01	1229369.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	379991.01	1229369.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2798.64	20310.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	799.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2798.64	19511.45

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

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

FOR LINE NUMBER: PAGE 6 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BASEM ABDELMALAK

Mailing Address 9500 EUCLID AVE
DEPT OF ANES E-31

City State Zip Code
CLEVELAND OH 44195

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC FOUNDATION

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116814

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. AMR ABOULEISH

Mailing Address 4303 EVERGREEN ELM CT

City State Zip Code
HOUSTON TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF TEXAS MEDICAL BRANCH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116897

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. AMR ABOULEISH

Mailing Address 4303 EVERGREEN ELM CT

City State Zip Code
HOUSTON TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF TEXAS MEDICAL BRANCH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116851

Amount of Each Receipt this Period

41.00

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

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

123.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. EDWARD ABRAHAM

Mailing Address 6700 SW 74TH AVE

City
MIAMI

State Zip Code
FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

KENDALL ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2011

Transaction ID : SA11AI.117018

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DAVID ADAMS

Mailing Address 12324 RIVER OAKS PT

City
KNOXVILLE

State Zip Code
TN 37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV. TENNESSEE MED. CTR.

Occupation

STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : SA11AI.118741

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JASON ADAMS

Mailing Address 55 GUNTHER CT.

City
SALINE

State Zip Code
MI 48176

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAOA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : SA11AI.119290

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIMOTHY AIKEN

Mailing Address 3217 BROOKWOOD RD

City State Zip Code
 BIRMINGHAM AL 35223

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS ASSOC., P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : SA11AI.118488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CHARLES AKINS

Mailing Address 497 SWEETBRIAR RD.

City State Zip Code
 MEMPHIS TN 38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROPOLITAN ANESTHESIA ALLIANCE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : SA11AI.118663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MOSES ALBERT

Mailing Address 10800 MIDLOTHIAN TURNPIKE
 SUITE 265

City State Zip Code
 RICHMOND VA 23235

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH ANESTHESIA ASSOCIATE

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2011

Transaction ID : SA11AI.117580

Amount of Each Receipt this Period

250.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 299
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Mailing Address 938 HANOVER AVE.

City	State	Zip Code
NORFOLK	VA	23508

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTIC ANESTHESIA, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116792

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. CAROLYN ALDREDGE

Mailing Address 6 CANAL PARK PH 3

City	State	Zip Code
CAMBRIDGE	MA	02141

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. ASSOC. OF MASS

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
09	/	21	/	2011

Transaction ID : SA11AI.118514

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOHN ALDRIDGE

Mailing Address 653 W. 77TH ST.

City	State	Zip Code
TULSA	OK	74132

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGISTS, INC.

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
09	/	30	/	2011

Transaction ID : SA11AI.119804

Amount of Each Receipt this Period

500.00

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

875.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ERICK ALLEN

Mailing Address 6802 EDGEFIELD DR

City
AUSTINState
TXZip Code
78731FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GROUP

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	04	/	2011

Transaction ID : SA11AI.116959

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. GRAY ALLEN

Mailing Address 22 CAMINO ARCO IRIS

City
MADRIDState
NMZip Code
87010FEC ID number of contributing
federal political committee.

C

Name of Employer

ALBUQUERQUE VETERANS HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116843

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. HUGH ALLEN

Mailing Address 1924 46TH AVE SW

City
SEATTLEState
WAZip Code
98116FEC ID number of contributing
federal political committee.

C

Name of Employer

GROUP HEALTH COOPERATIVE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Transaction ID : SA11AI.118450

Amount of Each Receipt this Period

500.00

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

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

1125.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. QUAISON ALLEYNE

Mailing Address PO BOX 3528

City
MILTONState
FLZip Code
32572FEC 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 ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	1		

Transaction ID : SA11Al.119016

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ELLEN ALLINGER

Mailing Address 1590 BLANCHARD BEND

City
ROCK HILLState
SCZip Code
29732FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF ROCK HILL

Occupation

ANESTHESIOLOGIST ASSISTANT

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
0	9			0	5			2	0	1	1		

Transaction ID : SA11Al.117019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. FRANCISCO ALVAREZ-GIL

Mailing Address 3661 S MIAMI AVE STE 504

City
MIAMIState
FLZip Code
33133FEC ID number of contributing
federal political committee.

C

Name of Employer

BISCAYNE ANESTHESIA GROUP

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
0	9			2	2			2	0	1	1		

Transaction ID : SA11Al.118598

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMRAT ANAND

Mailing Address 4124 CAUSEWAY VISTA DR.

City State Zip Code
 TAMPA FL 33615

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 FLORIDA GULF-TO-BAY ANESTHESIOLOGY, PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 24 2011

Transaction ID : SA11AI.118778

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. COREY ANDERSON

Mailing Address 1304 OAK ST

City State Zip Code
 MELBOURNE FL 32901

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 BREVARD ANES. SERVICES ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 14 2011

Transaction ID : SA11AI.117781

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. GREGORY ANDERSON

Mailing Address 3200 TROUP HWY STE 200

City State Zip Code
 TYLER TX 75701

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 EAST TEXAS ANESTHESIOLOGY ASSOCIATI PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 27 2011

Transaction ID : SA11AI.119097

Amount of Each Receipt this Period

250.00

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

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

1250.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. JEFFREY ANDERSON</p> <p>Mailing Address 7000 FOREST DR.</p> <p>City State Zip Code JOHNSTON IA 50131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ASSOCIATED ANESTHESIOLOGISTS PC PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2011 Transaction ID : SA11AI.117190 </p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. KEVIN ANDERSON</p> <p>Mailing Address 6438 PROVINCE LANE</p> <p>City State Zip Code BATON ROUGE LA 70808</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PARISH ANESTHESIA OF BATON ROUGE ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2011 Transaction ID : SA11AI.116861 </p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. DEAN ANDROPOULOS</p> <p>Mailing Address TEXAS CHILDREN'S HOSPITAL</p> <p>City State Zip Code HOUSTON TX 77030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BAYLOR COLLEGE OF MEDICINE ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118341 </p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			750.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROSS APPLEYARD

Mailing Address 416 KRAMERIA ST.

 City State Zip Code
 DENVER CO 80220

FEC ID number of contributing federal political committee.

C

 Name of Employer Occupation
 COLORADO ANESTHESIA CONSULTANTS, P PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 16 2011

Transaction ID : SA11AI.117922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ANTHONY ARELLANO-KRUSE
 Mailing Address ANESTHESIA MEDICAL GROUP
 3330 LOMITA BLVD

 City State Zip Code
 TORRANCE CA 90505

FEC ID number of contributing federal political committee.

C

 Name of Employer Occupation
 TORRANCE MEMORIAL MEDICAL CENTER PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 23 2011

Transaction ID : SA11AI.118700

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JAMES ARTUSO

Mailing Address 1844 WINDSONG LN

 City State Zip Code
 LANCASTER PA 17602

FEC ID number of contributing federal political committee.

C

 Name of Employer Occupation
 ANESTHESIA ASSOC. OF LANCASTER ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 04 2011

Transaction ID : SA11AI.116976

Amount of Each Receipt this Period

250.00

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

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

1500.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL ASHBURN

Mailing Address 1840 SOUTH ST

SECOND FLOOR TUTTLEMAN CENTER

City	State	Zip Code
PHILADELPHIA	PA	19146

FEC ID number of contributing
federal political committee.

C

Name of Employer

PENN PAIN MEDICINE AND PALLIATIVE CAR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116730

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. KAVEH ASLANI

Mailing Address 2925 W HICKORY GROVE RD

City	State	Zip Code
BLOOMFIELD HILLS	MI	48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA ASSOC.

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
09	/	27	/	2011

Transaction ID : SA11AI.119081

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROBERT ATWATER

Mailing Address 988 ROSEBAY CT

City	State	Zip Code
TALLAHASSEE	FL	32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY ASSOCIATES OF TALLAH

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
09	/	26	/	2011

Transaction ID : SA11AI.118942

Amount of Each Receipt this Period

500.00

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

1041.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 299
(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			

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

Mailing Address 62 PINE TREE DR.

City
CENTERVILLEState Zip Code
MA 02632FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPE COD ANESTHESIA ASSOCIATES, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2011

Transaction ID : SA11AI.117270

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DAVID AUSTERMAN

Mailing Address 600 NW 42ND ST

City
OKLAHOMA CITYState Zip Code
OK 73118FEC ID number of contributing
federal political committee.

C

Name of Employer

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
09	/	26	/	2011

Transaction ID : SA11AI.118952

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MAC AXELROD

Mailing Address 8703 PALM LAKE DR.

City
ORLANDOState Zip Code
FL 32819FEC 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 ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116784

Amount of Each Receipt this Period

41.00

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

1041.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. OLESH BABIAK

Mailing Address 8 MINSHALL CIRCLE

City State Zip Code
 GLEN MILLS PA 19342

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOC IN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119659

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. NOAH BABINS

Mailing Address 2699 LEE RD STE 510

City State Zip Code
 WINTER PARK FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARNOLD PALMER MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 05 / 2011

Transaction ID : SA11AI.116995

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KRISTY BAKER

Mailing Address 1810 BRIDGEWATER DRIVE

City State Zip Code
 HEATHROW FL 32746

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11AI.117081

Amount of Each Receipt this Period

250.00

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

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

1150.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRANK BAKKE

Mailing Address 3501 E VIA COLONIA DEL SOL

City
TUCSONState Zip Code
AZ 85718FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN ARIZONA ANESTHESIA DEPT OF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2011

Transaction ID : SA11AI.118100

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

B. ARNA BANERJEEMailing Address DEPARTMENT OF ANESTHESIA CRITICAL
1211 21ST AVENUE, SOUTH, SUITE 5City
NASHVILLEState Zip Code
TN 37212FEC ID number of contributing
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY MEDICAL
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116715

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. DAVID BARCLAY

Mailing Address 8080 BARONY POINT

City
MATTAWANState Zip Code
MI 49071FEC ID number of contributing
federal political committee.

C

Name of Employer

KALAMAZOO ANESTHESIOLOGY

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
09		04		2011

Transaction ID : SA11AI.116965

Amount of Each Receipt this Period

500.00

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

1683.00

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 19 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL BARLOW

Mailing Address 500 PINE RIDGE TRL

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11Al.117152

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ANDREW BARNETT

Mailing Address 2000 KEHRSDALE CT.

City

CHESTERFIELD

State

MO

Zip Code

63005

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTERN ANESTHESIOLOGY
ASSOCIATES, INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2011

Transaction ID : SA11Al.117501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JEREMY BARON

Mailing Address 45 BURNISTON CT

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS OF NJ LLC

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11Al.117711

Amount of Each Receipt this Period

500.00

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

1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 20 OF 299
 (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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DEBORAH BARRON

Mailing Address 14 WEST RUNSWICK DRIVE

City	State	Zip Code
RICHMOND	VA	23238

FEC ID number of contributing federal political committee.

Name of Employer

ANESTHESIA ASSOCIATES OF RICHMOND, II

Occupation

VA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2011

Transaction ID : SA11AI.119099

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. JAMES BARTLETT

Mailing Address 7 LINCOLN PLACE DRIVE

City	State	Zip Code
DES MOINES	IA	50312

FEC ID number of contributing federal political committee.

Name of Employer

MEDICAL CENTER ANESTHESIOLOGISTS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

Transaction ID : SA11AI.118262

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MARY LOUISE BATES

Mailing Address 107 MAGNOLIA LN.

City	State	Zip Code
NOBLESVILLE	IN	46062

FEC ID number of contributing federal political committee.

Name of Employer

RIVERVIEW ANESTHESIOLOGISTS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2011

Transaction ID : SA11AI.118211

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER: PAGE 21 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **SONNY BATHEJA**

Mailing Address 6444 N 48TH PL

City

PARADISE VLY

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY ANESTHESIOLOGY CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118268

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **JEFFREY BAUMBACH**

Mailing Address 2008 KING STABLES RD

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS MEDICAL
GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2011

Transaction ID : SA11AI.117232

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **SHAWN BEAMAN**

Mailing Address 806 HURON CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PITTSBURGH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2011

Transaction ID : SA11AI.117041

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEVEN BECK

Mailing Address 4412 E. HORSESHOE RD.

City
PHOENIX

State Zip Code
AZ 85028

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY ANESTHESIOLOGY CONSULTANTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119451

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. KATHRYN BECKSTROM

Mailing Address 257 SUMMERGLEN CT

City
CHAPIN

State Zip Code
SC 29036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116692

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRION BEERLE

Mailing Address PO BOX 212289

City
ANCHORAGE

State Zip Code
AK 99521

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHUGACH ANESTHESIA, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

09 / 14 / 2011

Transaction ID : SA11AI.117790

Amount of Each Receipt this Period

1000.00

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

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

2500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.116692

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 24 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT BEESBURG

Mailing Address 152 FORTY LOVE PT.

City State Zip Code
 CHAPIN SC 29036

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116729

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. EILEEN BEGIN

Mailing Address 110 IRVING ST. NW #G-226

City State Zip Code
 WASHINGTON DC 20010

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 ▼

369.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116797

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. JEFFREY BELLEFLEUR

Mailing Address 5195 VINCENNES CT

City State Zip Code
 BLOOMFIELD HILLS MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2011

Transaction ID : SA11AI.117931

Amount of Each Receipt this Period

500.00

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

582.00

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 25 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AUDREE BENDO

Mailing Address 14315 NEPONSIT AVE

City State Zip Code
 ROCKAWAY PARK NY 11694

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY DOWNSTATE MEDICAL CENTER

Occupation

PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2011

Transaction ID : SA11AI.118808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. FRANK BENESH

Mailing Address 52 MEDICAL PARK EAST DR., #321

City State Zip Code
 BIRMINGHAM AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA GROUP EAST PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11AI.117115

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOEL BENNETT

Mailing Address 3809 FRENCH HORN CT

City State Zip Code
 RICHMOND VA 23233

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMMONWEALTH ANESTHESIA ASSOC., P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 03 / 2011

Transaction ID : SA11AI.116946

Amount of Each Receipt this Period

250.00

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

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

1500.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TAMARA BEREZYUK

Mailing Address 1116 SW 8TH TER

City

FT LAUDERDALE

State

FL

Zip Code

33315

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSU, FL

Occupation

STUDENT

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
09	/	27	/	2011

Transaction ID : SA11AI.119213

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. TAMARA BEREZYUK

Mailing Address 1116 SW 8TH TER

City

FT LAUDERDALE

State

FL

Zip Code

33315

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSU, FL

Occupation

STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2011

Transaction ID : SA11AI.119214

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PAULA BERG

Mailing Address 3316 E DOBSON PL

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREAT LAKES ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : SA11AI.117899

Amount of Each Receipt this Period

250.00

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

770.00

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 27 OF 299

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID BERGER

Mailing Address 7 SANDRA CT.

7 SANDRA CT.

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

GLEN COVE HOSPITAL

Occupation

NY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	1

Transaction ID : SA11AI.119569

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. SCOTT BERGER

Mailing Address 520 MANORWOOD LN.

City

LOUISVILLE

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

CO PERMANENTE MED. GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	1

Transaction ID : SA11AI.118446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MORDECHAI BERMANN

Mailing Address 7 PLYMOUTH LN.

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMDNJ

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	1

Transaction ID : SA11AI.116722

Amount of Each Receipt this Period

83.00

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

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

583.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DOUGLAS BEZ

Mailing Address 3597 OTSEGO DR.

City

OKEMOS

State

MI

Zip Code

48864

FEC ID number of contributing
federal political committee.

C

Name of Employer

LANSING ANES.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116845

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. JOEL BEZ

Mailing Address 3806 VICEROY DR.

City

OKEMOS

State

MI

Zip Code

48864

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 ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116725

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. DAVID BIEL

Mailing Address 2929 EDGEHILL RD

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY HOSPITALS, CASE MEDICAL C

Occupation

ANESTHESIOLOGIST ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116746

Amount of Each Receipt this Period

41.00

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

249.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOSEPH BILLIG

Mailing Address P.O. BOX 96

City	State	Zip Code
VAIL	CO	81658

FEC ID number of contributing
federal political committee.

C

Name of Employer

VVA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	10	/	2011

Transaction ID : SA11AI.117443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. FREDERIC BILLINGS

Mailing Address 3906 WOODLAWN DR

City	State	Zip Code
NASHVILLE	TN	37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY MEDICAL
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	29	/	2011

Transaction ID : SA11AI.119446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. WENDY BINSTOCK

Mailing Address 1122 W MONTANA ST

City	State	Zip Code
CHICAGO	IL	60614

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 ▼

913.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116798

Amount of Each Receipt this Period

83.00

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

833.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT BIRCH

Mailing Address 582 SUMMIT AVE.

City
ST. PAULState Zip Code
MN 55102FEC ID number of contributing
federal political committee.

C

Name of Employer
RIDGES ANESTHESIOLOGY, PAOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116801

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY BITTENBINDER

Mailing Address 5014 ASCOT PARKWAY

City
TEMPLEState Zip Code
TX 76502FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT WHITE MEMORIAL HOSPITALOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2011

Transaction ID : SA11AI.116924

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. ANDREW BLACK

Mailing Address 1720 LOUISIANA BLVD., NE, #401

City
ALBUQUERQUEState Zip Code
NM 87110FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOC. OF NM, PCOccupation
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
09		25		2011

Transaction ID : SA11AI.118864

Amount of Each Receipt this Period

250.00

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

358.00

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 31 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. IAN BLACK

Mailing Address 154 EAST AVE

City State Zip Code
 BURLINGTON VT 05401

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAHC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2011

Transaction ID : SA11AI.117474

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM BLACKBURN

Mailing Address 190 CEDARBEND DR.

City State Zip Code
 FLORENCE AL 35634

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119702

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SUZANNE BLAYLOCK

Mailing Address 155 WILSON CT.

City State Zip Code
 MUSCLE SHOALS AL 35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116804

Amount of Each Receipt this Period

1000.00

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

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

2250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUZANNE BLAYLOCK

Mailing Address 155 WILSON CT.

City	State	Zip Code
MUSCLE SHOALS	AL	35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL CONSULTANTS

Occupation

MD

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
09	/	23	/	2011

Transaction ID : SA11AI.118659

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARC BLOOMSTON

Mailing Address 52 MEDICAL PARK EAST DR, SUITE 321

City	State	Zip Code
BIRMINGHAM	AL	35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA GROUP EAST, P.C.

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
09	/	12	/	2011

Transaction ID : SA11AI.117541

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. J. BLUM

Mailing Address 11063 S MEMORIAL DR STE D, PMB 431

City	State	Zip Code
TULSA	OK	74133

FEC ID number of contributing
federal political committee.

C

Name of Employer

AA, INC

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2011

Transaction ID : SA11AI.117956

Amount of Each Receipt this Period

250.00

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

1750.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 299
(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			

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. KENNETH BOCHENEK Full Name (Last, First, Middle Initial) Mailing Address 2000 SPRUCE DR City LAFAYETTE State IN Zip Code 47905 FEC ID number of contributing federal political committee. C Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2011 Transaction ID : SA11AI.117079 Amount of Each Receipt this Period 50.00
B. KENNETH BOCHENEK Full Name (Last, First, Middle Initial) Mailing Address 2000 SPRUCE DR City LAFAYETTE State IN Zip Code 47905 FEC ID number of contributing federal political committee. C Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2011 Transaction ID : SA11AI.118115 Amount of Each Receipt this Period 50.00
C. KENNETH BOCHENEK Full Name (Last, First, Middle Initial) Mailing Address 2000 SPRUCE DR City LAFAYETTE State IN Zip Code 47905 FEC ID number of contributing federal political committee. C Name of Employer ANESTHESIOLOGY ASSOCIATES, P.C. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119662 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)..... ▶			150.00
TOTAL This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SARAH BODIN

Mailing Address MEDICAL CENTER BLVD
DEPT OF ANESTHESIOLOGY

City Winston Salem State NC Zip Code 27157

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAKE FOREST UNIV. BAPTIST MED. CTR.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARINELA BOERU

Mailing Address 7331 SW 123RD. PL.

City Miami State FL Zip Code 33183

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF MIAMI

Occupation

MD-ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117120

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. THOMAS BOLLES

Mailing Address 2 OCEANWOOD DR

City Scarborough State ME Zip Code 04074

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 ▼

250.00

Date of Receipt

09 / 27 / 2011

Transaction ID : SA11AI.119056

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 35 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. IAN BOND

Mailing Address 236 EDGEMERE CT

City

OKLAHOMA CITY

State

OK

Zip Code

73118

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY SCHEDULING SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2011

Transaction ID : SA11AI.117963

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JASPER BOOKER

Mailing Address 2151 OLD ROCKY RIDGE RD. STE 106

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM P C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117145

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. TONY BORBOA

Mailing Address 11311 N. TWIN SPUR COURT

City

ORO VALLEY

State

AZ

Zip Code

85737

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN ARIZONA ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : SA11AI.118632

Amount of Each Receipt this Period

250.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 36 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN BORREGO

Mailing Address 8332 E. HEATHERBRAE DR.

City	State	Zip Code
SCOTTSDALE	AZ	85251

FEC ID number of contributing federal political committee.

C

Name of Employer

VALLEY ANESTHESIOLOGY CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2011

Transaction ID : SA11AI.117257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. PAUL BORRELLI

Mailing Address 301 ORLANDO RD.

City	State	Zip Code
BELLEAIR	FL	33756

FEC ID number of contributing federal political committee.

C

Name of Employer

GFA

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
09	/	06	/	2011

Transaction ID : SA11AI.117165

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. BART BORSKY

Mailing Address 14612 MISTLETOE DR

City	State	Zip Code
OKLAHOMA CITY	OK	73142

FEC ID number of contributing federal political committee.

C

Name of Employer

NW ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : SA11AI.117909

Amount of Each Receipt this Period

500.00

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

1500.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ARTHUR BOUDREAUX

Mailing Address 4493 PRESERVE DR

City
HOOVERState Zip Code
AL 35226FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB HEALTH SERVICES FOUNDATIONOccupation
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
09	/	30	/	2011

Transaction ID : SA11AI.119782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. NANCY BOULANGER

Mailing Address 105 MILL ST.

City
BRUNSWICKState Zip Code
ME 04011FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GROUPOccupation
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
09	/	21	/	2011

Transaction ID : SA11AI.118545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. GREGORY BOUSKA

Mailing Address 3000 BOGEY CIR SE

City
OWENS CROSS ROADSState Zip Code
AL 35763FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPREHENSIVE ANESTHESIA ASSOCIATEOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : SA11AI.119524

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 PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WILLIAM BOYD

Mailing Address 22 BRAMHALL ST.

City
PORTLANDState Zip Code
ME 04102FEC ID number of contributing
federal political committee.

C

Name of Employer
MAINE MEDICAL CENTER ANES. DEPT.Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9						2	0			2	0

Transaction ID : SA11AI.118347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CARSTEN BOYSEN

Mailing Address 1562 BAYVIEW DR

City
MUSKEGONState Zip Code
MI 49441FEC ID number of contributing
federal political committee.

C

Name of Employer
LAKESHORE ANESTHESIA SERVICESOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9						1	1			2	0

Transaction ID : SA11AI.117482

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES BRADFORDMailing Address 900 PEELER STREET
PO BOX 4095City
KALAMAZOOState Zip Code
MI 49003FEC ID number of contributing
federal political committee.

C

Name of Employer
KALAMAZOO ANESTHESIOLOGY, P.C.Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9						1	9			2	0

Transaction ID : SA11AI.118200

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 PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK BRADY

Mailing Address 9403 W. 146TH PL.

City	State	Zip Code
OVERLAND PARK	KS	66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116828

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. NORMAN BRAHEN

Mailing Address 9263 MEDICAL PLAZA DR STE A

City	State	Zip Code
CHARLESTON	SC	29406

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
09	/	13	/	2011

Transaction ID : SA11AI.117649

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BARRY BRASFIELD

Mailing Address 505 GLENWAY CV

City	State	Zip Code
LEBANON	TN	37087

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA BUSINESS MANAGEMENT

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
09	/	30	/	2011

Transaction ID : SA11AI.119606

Amount of Each Receipt this Period

250.00

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

1333.00

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 40 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LOIS BREADY

Mailing Address 33 SANCTUARY DRIVE

City
SAN ANTONIO

State Zip Code
TX 78248

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF TX HLTH SCI CTR ANES DEPT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118354

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DANIEL BREDAR

Mailing Address 2222 S. ADAMS ST.

City
DENVER

State Zip Code
CO 80210

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANESTHESIA ASSOCIATES, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : SA11AI.119349

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. GREGG BRENT

Mailing Address 3790 LAKECREST DR

City
BLOOMFIELD

State Zip Code
MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREAT LAKES ANESTHESIA ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.117903

Amount of Each Receipt this Period

250.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KURT BRIESACHER

Mailing Address 5671 PEACHTREE DUNWOODY RD NE STE

City	State	Zip Code
ATLANTA	GA	30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN SPECIALISTS IN ANES, PC

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
09	/	21	/	2011

Transaction ID : SA11AI.118478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. GERALD BROCKER

Mailing Address 1080 MCBRIEN LN

City	State	Zip Code
CHATTANOOGA	TN	37419

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACE, INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

Transaction ID : SA11AI.118318

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JEFFREY BROUSSARD

Mailing Address 610 CHEROKEE BLVD

City	State	Zip Code
KNOXVILLE	TN	37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL ALLIANCE OF EAST

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
09	/	30	/	2011

Transaction ID : SA11AI.119766

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CURTIS BROWN

Mailing Address 457 HOLLY BERRY CIR

City State Zip Code
 BLYTHEWOOD SC 29016

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. CONSULTANTS OF COLUMBIA

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
 09 / 27 / 2011

Transaction ID : SA11AI.119050

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RONALD BROWN

Mailing Address 1 MOBILE INFIRMARY CIR., 2ND FL.

City State Zip Code
 MOBILE AL 36607

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES

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
 09 / 29 / 2011

Transaction ID : SA11AI.119537

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. AMY BROWNELL

Mailing Address 2813 KINGSTON CT

City State Zip Code
 BARTLESVILLE OK 74006

FEC ID number of contributing
federal political committee.

C

Name of Employer

JANE PHILLIPS MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118614

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAUL BRUHA

Mailing Address 1194 MARY KATE DR

City State Zip Code
 GULF BREEZE FL 32563

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BROAD ANESTHESIA

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2011

Transaction ID : SA11AI.117782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. PATY BRYANT

Mailing Address PEDIATRIC ANESTHESIA
 1600 7TH AVE. S., SUITE #420

City State Zip Code
 BIRMINGHAM AL 35233

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PEDIATRIC ANESTHESIA ASSOCIATES

Occupation
 PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.118388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOHN BULLINGTON

Mailing Address 2151 OLD ROCKY RIDGE RD. STE 106

City State Zip Code
 BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANES. SERV. OF BIRMINGHAM PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11AI.117142

Amount of Each Receipt this Period

500.00

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 44 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NANCY BURK

Mailing Address 729 HARVARD ST.

City
WILMETTE

State Zip Code
IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

UIC

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117363

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CALVIN BURRICHTER

Mailing Address 5110 CORNELL CT.

City
BRENTWOOD

State Zip Code
TN 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 ▼

250.00

Date of Receipt

09 / 04 / 2011

Transaction ID : SA11AI.116966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. RICHARD BUSH

Mailing Address 5303 HOLLY ROAD

City
VIRGINIA BEACH

State Zip Code
VA 23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHESAPEAKE ANESTHESIOLOGISTS, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2011

Transaction ID : SA11AI.119112

Amount of Each Receipt this Period

250.00

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

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

750.00

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 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **TIMOTHY CAHILL**

Mailing Address 9017 CARTER DR

City

SALINE

State

MI

Zip Code

48176

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF ANN ARBOR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11AI.118645

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. **JANE CALDWELL**

Mailing Address 1610 THURSBY AVE.

City

KIRKWOOD

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAA

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
09 / 06 / 2011

Transaction ID : SA11AI.117078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **BRIAN CAMPBELL**

Mailing Address 418 MEADOW BROOK LN

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA RESOURCES MANGEMENT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11AI.119477

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DANIEL CAMPOS

Mailing Address 48 SCHOONER RIDGE RD

City State Zip Code
 CUMB FORESIDE ME 04110

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 ▼

250.00

Date of Receipt

09 / 05 / 2011

Transaction ID : SA11AI.116991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JAMES CANNON

Mailing Address 1015 SALIM PLACE

City State Zip Code
 LEMONT IL 60439

FEC ID number of contributing
federal political committee.

C

Name of Employer
 DUPAGE VALLEY ANESTHESIOLOGISTS,
 LTD.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. EFREN CARDENAS

Mailing Address 820 PRUDENTIAL DR SUITE 606

City State Zip Code
 JACKSONVILLE FL 32207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FLORIDA ANESTHESIA ASSOCIATES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118412

Amount of Each Receipt this Period

500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHRISTEL CARLSON

Mailing Address 10710 S SHERMAN RD

City

SPOKANE

State

WA

Zip Code

99224

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANESTHESIA GROUP PS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	1	6	8

Transaction ID : SA11AI.116825

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. KAREN CARLSON

Mailing Address 1301 TWELVE OAKS CIR NW

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMORY HEALTHCARE

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
0	9			2	4			2	0	1	1	1	8

Transaction ID : SA11AI.118756

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KENNETH CARLSON

Mailing Address 4334 BOULDER LAKE CIRCLE

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARM

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
0	9			3	0			2	0	1	1	1	9

Transaction ID : SA11AI.119679

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 48 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DEBRA CAROLI

Mailing Address 4548 BURKE STREET

City State Zip Code
 ORLANDO FL 32814

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 ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116748

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. RAFAEL CARTAGENA

Mailing Address 1504 SANTA ROSA RD RM 202

City State Zip Code
 RICHMOND VA 23229

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA ASSOC. OF RICHMOND

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.118843

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KEITH CARTER

Mailing Address 2417 E NORTHSIDE DR

City State Zip Code
 JACKSON MS 39211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JACKSON ANESTHESIA ASSOCIATES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : SA11AI.118515

Amount of Each Receipt this Period

500.00

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

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

1541.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NORMAN CARVALHO

Mailing Address 1615 NW 27TH TER

City

GAINESVILLE

State

FL

Zip Code

32605

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA DEPT OF ANESTH

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	1

Transaction ID : SA11AI.117556

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ALVIN CASTILLO

Mailing Address 40 JAMESTOWN RD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERAL ANESTHESIA SERVICES, INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	1

Transaction ID : SA11AI.119003

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES CASTRISOS

Mailing Address 3450 N. ROCK RD., SUITE #208

City

WICHITA

State

KS

Zip Code

67226

FEC ID number of contributing
federal political committee.

C

Name of Employer

MID-CONTINENT ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	1

Transaction ID : SA11AI.118759

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PETER CASTRO

Mailing Address 2910 17TH STREET

City State Zip Code
 BOULDER CO 80304

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOULDER VALLEY ANESTHESIOLOGY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 07 2011

Transaction ID : SA11AI.117278

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ELIZABETH CAVANAGH

Mailing Address 9860 OAK HAVEN AVE.

City State Zip Code
 ST. LOUIS MO 63119

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN ANESTHESIA ASSOCIATES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 02 2011

Transaction ID : SA11AI.116905

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ANDREI CERNEA

Mailing Address 6708 KENHILL RD

City State Zip Code
 BETHESDA MD 20817

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 ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116742

Amount of Each Receipt this Period

41.00

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

541.00

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 51 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHUN CHAN

Mailing Address 1354 ISLAND PL E

City
MEMPHIS

State Zip Code
TN 38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL ANESTHESIA GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : SA11AI.119230

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JAMES CHANEY

Mailing Address 3452 OAK CANYON DRIVE

City
BIRMINGHAM

State Zip Code
AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS ASSOCIATED, P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.117933

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JAMES CHAPIN

Mailing Address 1426 N. 133RD ST.

City
OMAHA

State Zip Code
NE 68154

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF NEBRASKA MEDICAL CENT

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2011

Transaction ID : SA11AI.117954

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ERIC CHAPPELL

Mailing Address 2729 CAMINO CHUECO

City State Zip Code
 SANTA FE NM 87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SANTA FE ANESTHESIA SPECIALISTS, PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 08 2011

Transaction ID : SA11AI.117307

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN CHATELAIN

Mailing Address 1319 S.9TH ST.

City State Zip Code
 FARGO ND 58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SANFORD HEALTH SYSTEMS

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116821

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. JACK CHAVEZ

Mailing Address 7319 LORIMAR PL.

City State Zip Code
 KNOXVILLE TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF TENNESSEE DEPARTMENT

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 21 2011

Transaction ID : SA11AI.118459

Amount of Each Receipt this Period

500.00

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

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

1541.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID CHEEK

Mailing Address 120 NW 14TH AVE., SUITE #300

City State Zip Code
 PORTLAND OR 97209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OREGON ANESTHESIOLOGY GROUP, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. EDWARD CHEN

Mailing Address 300 JEFFORDS ST STE B

City State Zip Code
 CLEARWATER FL 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEARWATER PAIN MANAGEMENT

Occupation

PHYSICIAN

ASSOCIATES
 Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11AI.117895

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KYUNG CHEN

Mailing Address 5535 N CALLE LA CIMA

City State Zip Code
 TUCSON AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN ARIZONA ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118586

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BAYER CHENG

Mailing Address 1118 ROSS CLARK CIR., #700

City	State	Zip Code
DOTHAN	AL	36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	1

Transaction ID : SA11AI.119809

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SUBBA CHENUMOLU

Mailing Address 1510 CHANDLER RD SE

City	State	Zip Code
HUNTSVILLE	AL	35801

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMPREHENSIVE ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	1

Transaction ID : SA11AI.119810

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PRAMOD CHETTY

Mailing Address 750 NE 13TH ST STE 200

City	State	Zip Code
OKLAHOMA CITY	OK	73104

FEC ID number of contributing
federal political committee.

C

Name of Employer

OKLAHOMA UNIVERSITY HEALTH SCIENCES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	1

Transaction ID : SA11AI.118396

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GILBERT CHIDIAC

Mailing Address 17896 VILLA CLUB WAY

City State Zip Code
 BOCA RATON FL 33496

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 BOCA RATON REGIONAL HOSPITAL ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.118371

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BRENT CHILD

Mailing Address 1287 N. WOODLAND COURT

City State Zip Code
 FARMINGTON UT 84025

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 SELF MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2011

Transaction ID : SA11AI.116957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ALBERT CHO

Mailing Address 2094 W 29TH AVE

City State Zip Code
 EUGENE OR 97405

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 SCARED HEART MEDICAL, DEPT OF ANES ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116882

Amount of Each Receipt this Period

500.00

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

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

1000.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GRACE CHO

Mailing Address 8 BEAVERDAM DR.

City State Zip Code
 EAST BRUNSWICK NJ 08816

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 ANESTHESIA CONSULTANTS OF NEW JERS PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2011

Transaction ID : SA11AI.118804

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ELIAS CHUA

Mailing Address 113 CENTRENEST LN.

City State Zip Code
 WILMINGTON DE 19807

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 ANESTHESIA SERVICES, P.A. ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROBIN CHURCH-HAJDUK

Mailing Address 4242 MEDICAL DR., STE 3100

City State Zip Code
 SAN ANTONIO TX 78229

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 TEJAS ANESTHESIA, PA PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116786

Amount of Each Receipt this Period

41.00

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

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

791.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT CIPOLLE

Mailing Address 2 MORGANS ISLAND RD.

City
BEVERLY

State Zip Code
MA 01915

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEVERLY ANESTHESIA ASSOCIATES, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2011

Transaction ID : SA11AI.117503

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JEFFREY CLARK

Mailing Address 520 VERNON DR., S.E.

City
CEDAR RAPIDS

State Zip Code
IA 52403

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINN CTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARIO CLAROS

Mailing Address 43 CATALPA TRACE

City
COVINGTON

State Zip Code
LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST ST. TAMMANY ANESTHESIA ASSOC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119757

Amount of Each Receipt this Period

300.00

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

1050.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. REBECCA CLEMANS

Mailing Address 2719 BURNHAM RD.

City
ROYAL OAKState Zip Code
MI 48073FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

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
09	/	27	/	2011

Transaction ID : SA11AI.119108

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS CLEVELAND

Mailing Address 360 W ILLINOIS ST UNIT 213

City
CHICAGOState Zip Code
IL 60654FEC ID number of contributing
federal political committee.

C

Name of Employer

PARK RIDGE ANESTHESIOLOGY
ASSOCIATES

Occupation

STAFF 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
09	/	12	/	2011

Transaction ID : SA11AI.117516

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JORDAN COFFEY

Mailing Address 565 VALLEYBROOK DR

City
MEMPHISState Zip Code
TN 38120FEC 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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : SA11AI.119536

Amount of Each Receipt this Period

250.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID COHEN

Mailing Address 32630 BINGHAM RD

City

BINGHAM FARMS

State

MI

Zip Code

48025

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA ASSOCIATE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11Al.116878

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. STEVEN COHEN

Mailing Address 1819 DENVER WEST DRIVE #200

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANESTHESIA SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2011

Transaction ID : SA11Al.117721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PETER COLESMailing Address 900 PEELER ST.
P.O. BOX 4095

City

KALAMAZOO

State

MI

Zip Code

49003

FEC ID number of contributing
federal political committee.

C

Name of Employer

KALAMAZOO ANESTHESIOLOGY, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11Al.116844

Amount of Each Receipt this Period

41.00

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

299.00

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 60 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN COLLINS

Mailing Address 12012 TIMBERLAKE DR

City State Zip Code
 CINCINNATI OH 45249

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOC. OF CINCINNATI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11AI.118661

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CRAIG COMBS

Mailing Address 1924 ALCOA HWY # U109

City State Zip Code
 KNOXVILLE TN 37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF TN MEDICAL CENTER ANESM

Occupation

PHYSICIAN

DEPT
 Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 07 / 2011

Transaction ID : SA11AI.117218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBIN CONNER

Mailing Address 2151 OLD ROCKY RIDGE RD.

City State Zip Code
 BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117146

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. MARGARET CONOVER Full Name (Last, First, Middle Initial) Mailing Address 5413 W 141ST TER City LEAWOOD State KS Zip Code 66224 FEC ID number of contributing federal political committee. C Name of Employer ANES ASSOC OF KS Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 26 / 2011 Transaction ID : SA11AI.118888 Amount of Each Receipt this Period 300.00
B. ANTHONY COOK Full Name (Last, First, Middle Initial) Mailing Address 2151 OLD ROCKY RIDGE RD., #106 City BIRMINGHAM State AL Zip Code 35216 FEC ID number of contributing federal political committee. C Name of Employer ANESTHESIA SERVICES OF BIRMINGHAM, PC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2011 Transaction ID : SA11AI.117147 Amount of Each Receipt this Period 500.00
C. GEORGE COOPER Full Name (Last, First, Middle Initial) Mailing Address 59 ALISON DR. City ALEXANDER CITY State AL Zip Code 35010 FEC ID number of contributing federal political committee. C Name of Employer ANETHE.SERV.OF BIRMINGHAM Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2011 Transaction ID : SA11AI.117140 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)..... ▶			1300.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 299
(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			

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN COOPER

Mailing Address 4804 YOAKUM BLVD

City
HOUSTONState
TXZip Code
77006FEC ID number of contributing
federal political committee.

C

Name of Employer

GREATER HOUSTON HEALTHCARE

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
09		20		2011

Transaction ID : SA11AI.118331

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. LEBRON COOPER

Mailing Address 1757 NE 35TH ST

City

OAKLAND PARK

State

FL

Zip Code

33334

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 ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116726

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. MATTHEW COOPER

Mailing Address 16 DAYTON CIR.

City

MEDIA

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2011

Transaction ID : SA11AI.118729

Amount of Each Receipt this Period

250.00

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

875.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIMOTHY COOPER

Mailing Address 4417 AUSTIN PASS DR

City

SAINT CHARLES

State

MO

Zip Code

63304

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOODS MILL ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SA11AI.118547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JAMES CORMACK

Mailing Address 18 MILL STONE TERR.

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACG

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2011

Transaction ID : SA11AI.117677

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. CHARLES COTTON

Mailing Address 2605 SE 6TH ST

City

MOORE

State

OK

Zip Code

73160

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFFILIATED ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2011

Transaction ID : SA11AI.117127

Amount of Each Receipt this Period

500.00

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

1050.00

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 64 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JERRAL COX

Mailing Address **PEDIATRIC ANESTHESIA**

1600 7TH AVE. S., SUITE #420

City

BIRMINGHAM

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRIC ANESTHESIA ASSOCIATES

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119748

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROBERT CRAFT

Mailing Address **3840 CHANNEL HARBOR RD**

City

LOUISVILLE

State

TN

Zip Code

37777

FEC ID number of contributing
federal political committee.

C

Name of Employer

**UNIVERSITY OF TENNESSEE MEDICAL
CENTER**

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118333

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PAULA CRAIGO

Mailing Address **DEPARTMENT OF ANESTHESIOLOGY**

200 FIRST STREET S.W., CHARLTON 1 -

City

ROCHESTER

State

MN

Zip Code

55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC COLLEGE OF MEDICINE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2011

Transaction ID : SA11AI.118605

Amount of Each Receipt this Period

500.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WALTER CRAWFORD

Mailing Address 4009 SNEED RD.

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	5		2	0	1	1		

Transaction ID : SA11AI.117022

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ANDREW CRELL

Mailing Address 338 ESTATES DR

City

CAMDEN WYOMING

State

DE

Zip Code

19934

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	8		2	0	1	1		

Transaction ID : SA11AI.118019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PETER CRISOLOGO

Mailing Address 1646 CATOMA LANE, NE

City

CULLMAN

State

AL

Zip Code

35055

FEC ID number of contributing
federal political committee.

C

Name of Employer

CULLMAN ANESTHESIOLOGY AND PAIN COI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	1		

Transaction ID : SA11AI.119590

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 66 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFREY CRISPELL

Mailing Address 425 PINE RIDGE BLVD., #211

City State Zip Code
 WAUSAU WI 54401

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL WISCONSIN ANESTHESIOLOGY, S

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118242

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROBERT CRONE

Mailing Address 124 E. CHERRY DR.

City State Zip Code
 MEMPHIS TN 38117

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL ANESTHESIA GROUP, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. BRIAN CROSS

Mailing Address P.O. BOX 3010

City State Zip Code
 TUSTIN CA 92781

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIAN L CROSS MD INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 26 / 2011

Transaction ID : SA11AI.118992

Amount of Each Receipt this Period

350.00

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

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

1100.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALAN CROSTA

Mailing Address 4 ALLEN WAY

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAM

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
0	9			2	6			2	0	1	1		

Transaction ID : SA11AI.118887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DANA CROVO

Mailing Address 22 BRAMHALL ST

City

PORTLAND

State

ME

Zip Code

04102

FEC ID number of contributing
federal political committee.

C

Name of Employer

ME MED CTR ANES DEPT

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
0	9			2	1			2	0	1	1		

Transaction ID : SA11AI.118473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. RUDY CUETO

Mailing Address 9104 WHISPERING PINES DRIVE

City

SALINE

State

MI

Zip Code

48176

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 ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	1		

Transaction ID : SA11AI.116980

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 68 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOSEPH CUNNINGHAM

Mailing Address 6046 NEWPORT CRES

City State Zip Code
 NORFOLK VA 23505

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHESAPEAKE ANESTHESIOLOGISTS, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 26 2011

Transaction ID : SA11AI.118907

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SUSAN CURLING

Mailing Address 8234 MAGNOLIA GLEN DRIVE

City State Zip Code
 HUMBLE TX 77346

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH HOUSTON ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116782

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. DAVID CUTTING

Mailing Address 1889 FISH HATCHERY COURT

City State Zip Code
 PALM HARBOR FL 34684

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAPC ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 16 2011

Transaction ID : SA11AI.117917

Amount of Each Receipt this Period

500.00

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

1083.00

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 69 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **ROBERT DADO**

Mailing Address 8919 ITASCA TRAIL NORTH

City State Zip Code
 STILLWATER MN 55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ANESTHESIOLOGISTS, P.A.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. **JOHN DARBY**

Mailing Address 46 BROAD ARROW TRL

City State Zip Code
 YARMOUTH ME 04096

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.118848

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **SUDIP DAS**

Mailing Address 274 PEAK PLACE

City State Zip Code
 SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS OF NEW JERS

Occupation
ATTENDING ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119758

Amount of Each Receipt this Period

500.00

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 70 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GWEN DAVIS

Mailing Address 45 SHERINGTON PL.

City State Zip Code
 ATLANTA GA 30350

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 NORTHSIDE ANESTHESIOLOGY CONSULTA ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ALBERTO DE ARMENDI

Mailing Address 750 NE 13TH ST STE 200

City State Zip Code
 OKLAHOMA CITY OK 73104

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 UNIV. OF OKLAHOMA HEALTH SCIENCE ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DAVID DEBENHAM

Mailing Address P.O. BOX 910369

City State Zip Code
 ST. GEORGE UT 84791

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 MTN. WEST ANESTHESIA PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : SA11AI.118637

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GLENN DEBOER

Mailing Address 12675 CEDAR RD

City State Zip Code
 CLEVELAND HEIGHTS OH 44106

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

CONSULTANT, PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : SA11AI.118465

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JAMES DELLORUSSO

Mailing Address 18815 ROCKINGHORSE LN.

City State Zip Code
 HUNTINGTON BEACH CA 92648

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.118859

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DALE DERBY

Mailing Address 7247 N. 201ST EAST AVE.

City State Zip Code
 OWASSO OK 74055

FEC ID number of contributing
federal political committee.

C

Name of Employer

BMC ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : SA11AI.117356

Amount of Each Receipt this Period

500.00

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

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

1750.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARIE DE RUYTER

Mailing Address 4500 SAN PABLO RD S

DEPT. OF ANESTHESIOLOGY

City State Zip Code
 JACKSONVILLE FL 32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC COLLEGE OF MEDICINE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : SA11AI.119224

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MEENA DESAI

Mailing Address 1501 MOUNT PLEASANT RD

City State Zip Code
 VILLANOVA PA 19085

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOVA ANESTHESIA PROFESSIONALS

Occupation

PA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARK DESHUR

Mailing Address 2650 RIDGE AVE

City State Zip Code
 EVANSTON IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

EVANSTON HOSPITAL DEPT. OF ANESTHES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2011

Transaction ID : SA11AI.117542

Amount of Each Receipt this Period

250.00

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

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

600.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK DESTACHE

Mailing Address 1590 EDGCUMBE RD

City
ST. PAUL

State Zip Code
MN 55116

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAPA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2011

Transaction ID : SA11AI.116996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BRIAN DEWAN

Mailing Address 5805 GENTLE BREEZE TERR.

City
AUSTIN

State Zip Code
TX 78731

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUSTIN ANESTHESIOLOGY GROUP, LLP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2011

Transaction ID : SA11AI.117593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. LOUIS DEWILD

Mailing Address 1215 PLEASANT ST., #400

City
DES MOINES

State Zip Code
IA 50309

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.118496

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN DI CAPUA

Mailing Address 74 BYRAM RIDGE ROAD

City State Zip Code
 ARMONK NY 10504

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH SHORE UNIVERSITY HOSPITAL ANE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2011

Transaction ID : SA11AI.118046

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MITCHELL DICKSON

Mailing Address 5315 BENT RIVER BLVD.

City State Zip Code
 KNOXVILLE TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMAET

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2011

Transaction ID : SA11AI.116982

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KHALIL DIRANI

Mailing Address 555 RUDGATE RD

City State Zip Code
 BLOOMFIELD HILLS MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

A4

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11AI.117262

Amount of Each Receipt this Period

250.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 299
(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			

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JONATHAN DIRUZZO

Mailing Address 860 PEACHTREE ST NE UNIT 2009

City	State	Zip Code
ATLANTA	GA	30308

FEC ID number of contributing
federal political committee.

C

Name of Employer

GWINNETT ANESTHESIA SERVICE, P.C

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
09	/	14	/	2011

Transaction ID : SA11AI.117780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JONATHAN DIRUZZO

Mailing Address 860 PEACHTREE ST NE UNIT 2009

City	State	Zip Code
ATLANTA	GA	30308

FEC ID number of contributing
federal political committee.

C

Name of Employer

GWINNETT ANESTHESIA SERVICE, P.C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.119650

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CHERYL DIXON

Mailing Address 144 SEA ISLAND DRIVE

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAPTIST MEDICAL CENTER BEACHES

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
09	/	28	/	2011

Transaction ID : SA11AI.119241

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NICOLE DOBIJA

Mailing Address 5802 SW 89TH TER.

City State Zip Code
GAINESVILLE FL 32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
UF CONGENITAL HEART CENTER

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2011

Transaction ID : SA11AI.117880

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JENNY DOLAN

Mailing Address 4530 43RD ST S

City State Zip Code
SAINT PETERSBURG FL 33711

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALL CHILDRENS HOSPITAL

Occupation
PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOHN DOMBROWSKI

Mailing Address 5123 WATSON ST NW

City State Zip Code
WASHINGTON DC 20016

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 ▼

770.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117155

Amount of Each Receipt this Period

170.00

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

920.00

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 77 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. TIMOTHY DOMINICK</p> <p>Mailing Address 120 CRESCENT RD</p> <p>City State Zip Code BURLINGTON VT 05401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation FLETCHER ALLEN MEDICAL CENTER DEPT. ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2011 Transaction ID : SA11AI.118750</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DAVID DONIELSON</p> <p>Mailing Address 1255 HILYARD ST.</p> <p>City State Zip Code EUGENE OR 97401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SACRED HEART MEDICAL CENTER ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2011 Transaction ID : SA11AI.117509</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. MATTHEW DONOVAN</p> <p>Mailing Address 3333 EVERGREEN DRIVE N.E.</p> <p>City State Zip Code GRAND RAPIDS MI 49525</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANESTHESIA PRACTICE CONSULTANTS, P.C. ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2011 Transaction ID : SA11AI.118527</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			750.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PATRICK DOOLEY

Mailing Address 801 VISTA OAKS LN

City

KNOXVILLE

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. THOMAS DOSLAND

Mailing Address 9780 HIDDEN GLADE RD.

City

ST. PAUL

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGISTS, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2011

Transaction ID : SA11AI.117485

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DONALD DOUSSAN

Mailing Address 102 BAYOU PEREZ DR

City

MADISONVILLE

State

LA

Zip Code

70447

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOUISIANA STATE UNIV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119654

Amount of Each Receipt this Period

400.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 79 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DONALD DOWNS

Mailing Address 7351 OLIVER WOODS DR SE

City State Zip Code
 GRAND RAPIDS MI 49546

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116734

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. JOHN DOYLE

Mailing Address 120 N RIVER DR

City State Zip Code
 ST AUGUSTINE FL 32095

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF CLAY
COUNTY

Occupation
CARDIAC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 16 2011

Transaction ID : SA11AI.117947

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ZORAN DRMANOVIC

Mailing Address 5600 SW BELLFLOWER CT.

City State Zip Code
 PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCORP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116706

Amount of Each Receipt this Period

41.00

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

624.00

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 80 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ZORAN DRMANOVIC

Mailing Address 5600 SW BELLFLOWER CT.

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTHCORP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117184

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. WENDY DUCHENE

Mailing Address 5512 ABERDEEN ST.

City State Zip Code
SHAWNEE MISSION KS 66205

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNION HILL ANESTHESIA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2011

Transaction ID : SA11AI.117814

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL DULITZ

Mailing Address 9465 E CHARTER OAK DR

City State Zip Code
SCOTTSDALE AZ 85260

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTHESIOLOGY CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117353

Amount of Each Receipt this Period

500.00

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

758.00

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 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GEORGE DUMAS

Mailing Address 2151 OLD ROCKY RIDGE RD., STE. 106

City State Zip Code
 BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERV. OF BIRMINGHAM, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11Al.117148

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. EDDY DUNCAN

Mailing Address 1101 OCILLA RD

City State Zip Code
 DOUGLAS GA 31533

FEC ID number of contributing
federal political committee.

C

Name of Employer

COFFEE REG MED CTR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2011

Transaction ID : SA11Al.119199

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL DUNCAN

Mailing Address 4200 W. MEMORIAL RD., #703

City State Zip Code
 OKLAHOMA CITY OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFFILIATED ANESTHESIOLOGISTS, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11Al.118490

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 82 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEVE DUNN

Mailing Address 194 BOULDER DR.

City State Zip Code
MUSKEGON MI 49444

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAKESHORE ANESTHESIA ASSOCIATES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118206

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MIRSA DUPANOVIC

Mailing Address 8012 BELINDER RD

City State Zip Code
LEAWOOD KS 66206

FEC ID number of contributing
federal political committee.

C

Name of Employer
KANSAS UNIVERSITY MEDICAL CENTER
DEPT.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119687

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DANA DUREN

Mailing Address 4008 SHOALS DR.

City State Zip Code
OKEMOS MI 48864

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 ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116698

Amount of Each Receipt this Period

41.00

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

541.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDREW DVORYANSKY

Mailing Address 2945 87TH PL APT 202

City

PINELLAS PARK

State

FL

Zip Code

33782

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA GULF-TO-BAY ANESTHESIOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								1	9			

Transaction ID : SA11AI.118080

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JEFFREY DYER-SMITH

Mailing Address 6320 MUIR WOODS DR N

City

MOBILE

State

AL

Zip Code

36693

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA MED CTR. DEPT
OF

Occupation

RESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								2	1			

Transaction ID : SA11AI.118551

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. JAMES EARLEY

Mailing Address 4200 W MEMORIAL RD STE 703

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFFILIATED ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								0	6			

Transaction ID : SA11AI.117213

Amount of Each Receipt this Period

250.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 84 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANTHONY EDELMAN

Mailing Address 1309 BALDWIN AVE

City State Zip Code
 ANN ARBOR MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 ANESTHESIA ASSOCIATES OF ANN ARBOR ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 04 / 2011

Transaction ID : SA11AI.116970

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. TALMAGE EGAN

Mailing Address ANESTHESIA
 30 NORTH 1900 EAST, 3C444 SOM

City State Zip Code
 SALT LAKE CITY UT 84132

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 UNIVERSITY OF UTAH PROFESSOR ANESTHESIOLOGY DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118164

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DAVID EGLI

Mailing Address 120 RED OAK LN.

City State Zip Code
 MANKATO MN 56001

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 MANKATO ANES ASSOC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11AI.118662

Amount of Each Receipt this Period

300.00

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

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

1025.00

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 299

(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			

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

Mailing Address 2151 OLD ROCKY RIDGE RD.

City	State	Zip Code
BIRMINGHAM	AL	35216

FEC ID number of contributing federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM PC

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
09		06		2011

Transaction ID : SA11Al.117149

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SEAN ELLIOTT

Mailing Address 535 NORTH & SOUTH RD.

City	State	Zip Code
UNIVERSITY CITY	MO	63130

FEC ID number of contributing federal political committee.

C

Name of Employer

WAAI

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
09		02		2011

Transaction ID : SA11Al.116904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KENNETH ELMASSIAN

Mailing Address 2399 PINE HOLLOW DR.

City	State	Zip Code
EAST LANSING	MI	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 ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11Al.116795

Amount of Each Receipt this Period

83.00

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

833.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RALPH ERIAN

Mailing Address 338 BRANCH OAK WAY

City

SAN ANTONIO

State

TX

Zip Code

78230

FEC ID number of contributing
federal political committee.

C

Name of Employer

STAR ANESTHESIA, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	0		2	0	1	1		

Transaction ID : SA11AI.118316

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. LUIS ESPARZA

Mailing Address 2810 N SWAN RD STE 100

City

TUCSON

State

AZ

Zip Code

85712

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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	9		2	0	1	1		

Transaction ID : SA11AI.118116

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY ESSER

Mailing Address 10487 DEERPATH S

City

TRAVERSE CITY

State

MI

Zip Code

49685

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRAVERSE ANESTHESIA ASSOCIATES, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	4		2	0	1	1		

Transaction ID : SA11AI.117730

Amount of Each Receipt this Period

300.00

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

850.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHARLES TEMPLE ESTOPINAL

Mailing Address 2006 FRANKLIN ST SE STE 301

City	State	Zip Code
HUNTSVILLE	AL	35801

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMPREHENSIVE ANESTHESIA SERVICES

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
09		06		2011

Transaction ID : SA11AI.117161

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL FAULKNER

Mailing Address 1701 MORTON AVE.

City	State	Zip Code
ANN ARBOR	MI	48104

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : SA11AI.119564

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ANA FAUS

Mailing Address 7330 E. BAYAUD AVE.

City	State	Zip Code
DENVER	CO	80230

FEC ID number of contributing
federal political committee.

C

Name of Employer

METRO DENVER ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2011

Transaction ID : SA11AI.117938

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 88 OF 299

(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			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name 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. **RANDY FAYNE**

Mailing Address 1130 HILLSIDE DR

City	State	Zip Code
BIRMINGHAM	MI	48009

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
SOUTH OAKLAND ANESTHESIA ASSOCIATE	ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116705

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. **STEVEN FEINERMAN**

Mailing Address 3906 W OBISPO ST

City	State	Zip Code
TAMPA	FL	33629

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
ST.ANTHONY	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
09	/	25	/	2011

Transaction ID : SA11AI.118866

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **MELVIN FERLITA JR**

Mailing Address 320 JADE CT.

City	State	Zip Code
MADISONVILLE	LA	70447

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
APMC, LLC.	PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116802

Amount of Each Receipt this Period

41.00

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

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

332.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CYNTHIA FERRIS

Mailing Address 22658 PARK LOOP

City

ONAWA

State

IA

Zip Code

51040

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHILDRENS HOSPITAL AND MEDICAL CENT

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	1		

Transaction ID : SA11AI.118983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JONATHON FIEBING

Mailing Address 1109 BAY ST

City

TRAVERSE CITY

State

MI

Zip Code

49684

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRAVERSE ANESTHESIA AS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	1		

Transaction ID : SA11AI.119666

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. SCOTT FIELDEN

Mailing Address 7220 S. CIMARRON RD #230

City

LAS VEGAS

State

NV

Zip Code

89113

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY CONSULTANTS, INC. CR

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	1		

Transaction ID : SA11AI.119145

Amount of Each Receipt this Period

500.00

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

1300.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RALPH FILLMORE

Mailing Address 1118 ROSS CLARK CIR., #700

City	State	Zip Code
DOTHAN	AL	36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACMG

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
09	/	30	/	2011

Transaction ID : SA11AI.119780

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PAUL FINER

Mailing Address 955 LANCASTER DRIVE

City	State	Zip Code
ORLANDO	FL	32806

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAC, M.D., P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.119664

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PETER FISHBACK

Mailing Address 1631 HOSPITAL DR., STE. #110

City	State	Zip Code
SANTA FE	NM	87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

SANTA FE ANESTHESIA SPECIALISTS, P.C.

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
09	/	07	/	2011

Transaction ID : SA11AI.117295

Amount of Each Receipt this Period

1000.00

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

2250.00

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 91 OF 299
 (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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Mailing Address 1010 LONSDALE CT.

City	State	Zip Code
ALPHARETTA	GA	30202

FEC ID number of contributing federal political committee.

 Name of Employer
 NORTHSIDE ANESTHESIOLOGY

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.119553

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. WILLIAM FITZPATRICK

Mailing Address 2151 OLD ROCKY RIDGE RD.

City	State	Zip Code
BIRMINGHAM	AL	35216

FEC ID number of contributing federal political committee.

 Name of Employer
 ANES. SERV. OF BIRMINGHAM PC

 Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2011

Transaction ID : SA11AI.117150

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. SHELLEY FLEET

Mailing Address 2073 HUTTON PT

City	State	Zip Code
LONGWOOD	FL	32779

FEC ID number of contributing federal political committee.

 Name of Employer
 JLR MEDICAL GROUP

 Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116875

Amount of Each Receipt this Period

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

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GARY FLORES

Mailing Address 4913 ELM ST.

City
BELLAIREState Zip Code
TX 77401FEC ID number of contributing
federal political committee.

C

Name of Employer
GREATER HOUSTON ANESTHESIOLOGYOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	20	/	2011

Transaction ID : SA11AI.118312

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JAMES FLOWERDEW

Mailing Address 22 BRAMHALL ST.

City
PORTLANDState Zip Code
ME 04102FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GROUP, P.A.Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	03	/	2011

Transaction ID : SA11AI.116931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. RICHARD FLOWERDEW

Mailing Address 38 HEDGEROW DR

City
FALMOUTHState Zip Code
ME 04105FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GROUPOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116820

Amount of Each Receipt this Period

83.00

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

833.00

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 93 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **MICHAEL FLYNN**

Mailing Address 6808 STONE MILL DR

City State Zip Code
KNOXVILLE TN 37919

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2011

Transaction ID : SA11AI.117015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **JACK FOLBE**

Mailing Address 26515 DUNDEE

City State Zip Code
HUNTINGTON WOODS MI 48070

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKLAND ANESTHESIA ASSOC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119730

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **PATRICK FORREST**

Mailing Address 110 29TH AVE. NORTH
#301

City State Zip Code
NASHVILLE TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119565

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. REX FOSTER

Mailing Address 2357 TREEHAVEN DR

City State Zip Code
 SNELLVILLE GA 30078

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PHYSICIAN SPECIALISTS IN ANES.

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117188

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER FOUCHER

Mailing Address 3601 W 13 MILE RD, ANES. DEPT.

City State Zip Code
 ROYAL OAK MI 48073

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WM BEAUMONT HOSPITAL

Occupation
 RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116810

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. STANLEY FOUTZ

Mailing Address 3390 N CAMPBELL
 SUITE 110

City State Zip Code
 TUCSON AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHERN ARIZONA ANESTHESIA SERVICE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117311

Amount of Each Receipt this Period

250.00

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

525.00

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 95 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STUART FRALEY

Mailing Address 8253 GLENGARRY CT.

City

INDIANAPOLIS

State

IN

Zip Code

46236

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMMUNITY PHYSICIANS FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11AI.117182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM FRAME

Mailing Address 2300 N EDWARD ST

City

DECATUR

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

DECATUR MEM HOSP ANES DEPT

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116837

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. MARK FRANKLIN

Mailing Address 1240 W GRACE ST

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH SHORE UNIVERSITY HEALTH SYSTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118996

Amount of Each Receipt this Period

250.00

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

583.00

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 96 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RYAN FRIEDER

Mailing Address PO BOX 31007

City State Zip Code
 SANTA FE NM 87594

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : SA11AI.119046

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BRADLEY FRY

Mailing Address 765 MC CLENDON CT.

City State Zip Code
 BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 05 / 2011

Transaction ID : SA11AI.117000

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. BENNETT FULLER

Mailing Address 4200 W MEMORIAL RD STE 703

City State Zip Code
 OKLAHOMA CITY OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AFFILIATED ANESTHESIOLOGISTS, INC.

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11AI.117228

Amount of Each Receipt this Period

250.00

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

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

1500.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN FUNK

Mailing Address 10725 E PLACITA MERENGUE

City State Zip Code
TUCSON AZ 85730

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 ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JEFFERY FUQUA

Mailing Address 12419 MALLARD BAY DR.

City State Zip Code
KNOXVILLE TN 37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMAET

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

09 / 05 / 2011

Transaction ID : SA11AI.117027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. BRANTLEY GAITAN

Mailing Address 5777 E MAYO BLVD - ANESTHESIOLOGY

City State Zip Code
PHOENIX AZ 85054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC ARIZONA HOSPITAL

Occupation
AZ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119431

Amount of Each Receipt this Period

500.00

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

1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. JOSEPHINE GAMBARDELLA Full Name (Last, First, Middle Initial) Mailing Address 3300 GALLOWS RD City FALLS CHURCH State VA Zip Code 22042 FEC ID number of contributing federal political committee. C Name of Employer FAIRFAX ANES. ASSOC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 09 / 2011 Transaction ID : SA11AI.117387 Amount of Each Receipt this Period 500.00
B. GLORIA GARCIA Full Name (Last, First, Middle Initial) Mailing Address 1415 HOUNDS HOLLOW CT. City LUTZ State FL Zip Code 33549 FEC ID number of contributing federal political committee. C Name of Employer UNIVERSITY COMMUNITY HOSPITAL Occupation ANESTHESIOLOGIST-PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2011 Transaction ID : SA11AI.119236 Amount of Each Receipt this Period 500.00
C. KATHY GARDNER Full Name (Last, First, Middle Initial) Mailing Address 1524 AGAWELA AVE. City KNOXVILLE State TN Zip Code 37919 FEC ID number of contributing federal political committee. C Name of Employer SELF Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2011 Transaction ID : SA11AI.116988 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)..... ▶			1250.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 299
(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			

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

Mailing Address 1908 W BERKSHIRE LN

City	State	Zip Code
HANFORD	CA	93230

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAVAL HOSPITAL LEMOORE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116848

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. PHILLIP GEIGER

Mailing Address 1908 W BERKSHIRE LN

City	State	Zip Code
HANFORD	CA	93230

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAVAL HOSPITAL LEMOORE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116857

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. TONY GEORGE

Mailing Address 7 LAYER DR.

City	State	Zip Code
MORRIS PLAINS	NJ	07950

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMMIT ANESTHESIA ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2011

Transaction ID : SA11AI.116992

Amount of Each Receipt this Period

250.00

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

299.00

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 100 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JENELLE GERMANY

Mailing Address 2009 THAMES TRL

City State Zip Code
 COLLEYVILLE TX 76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
 METRO ANESTHESIA

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118152

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. LESLEY GILBERTSON

Mailing Address 9250 GIVEN ROAD

City State Zip Code
 CINCINNATI OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF CINCINNATI MEDICAL
 CENTER

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : SA11AI.117339

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. TODD GLEAVES

Mailing Address 1111 NORTH LEE
 SUITE 236

City State Zip Code
 OKLAHOMA CITY OK 73103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA SCHEDULING SERVICES, PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.119456

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KIMBERLY GOLDEN

Mailing Address 57 RIVER RIDGE RD

City

LITTLE ROCK

State

AR

Zip Code

72227

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV ARKANSAS MEDICAL SCIENCES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 25 / 2011

Transaction ID : SA11AI.118852

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARILYN GOLDSTEIN

Mailing Address 412 FAIRWAY ESTATES DR

City

BLOUNTVILLE

State

TN

Zip Code

37617

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRISTOL ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117656

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PRAVEEN GOLLAPUDI

Mailing Address 5 WILLINGS ALLEY MEWS

City

PHILADELPHIA

State

PA

Zip Code

19106

FEC ID number of contributing
federal political committee.

C

Name of Employer

BURLINGTON ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119580

Amount of Each Receipt this Period

500.00

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

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

2500.00

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 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GLENN GOLLOBIN

Mailing Address 3514 BAYARD DR

City State Zip Code
 CINCINNATI OH 45208

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 ANESTHESIA ASSOCIATES OF CINCINNATI ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : SA11AI.118518

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SANTIAGO GOMEZ

Mailing Address 13 CHATEAU PONTET CANET DR

City State Zip Code
 KENNER LA 70065

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 TULANE HOSPITAL ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2011

Transaction ID : SA11AI.117995

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JERRY GONZALES

Mailing Address 200 WHISPERING BROOK WAY

City State Zip Code
 MEDIA PA 19063

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 UNITED ANESTHESIA SERVICES PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118223

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 103 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDREW GOODRICH

Mailing Address 1304 OAK ST.

City State Zip Code
 MELBOURNE FL 32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BREVARD ANESTHESIA SERVICES, P.A.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2011

Transaction ID : SA11AI.117489

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. GENE GORDON

Mailing Address PO BOX 1166

City State Zip Code
 SYLACAUGA AL 35150

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SYLACAUGA ANESTHESIA PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118580

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. TOBEY GORDON

Mailing Address 20546 N. 83RD PL.

City State Zip Code
 SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
 VALLEY ANES. CONSULTANTS, LTD.

Occupation
 MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.117402

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 104 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. MANUEL GORRIN-RIVAS</p> <p>Mailing Address 337 GOLF VIEW DR</p> <p>City GREENVILLE State NC Zip Code 27834</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer EAST CAROLINA ANESTHESIA ASSOCIATES Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2011 Transaction ID : SA11AI.118235 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DANIEL GOSDIN</p> <p>Mailing Address 561 LAKE COLONY DR.</p> <p>City BIRMINGHAM State AL Zip Code 35242</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AAPC Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2011 Transaction ID : SA11AI.118941 </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. MICHAEL GOSNEY</p> <p>Mailing Address 108 CHASE DR.</p> <p>City MUSCLE SHOALS State AL Zip Code 35661</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119560 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1750.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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

FOR LINE NUMBER: PAGE 105 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RICARDO GOTAY

Mailing Address 1304 OAK ST.

City State Zip Code
 MELBOURNE FL 32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BREVARD ANESTHESIA SERVICES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11AI.117231

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STEVEN GOTTLIEB

Mailing Address PO BOX 33058

City State Zip Code
 PALM BEACH GARDENS FL 33420

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHETIX MANAGEMENT

Occupation
 CEO, TEAMHEALTH ANESTHESIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : SA11AI.117675

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VALERIE GOUZD

Mailing Address 10019 MANNA ESTATES DR

City State Zip Code
 CATLETTSBURG KY 41129

FEC ID number of contributing
federal political committee.

C

Name of Employer
 KDMC CARDIAC ANESTHESIOLOGY

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119649

Amount of Each Receipt this Period

350.00

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

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

2350.00

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

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

FOR LINE NUMBER: PAGE 106 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFREY GRAHAM

Mailing Address 6320 LAKE VISTA DR

City State Zip Code
TUSCALOOSA AL 35406

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ANESTHESIA AND PAIN MGNT CONSULT OF PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.117887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DAVID GRANT

Mailing Address 2620-H EAST BARNETT ROAD

City State Zip Code
MEDFORD OR 97504

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ANESTHESIA ASSOC. OF MEDFORD, P.C. PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : SA11AI.119299

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. RYAN GREEN

Mailing Address 3621 SHUKLA CT

City State Zip Code
WALNUT CREEK CA 94598

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
MEDICAL ANESTHESIA CONSULTANTS ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11AI.118737

Amount of Each Receipt this Period

250.00

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

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

1000.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDREW GREENBERG

Mailing Address PO BOX 400

City

FALLSTON

State

MD

Zip Code

21047

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRANKLIN SQUARE HOSPITAL CENTER- ANI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117062

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL GREENBERG

Mailing Address 725 STURGES WAY

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSIDE ANESTHESIOLOGY
CONSULTANTS

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2011

Transaction ID : SA11AI.117957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ANDREW GREENFIELD

Mailing Address 670 CARROTWOOD TERRACE

City

PLANTATION

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHERIDAN HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116709

Amount of Each Receipt this Period

41.00

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

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

1291.00

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

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

FOR LINE NUMBER: PAGE 108 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. STEFAN GRENVIK</p> <p>Mailing Address 222 MEADOW GLEN DR</p> <p>City State Zip Code BRISTOL TN 37620</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BRISTOL ANESTHESIA SERVICES ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2011 Transaction ID : SA11AI.116948</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. STEPHEN GRICE</p> <p>Mailing Address 9175 OLD SOUTHWICK PASS</p> <p>City State Zip Code ALPHARETTA GA 30022</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NORTHSIDE HOSPITAL NORTHSIDE ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2011 Transaction ID : SA11AI.117712</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. ZVI GRUNWALD</p> <p>Mailing Address ANESTHESIOLOGY DEPARTMENT 111 S 11TH STREET, # G-8490</p> <p>City State Zip Code PHILADELPHIA PA 19107</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation THOMAS JEFFERSON UNIVERSITY HOSPITAL ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2011 Transaction ID : SA11AI.117025</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>1250.00</p>

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID GUADALUPE

Mailing Address PO BOX 13681

City
SAVANNAHState Zip Code
GA 31416FEC ID number of contributing
federal political committee.

C

Name of Employer
NOVA SOUTHEASTERN UNIVERSITYOccupation
ASSISTANT PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116785

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. MATTHEW GUIDRY

Mailing Address 220 BRIGHTON RD. NE

City
ATLANTAState Zip Code
GA 30309FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN ANESTHESIAOccupation
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
09	/	19	/	2011

Transaction ID : SA11AI.118167

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. CHAKRAPANI GUPTA

Mailing Address 6081 SILVER KING BLVD # 110

City
CAPE CORALState Zip Code
FL 33914FEC ID number of contributing
federal political committee.

C

Name of Employer
MAPMCOccupation
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
09	/	02	/	2011

Transaction ID : SA11AI.116900

Amount of Each Receipt this Period

250.00

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

791.00

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 110 OF 299
 (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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name 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. KENNETH GUTIERREZ		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2011 Transaction ID : SA11AI.118175	
Mailing Address 3 SIDNEY WAY		Amount of Each Receipt this Period 250.00	
City SIMSBURY	State CT	Zip Code 06070	
FEC ID number of contributing federal political committee. C			
Name of Employer WOODLAND ANESTHESIOLOGY ASSOC. PC	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. DOUGLAS HAGAN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2011 Transaction ID : SA11AI.118516	
Mailing Address 2134 E. TERRACE DR		Amount of Each Receipt this Period 500.00	
City HIGHLANDS RANCH	State CO	Zip Code 80126	
FEC ID number of contributing federal political committee. C			
Name of Employer SOUTH DENVER ANESTHESIOLOGISTS, P.C.	Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. JAMAL HAKIM		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118398	
Mailing Address 2699 LEE RD STE 510		Amount of Each Receipt this Period 500.00	
City WINTER PARK	State FL	Zip Code 32789	
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIOLOGISTS OF GREATER ORLAN	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)..... ▶		1250.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES HALE

Mailing Address 2151 OLD ROCKY RIDGE RD

City	State	Zip Code
BIRMINGHAM	AL	35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. SERV. OF BIRMINGHAM PC

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
09	/	06	/	2011

Transaction ID : SA11Al.117139

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. STEVEN HALL

Mailing Address 27 SALEM LN

City	State	Zip Code
EVANSTON	IL	60203

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRIC ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11Al.117851

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KIMBERLEY HALUSKI

Mailing Address 4565 MYSTIC DR. NE

City	State	Zip Code
ATLANTA	GA	30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN SPECIALISTS IN ANES., P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2011

Transaction ID : SA11Al.116938

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN HAMILTON

Mailing Address 3709 SCENIC HOLLOW LN

City State Zip Code
 SIGNAL MOUNTAIN TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACE DEPT OF ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118138

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RICHARD HAN

Mailing Address 23604 WINTERGREEN CIR

City State Zip Code
 NOVI MI 48374

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 ▼

250.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117630

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. YUNG HO HAN

Mailing Address PO BOX 5412

City State Zip Code
 LARGO FL 33779

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA

Occupation

PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 04 / 2011

Transaction ID : SA11AI.116961

Amount of Each Receipt this Period

500.00

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

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

1750.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAD HARBIN

Mailing Address 16495 TIMBERLANE DR

City
ATHENS

State Zip Code
AL 35613

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF DECATUR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119532

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RONALD HARTER

Mailing Address 7825 HOLISTON CT

City
DUBLIN

State Zip Code
OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHIO STATE UNIVERSITY MEDICAL
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116721

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. ANNE HARTNEY-BAUCOM

Mailing Address 5671 PEACHTREE DUNWOODY RD NE STE

City
ATLANTA

State Zip Code
GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN SPECIALISTS IN ANESTHESIA PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2011

Transaction ID : SA11AI.117582

Amount of Each Receipt this Period

500.00

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

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

1583.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 299
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Mailing Address 4122 SILVERY MINNOW PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87120

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SPECILAISTS OF ALBUQUERQ

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
09	/	01	/	2011

Transaction ID : SA11Al.116877

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ADAM HAUSER

Mailing Address 14 HUNTSMAN DR.

City	State	Zip Code
GARNET VALLEY	PA	19060

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATES IN ANESTHESIA, INC.

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
09	/	20	/	2011

Transaction ID : SA11Al.118302

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JONATHAN HAUSHEER

Mailing Address 771 DOMMERICH DR.

City	State	Zip Code
MAITLAND	FL	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 ▼

254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11Al.116713

Amount of Each Receipt this Period

41.00

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

791.00

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 115 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WILLIAM HAWK

Mailing Address 4200 W. MEMORIAL RD., #703

City State Zip Code
OKLAHOMA CITY OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFFIL ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : SA11AI.117937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DAVID HEATON

Mailing Address 4694 N. ROCKY CREST PLACE

City State Zip Code
TUCSON AZ 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 ▼

300.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118350

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. ROBERT HEFLIN

Mailing Address 6 FAIRVIEW HTS

City State Zip Code
PARKERSBURG WV 26101

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITED ANESTHESIA, INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117104

Amount of Each Receipt this Period

500.00

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

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

1050.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DONALD HEINDEL

Mailing Address 3635 CATAWBA RD.

City
BLACKSBURG

State Zip Code
VA 24060

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACU

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117643

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MICHAEL HEJTMANEK

Mailing Address 2222 40TH ST.

City
BELLINGHAM

State Zip Code
WA 98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

BELLINGHAM ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.117408

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PETER HENDRICKS

Mailing Address 1590 PANORAMA DR.

City
BIRMINGHAM

State Zip Code
AL 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 ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116819

Amount of Each Receipt this Period

83.00

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

583.00

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 117 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JERRY HENNIG

Mailing Address 1 MOBILE INFIRMARY CIR., FLOOR 2

City State Zip Code
MOBILE AL 36607

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11Al.118710

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. RICHARD HENRY

Mailing Address 3046 OBRIEN DR

City State Zip Code
TALLAHASSEE FL 32309

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 ▼

369.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11Al.116700

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. RICHARD HENRY

Mailing Address 3046 OBRIEN DR

City State Zip Code
TALLAHASSEE FL 32309

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 ▼

377.00

Date of Receipt

09 / 15 / 2011

Transaction ID : SA11Al.117881

Amount of Each Receipt this Period

8.00

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

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

299.00

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

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

FOR LINE NUMBER: PAGE 118 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THOMAS HERFURTH

Mailing Address 415 NORTH CENTER STREET, SUITE 201

City State Zip Code
 HICKORY NC 28601

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIFOUR ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.118298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ANDREW HERLICH

Mailing Address 116 HAVERFORD CIRCLE

City State Zip Code
 PITTSBURGH PA 15228

FEC ID number of contributing federal political committee.

C

Name of Employer

UPMC MERCY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116834

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. ANDREW HERLICH

Mailing Address 116 HAVERFORD CIRCLE

City State Zip Code
 PITTSBURGH PA 15228

FEC ID number of contributing federal political committee.

C

Name of Employer

UPMC MERCY

Occupation

CHIEF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 10 / 2011

Transaction ID : SA11AI.117434

Amount of Each Receipt this Period

1000.00

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

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

1333.00

SCHEDULE A (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 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHELLE HERMAN

Mailing Address 1540 E MOONRIDGE RD

City
TUCSON

State Zip Code
AZ 85718

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.117852

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ANTONIO HERNANDEZ

Mailing Address DEPT. OF ANESTHESIOLOGY
7703 FLOYD CURL DRIVE

City
SAN ANTONIO

State Zip Code
TX 78229

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF TX HLTH. SCIENCE CENTER-SAN

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. RICHARD HEYENDAL

Mailing Address 25481 GALLUP CIRCLE

City
LAGUNA HILLS

State Zip Code
CA 92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11AI.118727

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 120 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID HEYMAN

Mailing Address 1309 ANDOVER RD

City State Zip Code
 WYNNEWOOD PA 19096

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MERCY SUBURBAN HOSPITAL

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2011

Transaction ID : SA11AI.117488

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KIRK HICKEY

Mailing Address 17104 SADDLE CREEK WAY

City State Zip Code
 EDMOND OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AFFILIATED ANESTHESIOLOGISTS, LLC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2011

Transaction ID : SA11AI.117562

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. GREGORY HICKMAN

Mailing Address 1040 GULF BREEZE PARKWAY
 SUITE 100

City State Zip Code
 GULF BREEZE FL 32561

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PARADIGM ANESTHESIA, PA

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118369

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 121 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRAD HIGGASON

Mailing Address 800 E. CARPENTER

City State Zip Code
SPRINGFIELD IL 62769

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118882

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ROBERT HODSON

Mailing Address 217 COUNTRY CLUB PARK # 113

City State Zip Code
BIRMINGHAM AL 35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2011

Transaction ID : SA11AI.117486

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DAG HOLMSEN

Mailing Address 73 OXEN DR

City State Zip Code
OAKLAND ME 04963

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2011

Transaction ID : SA11AI.118010

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GREGORY HONDORP

Mailing Address 2931 PIONEER CLUB, S.E.

City State Zip Code
 GRAND RAPIDS MI 49506

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA PRACTICE CONSULTANTS

Occupation
 MI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MICHAEL HOSKING

Mailing Address 1907 RUFFORD LN.

City State Zip Code
 KNOXVILLE TN 37922

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ANDREW HOULTON

Mailing Address MELISSA PALANK, EXEC DIRECTOR
 1821 UNIVERSITY AVE. W., STE. S256

City State Zip Code
 ST. PAUL MN 55104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MINNESOTA SOCIETY OF ANES.

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.117417

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOSEPH HOUSER

Mailing Address 3604 PARK LANE SOUTH

City State Zip Code
 BIRMINGHAM AL 35213

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANES. ASSOC., P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.119469

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MARTIN HOVE

Mailing Address 4223 CHERRYWOOD CT.

City State Zip Code
 WEST DES MOINES IA 50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASSOCIATED ANESTHESIOLOGISTS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118985

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MICHAEL HOWINGTON

Mailing Address 95429 BARNWELL ROAD

City State Zip Code
 FERNANDINA BEACH FL 32034

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CAMDEN ANESTHESIA, PC

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118588

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GUOJIE HUANG

Mailing Address 1 CHAPEL HILL RD.

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMMIT ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2011

Transaction ID : SA11AI.118784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JEFFREY HUANG

Mailing Address 2699 LEE RD STE 510

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGO

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117318

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. PETER HUBBS

Mailing Address 18 BELFIELD RD

City

CAPE ELIZABETH

State

ME

Zip Code

04107

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPECTRUM MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116739

Amount of Each Receipt this Period

500.00

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

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

1250.00

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 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK HUDSON

Mailing Address 36 LITTLE MINGO RD.

City State Zip Code
FINLEYVILLE PA 15332

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
UNIVERSITY OF PITTSBURGH PHYSICIANS PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118306

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. THOMAS HUESERS

Mailing Address 3 EMILYS WAY

City State Zip Code
WINSLOW ME 04901

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
EASTERN MAINE MEDICAL CENTER ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118266

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. STEVEN HUFFMAN

Mailing Address 332 ANDERWOOD RDG

City State Zip Code
MARIETTA GA 30064

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
AMBULATORY ANESTHESIA OF ATLANTA PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.118469

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. HAYDEN HUGHES</p> <p>Mailing Address 1941 21ST AVE S</p> <p>City State Zip Code BIRMINGHAM AL 35209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY OF ALABAMA MEDICAL CENTER ASSISTANT PROFESSOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 369.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2011 Transaction ID : SA11AI.116704</p> <p>Amount of Each Receipt this Period 41.00</p>		
<p>Full Name (Last, First, Middle Initial) B. STEPHEN HUGHES</p> <p>Mailing Address 2932 ROSS CLARK CIR APT 141</p> <p>City State Zip Code DOTHAN AL 36301</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation FLOWERS HOSPITAL ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119767</p> <p>Amount of Each Receipt this Period 1000.00</p>		
<p>Full Name (Last, First, Middle Initial) C. PAUL HUMMEL</p> <p>Mailing Address 79 PANORAMA CREST AVE</p> <p>City State Zip Code LAS VEGAS NV 89135</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PAUL S HUMMEL, MD, PC PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2011 Transaction ID : SA11AI.118060</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1291.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

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

FOR LINE NUMBER:
(check only one)

PAGE 127 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT HUNSAKER

Mailing Address 736 CAMBRIDGE ST CMP-2

City
BRIGHTON

State Zip Code
MA 02135

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. ELIZABETHS MED CTR ANES DEPT

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : SA11AI.118596

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DAVID HUNSTAD

Mailing Address 5850 LOST LN.

City
ROCHESTER

State Zip Code
MI 48306

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOAA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118326

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DAVID HUNT

Mailing Address 1911 ARDEN RD.

City
ROANOKE

State Zip Code
VA 24015

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS OF VA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 05 / 2011

Transaction ID : SA11AI.116986

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 128 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. REA HUNT

Mailing Address 52 MEDICAL PARK E.,#321

City State Zip Code
 BIRMINGHAM AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA GROUP EAST PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011

Transaction ID : SA11AI.116898

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN HUNTER

Mailing Address 46-133 PUNALEI PL

City State Zip Code
 KANEOHE HI 96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
 THE ANESTHESIA MEDICAL GROUP, INC.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : SA11AI.117663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOHN HUNTINGTON

Mailing Address 3333 EVERGREEN DR., NE

City State Zip Code
 GRAND RAPIDS MI 49525

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA MEDICAL CONSULTANTS, PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116806

Amount of Each Receipt this Period

83.00

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

1583.00

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 129 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JERRY HYNES

Mailing Address 6911 VAN DORN, #2

City
LINCOLN

State Zip Code
NE 68506

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOC. ANES.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117319

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JAE HYUN

Mailing Address 665 PROSPECT AVE.

City
WINNETKA

State Zip Code
IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

LUTHERAN GENERAL HOSPITAL ANES.

Occupation

PHYSICIAN

DEPT.
Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119542

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. W. INGE

Mailing Address 10088 PERSIMMON HILL CT.

City
JACKSONVILLE

State Zip Code
FL 32256

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118137

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THOMAS INGERSOLL

Mailing Address 8600 N. ROUTE 91, SUITE #250

City State Zip Code
 PEORIA IL 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 ▼

250.00

Date of Receipt

09 / 10 / 2011

Transaction ID : SA11AI.117447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. SUSAN IOVAN

Mailing Address 6640 VALLEY SPRING

City State Zip Code
 BLOOMFIELD TOWNSHIP MI 48301

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 ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11AI.118696

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MITCHELL JABLONS

Mailing Address 35 TIMBERLINE WAY

City State Zip Code
 WATCHUNG NJ 07069

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SUMMIT ANESTHESIA ASSOCIATES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.116884

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELLEY JACKS

Mailing Address 421 SUMMIT RIDGE RD

City
BOISE

State Zip Code
ID 83702

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOISE ANESTHESIA, PA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JEFFREY JACOBS

Mailing Address 11041 PINE LODGE TRAIL

City
DAVIE

State Zip Code
FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC FLORIDA

Occupation
ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116724

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. ALIRAZA JAFFER

Mailing Address 5070 BROOKDALE ROAD

City
BLOOMFIELD HILLS

State Zip Code
MI 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 ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116830

Amount of Each Receipt this Period

83.00

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

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

416.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 132 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAUL JAKLITSCH

Mailing Address 3333 EVERGREEN DR NE

City State Zip Code
GRAND RAPIDS MI 49525

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ANESTHESIA MEDICAL CONSULTANTS, PC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11AI.119461

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. P. ANN MARIE JAMES

Mailing Address 3179 NW 71ST AVE

City State Zip Code
MARGATE FL 33063

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ACCS ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2011

Transaction ID : SA11AI.117514

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DALE JAMISON

Mailing Address 713 ROANTREE

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
AMG ANES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119628

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 133 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KYLE JANEK

Mailing Address 103 PASCAL LANE

City State Zip Code
 AUSTIN TX 78746

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.118314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DANIEL JANIK

Mailing Address 15605 E PRENTICE DR

City State Zip Code
 CENTENNIAL CO 80015

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 ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116833

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. MATTHEW JENNINGS

Mailing Address 1469 PANORAMA DRIVE

City State Zip Code
 VESTAVIA HILLS AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.119401

Amount of Each Receipt this Period

1000.00

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

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

1333.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CYNTHIA JENSON

Mailing Address 434 MAIN ST.

City

WATERVILLE

State

ME

Zip Code

04901

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF LEWISTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116740

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. JAMES JETER

Mailing Address 303 CYPRESS COVE

City

FLORENCE

State

AL

Zip Code

35634

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL CONSULTANTS LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119526

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DORY JEWELWICZ

Mailing Address 84 RAINBOW TRL

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing
federal political committee.

C

Name of Employer

MORRIS ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2011

Transaction ID : SA11AI.117951

Amount of Each Receipt this Period

250.00

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

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

1333.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRAD JOHNSON

Mailing Address 303 W. SPRING MEADOWS LANE

City	State	Zip Code
DEWITT	MI	48820

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
LANSING ANESTHESIOLOGIST, P.C.	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
09	/	30	/	2011

Transaction ID : SA11AI.119720

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRUCE JOHNSON

Mailing Address 1092 SUGARHILL PLACE

City	State	Zip Code
COOKEVILLE	TN	38501

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
SELF	PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

Transaction ID : SA11AI.118365

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOSEPH MICHAEL JOHNSON

Mailing Address 5007 MONICA RD NW

City	State	Zip Code
HUNTSVILLE	AL	35810

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
HUNTSVILLE ANESTHESIOLOGY CONSULTA	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
09	/	12	/	2011

Transaction ID : SA11AI.117579

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 136 OF 299

(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			

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

Mailing Address 221 NW 160TH TER

City

EDMOND

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

KJ ANESTHESIA PLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : SA11AI.119531

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GREGORY JOHNSTON

Mailing Address 5204 SOUTHBEND RD

City

EDMOND

State

OK

Zip Code

73034

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY SPECIALISTS INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : SA11AI.119508

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. PAUL JOHNSTON

Mailing Address 51270 PARK PLACE DR

City

NORTHVILLE

State

MI

Zip Code

48167

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2011

Transaction ID : SA11AI.118765

Amount of Each Receipt this Period

250.00

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

2750.00

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 137 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHARON JOHNSTON

Mailing Address 8401 N. ELMARO CIR.

City State Zip Code
PARADISE VALLEY AZ 85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES CONSULT

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117654

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BROUGHTON JOLLEY

Mailing Address 5633 JOHN GAINES BLVD.

City State Zip Code
KINGSPORT TN 37664

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOLSTON ANESTHESIA ASSOC. INC.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118077

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. GARY JONES

Mailing Address 69 JACKSON ST

City State Zip Code
NEWNAN GA 30263

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF TEXAS AND CASE WESTER

Occupation
ANESTHESIOLOGIST ASSISTANT AND PRO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116719

Amount of Each Receipt this Period

83.00

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

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

1083.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KEITH JONES

Mailing Address 619 19TH ST S # JT804

City State Zip Code
 BIRMINGHAM AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 UNIVERSITY OF ALABAMA AT BIRMINGHAM PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : SA11Al.117843

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. KYLE JONES

Mailing Address 11 ADAMS ALY SE

City State Zip Code
 HUNTSVILLE AL 35801

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 COMPREHENSIVE ANES SERV ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : SA11Al.117333

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STEPHEN JONES

Mailing Address 1203 CAMBRIDGE RD.

City State Zip Code
 DOTHAN AL 36305

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 DOTHAN ANESTHESIOLOGY ASSOC. PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11Al.119567

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 139 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAUL JUDSON

Mailing Address 2158 BROOK HIGHLAND RDG

City State Zip Code
 BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN PERIOPERATIVE SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.118528

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ARIEL JURMANN

Mailing Address 13 TURRET LN

City State Zip Code
 WOODBURY NY 11797

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH AMERICAN PARTNERS IN

ANESTHESIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ANESTHESIOLOGIST

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2011

Transaction ID : SA11AI.117774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ARIEL JURMANN

Mailing Address 13 TURRET LN

City State Zip Code
 WOODBURY NY 11797

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH AMERICAN PARTNERS IN ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119651

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WENDY KAISER

Mailing Address 99 WALNUT ST., #403

City State Zip Code
 CHATTANOOGA TN 37403

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIOLOGISTS ASSOCIATED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2011

Transaction ID : SA11AI.118032

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. GEETHA KANNAN

Mailing Address 5372 CYPRESS RESERVE PL

City State Zip Code
 WINTER PARK FL 32792

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 ▼

250.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118281

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JONATHAN KAPER

Mailing Address 5413 WALDENHILL CT

City State Zip Code
 YPSILANTI MI 48198

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA ASSOC OF ANN ARBOR

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 04 / 2011

Transaction ID : SA11AI.116973

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAUL KARAS

Mailing Address 51 AMBROSE CT.

City State Zip Code
 GETZVILLE NY 14228

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SISTERS HOSPITAL

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011

Transaction ID : SA11AI.116896

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ERIC KASHNOW

Mailing Address 740 SKYWARD DRIVE

City State Zip Code
 APTOS CA 95003

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PAMF

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.119471

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. VIDA KASUBA

Mailing Address 1406 ELIZABETH CT

City State Zip Code
 CORAOPOLIS PA 15108

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PITTSBURGH ANES ASSOC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : SA11AI.119296

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 142 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TRIPTI KATARIA

Mailing Address 130 S CANAL ST APT 419

City
CHICAGO

State Zip Code
IL 60606

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 ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116799

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. ERIC KATZ

Mailing Address 10830 S. TROPICAL TRL.

City
MERRITT ISLAND

State Zip Code
FL 32952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MELBOURNE ANESTHESIA, P.A.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2011

Transaction ID : SA11AI.117462

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL KATZ

Mailing Address 2006 LIMESTONE RD., STE. #5

City
WILMINGTON

State Zip Code
DE 19808

FEC ID number of contributing
federal political committee.

C

Name of Employer
OUTPATIENT ANESTHESIA SPECIALISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118381

Amount of Each Receipt this Period

500.00

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

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

833.00

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

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

FOR LINE NUMBER: PAGE 143 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEVEN KATZ

Mailing Address 241 OGDEN AVE

City State Zip Code
 SWARTHMORE PA 19081

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA SERVICES P.A.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. RENAE KAVLOCK

Mailing Address 1501 S. 42ND STREET

City State Zip Code
 WEST DES MOINES IA 50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASSOCIATED ANESTHESIOLOGISTS, P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11AI.117923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ERIC KELHOFFER

Mailing Address 250 E 53RD ST.
 APT. 504

City State Zip Code
 NEW YORK NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SLOAN-KETTERING CANCER CENTER ANES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118217

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SCOTT KELLY

Mailing Address 1229 MADISON ST., #1440

City
SEATTLE

State Zip Code
WA 98104

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAS, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116805

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. THOMAS KELLY

Mailing Address 35216 OVERFALLS DR N

City
LEWES

State Zip Code
DE 19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEEBE MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. THOMAS KELLY

Mailing Address 35216 OVERFALLS DR N

City
LEWES

State Zip Code
DE 19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEEBE MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119657

Amount of Each Receipt this Period

300.00

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

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

591.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 145 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RANDALL KERR

Mailing Address PO BOX 1177

City State Zip Code
PLACERVILLE CA 95667

FEC ID number of contributing
federal political committee.

C

Name of Employer

EL DORADO ANESTHESIA

Occupation

PROVIDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. EDWIN KEZAR

Mailing Address 2151 OLD ROCKY RIDGE RD., #106

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117132

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. HARALD KIAMZON

Mailing Address 1620 MANHATTAN AVE APT C2

City State Zip Code
UNION CITY NJ 07087

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS OF NEW JERS

Occupation

ATTENDING PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118410

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COLLIN KING

Mailing Address 901 PERSIMMON PL

City State Zip Code
BIRMINGHAM AL 35226

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSOCIATES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11Al.117815

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JEFFREY KING

Mailing Address 8740 INGLETON CT.

City State Zip Code
ORLANDO FL 32836

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11Al.116783

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. JEFFREY KING

Mailing Address 670 PARKSIDE TRAIL, NW

City State Zip Code
MARIETTA GA 30064

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSIDE ANESTHESIOLOGY CONSULTA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : SA11Al.119211

Amount of Each Receipt this Period

250.00

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

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

791.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 147 OF 299
 (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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Mailing Address 1776 MCCONNELL DR.

City	State	Zip Code
WILLIAMSPORT	PA	17701

FEC ID number of contributing federal political committee.

C

Name of Employer

ANESTHESIA ASSOCIATES OF WILLIAMSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1668.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116853

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

B. MICHAEL KIRSCH

Mailing Address 25769 SHORE LINE DR.

City	State	Zip Code
NOVI	MI	48374

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.119727

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. STEPHEN KLEINMailing Address ANES. ASSOCIATED, P.C.
3104 BLUE LAKE DR., #110

City	State	Zip Code
BIRMINGHAM	AL	35243

FEC ID number of contributing federal political committee.

C

Name of Employer

TRINITY HOSPITAL

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
09	/	19	/	2011

Transaction ID : SA11AI.118052

Amount of Each Receipt this Period

500.00

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

958.00

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 148 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CAROL KLIM

Mailing Address **PEDIATRIAC ANESTH. DEPT.**

92 W. MILLER ST., MP 305

City State Zip Code
ORLANDO FL 32806

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARNOLD PALMER HOSPITAL FOR CHILDREN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : SA11AI.119380

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARK KLINE

Mailing Address **345 WOODLAND DR., S.E.**

City State Zip Code
CEDAR RAPIDS IA 52403

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINN COUNTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : SA11AI.119291

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MATTHEW KLOPMAN

Mailing Address **930 EDGEWATER CT.**

City State Zip Code
SANDY SPRINGS GA 30328

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMORY UNIVERSITY HOSPITAL DEPARTMEI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2011

Transaction ID : SA11AI.117033

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 149 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBIN KLOTH

Mailing Address 318 PIPER ST

City
RICHLAND

State Zip Code
WA 99352

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBIN L KLOTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : SA11AI.118806

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER KNOP

Mailing Address 373 1ST ST W

City
TIERRA VERDE

State Zip Code
FL 33715

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA GULF TO BAY ANES. ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2011

Transaction ID : SA11AI.117683

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CHASE KORNEGAY

Mailing Address 1523 S TRENTON AVE

City
TULSA

State Zip Code
OK 74120

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. JOHNS HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11AI.119459

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. WENZEL DANIEL KOVARIK Full Name (Last, First, Middle Initial) Mailing Address 51 PROSPECT STREET City PORTLAND State ME Zip Code 04103 FEC ID number of contributing federal political committee. C Name of Employer SPECTRUM MEDICAL GROUP Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2011 Transaction ID : SA11AI.116945 Amount of Each Receipt this Period 250.00	
B. MARK KRAMP Full Name (Last, First, Middle Initial) Mailing Address 820 PRUDENTIAL DRIVE SUITE 606 City JACKSONVILLE State FL Zip Code 32207 FEC ID number of contributing federal political committee. C Name of Employer FLORIDA ANESTHESIA ASSOCIATES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2011 Transaction ID : SA11AI.117029 Amount of Each Receipt this Period 1000.00	
C. ROBERT KRANZ Full Name (Last, First, Middle Initial) Mailing Address 6053 E. 104TH ST. City TULSA State OK Zip Code 74137 FEC ID number of contributing federal political committee. C Name of Employer ASSOCIATED ANESTHESIOLOGISTS, INC. Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119689 Amount of Each Receipt this Period 500.00	
SUBTOTAL of Receipts This Page (optional)..... ▶			1750.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 151 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TOM KREJCIE

Mailing Address 303 E. CHICAGO AVE-WARD BLDG. 13-1

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWESTERN UNIV FEINBERG SCH

Occupation

PHYSICIAN - ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	3		2	0	1	1		

Transaction ID : SA11AI.118714

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER KREUZER

Mailing Address 2045 SCARLET OAK CT. NE

City	State	Zip Code
ADA	MI	49301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	1		2	0	1	1		

Transaction ID : SA11AI.116815

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. DAVID KRHOVSKY

Mailing Address 2248 SHAWNEE DR SE

City	State	Zip Code
GRAND RAPIDS	MI	49506

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 ▼

747.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	1		2	0	1	1		

Transaction ID : SA11AI.116823

Amount of Each Receipt this Period

83.00

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

416.00

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 152 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SCOTT KUHNERT

Mailing Address 4640 HAWK HOLLOW DR. E.

City State Zip Code
BATH MI 48808

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 ▼

1083.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 01 2011

Transaction ID : SA11AI.116736

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. IRA KUPFERBERG

Mailing Address 225 DEER RYB DR

City State Zip Code
PRATTVILLE AL 36067

FEC ID number of contributing
federal political committee.

C

Name of Employer

PREMIER ANES MONTGOMERY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 13 2011

Transaction ID : SA11AI.117628

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. HUNG-CHI KWOK

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

ALABAMA ANES. OF HUNTSVILLE, LLC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 15 2011

Transaction ID : SA11AI.117877

Amount of Each Receipt this Period

175.00

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

758.00

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 153 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BETH LADLIE

Mailing Address 4500 SAN PABLO RD S

City State Zip Code
JACKSONVILLE FL 32224

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC ANESTHESIOLOGY

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2011

Transaction ID : SA11Al.117751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. SARAH LADUZENSKI

Mailing Address 72 LAKESIDE DR

City State Zip Code
FALMOUTH ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2011

Transaction ID : SA11Al.117248

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HOWARD LAKRITZ

Mailing Address 21 CORNELL TRL

City State Zip Code
HILLSBOROUGH NJ 08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA CONSULTANTS OF NEW JERS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11Al.119447

Amount of Each Receipt this Period

8.00

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

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

508.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 154 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRADLEY LAMBRECHT

Mailing Address 2010 E 37TH ST

City
TULSAState
OKZip Code
74105FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGY

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	14	/	2011

Transaction ID : SA11Al.117795

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. LAURENCE LANG

Mailing Address 4162 MARY ELLEN AVE.

City

STUDIO CITY

State

CA

Zip Code

91604

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2011

Transaction ID : SA11Al.117497

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JENNIFER LANGOWSKI

Mailing Address 37561 NEWBURGH PARK CIRCLE

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA ASSOCIATE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	27	/	2011

Transaction ID : SA11Al.119101

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 155 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GEORGE LAPPAS

Mailing Address 15931 CYPRESS TRACE CT

City State Zip Code
CHESTERFIELD MO 63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACUITY ANESTHESIOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2011

Transaction ID : SA11AI.118656

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER LARSON

Mailing Address 205 EDGEWATER CIR

City State Zip Code
ERIE PA 16509

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC HAMOT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2011

Transaction ID : SA11AI.117001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL LATHEM

Mailing Address 3104 BLUE LAKE DR., #110

City State Zip Code
BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. ASSOC., P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118940

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 OF 299

(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			

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK LATHEN

Mailing Address 545 W ORANGO PL

City	State	Zip Code
ORO VALLEY	AZ	85737

FEC ID number of contributing federal political committee.

C

Name of Employer

SAA

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
09	/	13	/	2011

Transaction ID : SA11AI.117607

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. HECTOR LAUREL

Mailing Address 2317 WOODCLIFF RD SE

City	State	Zip Code
HUNTSVILLE	AL	35801

FEC ID number of contributing federal political committee.

C

Name of Employer

COMPREHENSIVE ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.119609

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HUONG LE

Mailing Address 1639 E DESERT WILLOW DR

City	State	Zip Code
PHOENIX	AZ	85048

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI.118857

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 157 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PHONG LE

Mailing Address 3361 HOLLOW SPRING DR

City
DEWITT

State Zip Code
MI 48820

FEC ID number of contributing
federal political committee.

C

Name of Employer
INGHAM REGIONAL MED. CTR.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116703

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. GEORGE LEDERHAAS

Mailing Address 2155 NW 137TH ST

City
CLIVE

State Zip Code
IA 50325

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOC ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.118512

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. JEFFREY LEE

Mailing Address 6650 PASTURE LANDS PL.

City
WINTER GARDEN

State Zip Code
FL 34787

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 ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116741

Amount of Each Receipt this Period

41.00

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

682.00

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 158 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. WILLIAM LEIGHTON</p> <p>Mailing Address 2812 TANGLEY ROAD</p> <p>City HOUSTON State TX Zip Code 77005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GREATER HOUSTON ANESTHESIOLOGY, PA Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ <div>250.00</div> </p>		<p>Date of Receipt <div>09 / 26 / 2011</div> Transaction ID : SA11AI.119001 Amount of Each Receipt this Period <div>250.00</div> </p>
<p>Full Name (Last, First, Middle Initial) B. PAUL LENNON</p> <p>Mailing Address 22 BRAMHALL ST. DEPT. OF ANESTHESIA</p> <p>City PORTLAND State ME Zip Code 04201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MAINE MEDICAL CENTER Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ <div>250.00</div> </p>		<p>Date of Receipt <div>09 / 16 / 2011</div> Transaction ID : SA11AI.117945 Amount of Each Receipt this Period <div>250.00</div> </p>
<p>Full Name (Last, First, Middle Initial) C. ADAM LESSER</p> <p>Mailing Address 19 TAPPEN DR</p> <p>City MELVILLE State NY Zip Code 11747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GOOD SAMARITAN HOSPITAL Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ <div>500.00</div> </p>		<p>Date of Receipt <div>09 / 19 / 2011</div> Transaction ID : SA11AI.118154 Amount of Each Receipt this Period <div>500.00</div> </p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<div>1000.00</div>

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

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

FOR LINE NUMBER: PAGE 159 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARC LEVINE

Mailing Address 1874 SE PORT ST LUCIE BLVD

City State Zip Code
 PORT ST LUCIE FL 34952

FEC ID number of contributing
federal political committee.

C

Name of Employer

MID FLORIDA ANESTHESIA

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.118480

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. GORDON LEWIS

Mailing Address 2151 OLD ROCKY RIDGE RD SUITE 106

City State Zip Code
 BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117138

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MICHAEL LEWIS

Mailing Address 1611 NW 12TH AVE
 CENTRAL BLDG, #300

City State Zip Code
 MIAMI FL 33136

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 ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116827

Amount of Each Receipt this Period

83.00

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

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

1083.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 160 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RICHARD LEWIS

Mailing Address 3104 BLUE LAKE DR., #110

City State Zip Code
 BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANES. ASSOCIATED, P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11Al.117170

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ALAN LICHTENSTEIN

Mailing Address 9411 SILVERTHORN ROAD

City State Zip Code
 LARGO FL 33777

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BAYFRONT ANESTHESIA SERVICES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11Al.118413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. J. LANCE LICHTOR

Mailing Address PO BOX 55071
 ECM #8824

City State Zip Code
 BOSTON MA 02205

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIV. OF MASS MED SCHOOL DEPT ANES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11Al.116855

Amount of Each Receipt this Period

41.00

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

791.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KRISTEN LIENHART

Mailing Address 4301 W MARKHAM ST LOT 515

City	State	Zip Code
LITTLE ROCK	AR	72205

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

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
09	/	29	/	2011

Transaction ID : SA11AI.119386

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DENNIS LIN

Mailing Address 100 EXETER ST.

City	State	Zip Code
WEST NEWTON	MA	02465

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINCHESTER HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : SA11AI.117410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KRZYSZTOF LITYNSKI

Mailing Address 4311 LIN NAN LN.

City	State	Zip Code
MUSKEGON	MI	49441

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAKESHORE ANES.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2011

Transaction ID : SA11AI.119504

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 162 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GEORGE LIU

Mailing Address 338 SPEAR ST UNIT 5B

City State Zip Code
 SAN FRANCISCO CA 94105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MEDICAL ANESTHESIA CONSULTANTS

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116856

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ROBERT LOBATO

Mailing Address PO BOX 1198

City State Zip Code
 LOS ALTOS CA 94023

FEC ID number of contributing
federal political committee.

C

Name of Employer
 STANFORD UNIVERSITY SCHOOL OF
 MEDICINE

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ERIC LOBEL

Mailing Address 53 CLARISE CIRCLE

City State Zip Code
 MOBILE AL 36608

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA SERVICES,P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : SA11AI.117625

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 163 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LAJUANA LOGAN

Mailing Address 2151 OLD ROCKY RIDGE RD.

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES. SERV. OF BIRMINGHAM PC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11Al.117151

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRANK LONG

Mailing Address 926 HEMINGWAY CIRCLE

City State Zip Code
TAMPA FL 33602

FEC ID number of contributing
federal political committee.

C

Name of Employer
GFA-UNICOM

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : SA11Al.118798

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ETTA LOWERY

Mailing Address 212 HARBORVIEW LN.

City State Zip Code
LARGO FL 33770

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA GULF TO BAY ANESTHEIOLOGY

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : SA11Al.118752

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 164 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUSAN LOWERY

Mailing Address 73 COTSWOLD CLOSE

City State Zip Code
 GLASTONBURY CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARTFORD ANESTHESIOLOGY ASSOCIATE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116860

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. YA-TSENG LU

Mailing Address PO BOX 6852

City State Zip Code
 BRIDGEWATER NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNRISE ANESTHESIA ASSOCIATES, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : SA11AI.119049

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GLEN LUEHRMAN

Mailing Address 4048 EVANS AVE., #303

City State Zip Code
 FORT MYERS FL 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11AI.117241

Amount of Each Receipt this Period

250.00

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

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

1500.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SANTIAGO LUIS

Mailing Address 19369 SW 64TH ST

City	State	Zip Code
PEMBROKE PINES	FL	33332

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINIC FLORIDAOccupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.119719

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JOSHUA LUMBLEYMailing Address 410 W 10TH AVE
N411 DOAN HALL

City	State	Zip Code
COLUMBUS	OH	43210

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE OHIO STATE UNIVERSITY MEDICAL
CENTOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116850

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. JOHN LYDON

Mailing Address 1304 OAK ST

City	State	Zip Code
MELBOURNE	FL	32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
BREVARD ANESTHESIA SERVICESOccupation
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
09	/	04	/	2011

Transaction ID : SA11AI.116962

Amount of Each Receipt this Period

500.00

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

791.00

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 166 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEIL MACDONALD

Mailing Address 3246 LINKS MANOR DR.

City
SALEM

State Zip Code
VA 24153

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 11 / 2011

Transaction ID : SA11AI.117494

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JENNIE MACE

Mailing Address P.O. BOX 369

City
MELROSE

State Zip Code
FL 32666

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2011

Transaction ID : SA11AI.117743

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARIA MACK

Mailing Address 7514 91ST AVE SW

City
TACOMA

State Zip Code
WA 98498

FEC ID number of contributing
federal political committee.

C

Name of Employer

PACIFIC ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117214

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 167 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID MAGUIRE

Mailing Address 8 TALON CT.

City State Zip Code
SEWELL NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer
THOMAS JEFFERSON UNIVERSITY

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118199

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOHN MAKRIDES

Mailing Address 7 ABACO DR

City State Zip Code
CAPE ELIZABETH ME 04107

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECTRUM MEDICAL GROUP
ANESTHESIOLOGY

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11AI.119454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ASIF MALIK

Mailing Address 2760 CHARNWOOD DR

City State Zip Code
TROY MI 48098

FEC ID number of contributing
federal political committee.

C

Name of Employer
HENRY FORD WEST BLOOMFIELD HOSPITA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116733

Amount of Each Receipt this Period

83.00

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

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

833.00

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

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

FOR LINE NUMBER: PAGE 168 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK MANDABACH

Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845

City State Zip Code
BIRMINGHAM AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF ALABAMA - BIRMINGHAM

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11Al.116800

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. MARK MANDABACH

Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845

City State Zip Code
BIRMINGHAM AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF ALABAMA - BIRMINGHAM

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11Al.117840

Amount of Each Receipt this Period

4.00

Full Name (Last, First, Middle Initial)

C. MARK MANDABACH

Mailing Address DEPT. OF ANESTHESIOLOGY
619 S. 19TH ST., JT845

City State Zip Code
BIRMINGHAM AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF ALABAMA - BIRMINGHAM

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11Al.119769

Amount of Each Receipt this Period

500.00

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

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

587.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KURT MARKGRAF

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

MEDICAL ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	1		

Transaction ID : SA11AI.116838

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. GREGORY MARSH

Mailing Address 1931 26TH AVE EAST

City

SEATTLE

State

WA

Zip Code

98112

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	1		

Transaction ID : SA11AI.117205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. WAYNE MARSHALL

Mailing Address 691 OLDE VENTURA FARM RD

City

HUMMELSTOWN

State

PA

Zip Code

17036

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIVERSIDE ANESTHESIA ASSOCIATES, LTD.

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
0	9			0	9			2	0	1	1		

Transaction ID : SA11AI.118816

Amount of Each Receipt this Period

250.00

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

583.00

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 170 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BARRY MARTIN

Mailing Address 90 MILLER CIR

City State Zip Code
 INDIAN SPRINGS AL 35124

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA GROUP EAST

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11Al.117112

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROBERT MARTIN

Mailing Address 1856 PLATINUM FALLS DR., S.E.

City State Zip Code
 ADA MI 49301

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA MEDICAL CONSULTANTS

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11Al.119463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY MARTIN

Mailing Address ARKANSAS CHILDRENS HOSPITAL
 #1 CHILDRENS WAY, S-203

City State Zip Code
 LITTLE ROCK AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF ARKANSAS FOR MEDICAL S

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11Al.116711

Amount of Each Receipt this Period

166.00

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

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

916.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TY MARTINDALE

Mailing Address 6516 HACKBERRY TRL

City

EDMOND

State

OK

Zip Code

73034

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFFILIATED ANESTHESIOLOGISTS, LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								1	5			

Transaction ID : SA11AI.117862

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. RHONDA MARVAR

Mailing Address 43 OXFORD

City

PLEASANT RIDGE

State

MI

Zip Code

48069

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH OAKLAND ANESTHESIA

Occupation

ANESTHESIOLOGIST

ASSOCIATES
Receipt For:
☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								1	3			

Transaction ID : SA11AI.117684

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. VERONICA MASSEY

Mailing Address 11811 SHIRE WYCLIFFE CT.

City

TAMPA

State

FL

Zip Code

33626

FEC ID number of contributing
federal political committee.

C

Name of Employer

FGTBA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9								2	1			

Transaction ID : SA11AI.118494

Amount of Each Receipt this Period

5000.00

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

6000.00

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

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

FOR LINE NUMBER: PAGE 172 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KAVEH MATIN

Mailing Address PO BOX 1628

City State Zip Code
ORANGE CA 92856

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAMG INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118931

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ALEXANDER MATVEEVSKII

Mailing Address 3333 BURNET AVE

City State Zip Code
CINCINNATI OH 45229

FEC ID number of contributing
federal political committee.

C

Name of Employer

CINCINNATI CHILDRENS HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118335

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ERIC MAY

Mailing Address 20810 W 81ST PL

City State Zip Code
LENEXA KS 66220

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTPORT ANESTHESIA SERVICES, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119808

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 173 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANTHONY MAZZEO

Mailing Address 1115 N HONEY CREEK PKWY

City State Zip Code
WAUWATOSA WI 53213

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118292

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BRIAN MCALLISTER

Mailing Address 62 KENWOOD ST

City State Zip Code
PORTLAND ME 04102

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPECTRUM MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CHANDRA MCCALL

Mailing Address 1587 CREEKSTONE CIR.

City State Zip Code
BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRIC ANESTHESIA ASSOCIATES, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117199

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN MCCARRICK

Mailing Address P.O. BOX 1987

City

MANCHESTER

State

CT

Zip Code

06045

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILFORD ANESTHESIA ASSOCIATES,LLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117623

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MICHAEL MCCARTNEY

Mailing Address 15001 LINDEN ST

City

LEAWOOD

State

KS

Zip Code

66224

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRUMAN MEDICAL CENTER- HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2011

Transaction ID : SA11AI.117586

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. PATRICK MCCASLIN

Mailing Address 78 RIVER BLUFF DR.

City

MADISONVILLE

State

LA

Zip Code

70447

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEST ST TAMMANY ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : SA11AI.119235

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 175 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STACEY MCCLARTY

Mailing Address 8505 RAMBLING ROSE DR

City State Zip Code
 OOLTEWAH TN 37363

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 ACE ANESTHESIOLOGY DEPT OF ANESTHE ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11Al.118141

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. GREGORY MCCOMAS

Mailing Address 6578 CANYON COVE PL

City State Zip Code
 SALT LAKE CITY UT 84121

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 MOUNTAIN WEST ANESTHESIA PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11Al.117175

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL MCCORMICK

Mailing Address 100 SHERWOOD DR.

City State Zip Code
 GLASTONBURY CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 HARTFORD ANESTHESIOLOGY ASSOCIATE: ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11Al.117928

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 176 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOEL MCCREARY

Mailing Address 6900 E GREEN LAKE WAY N APT 250

City State Zip Code
 SEATTLE WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer

PACIFIC ANESTHESIA

Occupation

STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116812

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. MATTHEW MCEVOY

Mailing Address 3090 YACHTSMAN DRIVE

City State Zip Code
 MOUNT PLEASANT SC 29466

FEC ID number of contributing
federal political committee.

C

Name of Employer

MUSC DEPT OF ANESTHESIOLOGY AND
 PERIOP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116808

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. DOUG MCEWEN

Mailing Address 5249 WILLOW WOOD DR

City State Zip Code
 ABILENE TX 79606

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENDRICK MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2011

Transaction ID : SA11AI.116999

Amount of Each Receipt this Period

250.00

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

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

416.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 177 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL MCGINNIS

Mailing Address 4200 W. MEMORIAL RD.
SUITE 703

City State Zip Code
OKLAHOMA CITY OK 73120

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

09 / 15 / 2011

Transaction ID : SA11AI.117883

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRIAN MCGLINCH

Mailing Address 3364 HIDDEN CREEK LANE, N.E.

City State Zip Code
ROCHESTER MN 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 ▼

253.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116753

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. EDWARD MCGOUGH

Mailing Address 120 S BEND DR

City State Zip Code
PONTE VEDRA BEACH FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117186

Amount of Each Receipt this Period

250.00

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

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

833.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 178 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DANIEL MCGRANE

Mailing Address 4603 N 139TH AVE

City

OMAHA

State

NE

Zip Code

68164

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2011

Transaction ID : SA11AI.117845

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRIAN MCKENNA

Mailing Address 12 S. TEALBROOK DRIVE

City

ST. LOUIS

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 14 / 2011

Transaction ID : SA11AI.117758

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DENISE MCKNIGHT

Mailing Address 920 RISER ROAD

City

RUSTON

State

LA

Zip Code

71270

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARISH ANESTHESIA OF MONROE SAINT FF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116858

Amount of Each Receipt this Period

250.00

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

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

1050.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DONALD MCLEOD

Mailing Address 1570 NORTHCLIFF TRACE

City
ROSWELL

State Zip Code
GA 30076

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN ANESTHESIA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118975

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MATTHEW MCMANUS

Mailing Address 8413 HENDRIE BLVD

City

HUNTINGTON WOODS

State Zip Code
MI 48070

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKLAND ANESTHESIA
ASSOCIATES, PC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : SA11AI.119312

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DONALD MCMILLAN

Mailing Address P.O. BOX 372452

City

SATELLITE BEACH

State Zip Code
FL 32937

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL BREVARD ANES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118935

Amount of Each Receipt this Period

250.00

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANTHONY MELUCH

Mailing Address 416 GASTON CT.

 City State Zip Code
 STATESVILLE NC 28625

FEC ID number of contributing federal political committee.

C

 Name of Employer
 IREDELL ANESTHESIA ASSOCIATES

 Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11AI.117209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. GREG MERIJANIAN

Mailing Address 2704 DOWNING ST., S.E.

 City State Zip Code
 HUNTSVILLE AL 35801

FEC ID number of contributing federal political committee.

C

 Name of Employer
 CAS

 Occupation
 ANESTHESIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119797

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBERT MICHAELS

Mailing Address 291 SOUTHHALL LN.

 City State Zip Code
 MAITLAND FL 32751

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 ▼

336.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116787

Amount of Each Receipt this Period

41.00

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

541.00

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 181 OF 299

(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

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

Mailing Address 7700 SW 176TH ST

City	State	Zip Code
MIAMI	FL	33157

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIV. OF MIAMI SCHOOL OF MEDICINE

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
09	/	30	/	2011

Transaction ID : SA11AI.119801

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J. CLAYTON MILES

Mailing Address 7413 NW 150TH ST

City	State	Zip Code
OKLAHOMA CITY	OK	73142

FEC ID number of contributing federal political committee.

C

Name of Employer

OKLAHOMA ANETHE CONSULT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2011

Transaction ID : SA11AI.117154

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CHANTELE MILLER

Mailing Address 6196 E CALLE CAMELIA

City	State	Zip Code
SCOTTSDALE	AZ	85251

FEC ID number of contributing federal political committee.

C

Name of Employer

VALLEY ANESTHESIOLOGY CONSULTANTS

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
09	/	26	/	2011

Transaction ID : SA11AI.118904

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 182 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID MILLER

Mailing Address 619 19TH ST BLDG JT

DEPT OF ANESTHESIOLOGY

City State Zip Code
BIRMINGHAM AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA - BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11Al.119616

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL MILLER

Mailing Address 15936 OAK PARK CT

City State Zip Code
WESTFIELD IN 46074

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11Al.116789

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. PATRICK MILLER

Mailing Address 7105 S BROOKSHIRE CT

City State Zip Code
SPOKANE WA 99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANESTHESIA GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11Al.118361

Amount of Each Receipt this Period

750.00

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

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

1791.00

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

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

FOR LINE NUMBER: PAGE 183 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. CHRISTOPHER MILLSON</p> <p>Mailing Address 2400 WIMBLEDON DR</p> <p>City State Zip Code LAS VEGAS NV 89107</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation DESERT ANESTHESIOLOGISTS PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 747.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2011 Transaction ID : SA11AI.116824</p> <p>Amount of Each Receipt this Period 83.00</p>
<p>Full Name (Last, First, Middle Initial) B. PAUL MINTZ</p> <p>Mailing Address 200 READING BLVD.</p> <p>City State Zip Code WYOMISSING PA 19610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation READING ANESTHESIA ASSOCIATES ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 02 / 2011 Transaction ID : SA11AI.116913</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) C. HARRY MINTZER</p> <p>Mailing Address 125 GRAMPIAN BLVD.</p> <p>City State Zip Code WILLIAMSPORT PA 17701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANESTHESIA ASSOCIATES OF WILLIAMSPHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2011 Transaction ID : SA11AI.117346</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		1583.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 184 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KAREN MITCHELL

Mailing Address 3838 N BRAESWOOD BLVD APT 112

City	State	Zip Code
HOUSTON	TX	77025

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEMORIAL HERMANN SOUTHWEST HOSPIT

Occupation

RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116744

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. EDWARD MOBLEY

Mailing Address PO BOX 51947

City	State	Zip Code
KNOXVILLE	TN	37950

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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.119740

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DOMINIC MONTEROSSO

Mailing Address 100 5TH ST. UNIT #614

City	State	Zip Code
ROYAL OAK	MI	48067

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 ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116816

Amount of Each Receipt this Period

83.00

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

374.00

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 185 OF 299
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RICHARD MONTH

Mailing Address 2125 SPRING GARDEN ST APT 1F

City State Zip Code
PHILADELPHIA PA 19130

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
HOSPITAL OF THE UNIVERSITY OF PENNSY ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 01 2011

Transaction ID : SA11AI.116731

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. RAUL MONTIAGUE

Mailing Address 7803 RAILYARD DR SW

City State Zip Code
BYRON CENTER MI 49315

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ANESTHESIA MEDICAL CONSULTANTS, PC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 01 2011

Transaction ID : SA11AI.116807

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. BARRY MOODY

Mailing Address 216 MARENGO ST., #F

City State Zip Code
FLORENCE AL 35630

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
BARRY J. MOODY, DMD, MD, PC PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 01 2011

Transaction ID : SA11AI.116699

Amount of Each Receipt this Period

83.00

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

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

165.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 186 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DONALD MOORE

Mailing Address 1614 OAKHURST DR.

City State Zip Code
 OOLTEWAH TN 37363

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANES. CONSULTANTS EXCHANGE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116737

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. JAMES MOORE

Mailing Address RONALD REAGAN UCLA MEDICAL CENTER
 757 WESTWOOD PLAZA, SUITE 3325

City State Zip Code
 LOS ANGELES CA 90095

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 ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116840

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. PATRICK MOORE

Mailing Address 3939 J ST STE 310

City State Zip Code
 SACRAMENTO CA 95819

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SACRAMENTO ANESTHESIA MEDICAL GROU

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 13 2011

Transaction ID : SA11AI.117722

Amount of Each Receipt this Period

250.00

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

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

416.00

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

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

FOR LINE NUMBER: PAGE 187 OF 299

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Mailing Address 1748 VESTWOOD HILLS DR.

City	State	Zip Code
VESTAVIA HILLS	AL	35216

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA SCHOOL OF MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11Al.116841

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. THOMAS MOORE

Mailing Address 415 N CENTER ST STE 201

City	State	Zip Code
HICKORY	NC	28601

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIFOUR ANESTHESIA ASSOCIATES, PA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

Transaction ID : SA11Al.118419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. THOMAS MOORE

Mailing Address 1748 VESTWOOD HILLS DR

City	State	Zip Code
VESTAVIA	AL	35216

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA SCHOOL OF MED

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
09	/	29	/	2011

Transaction ID : SA11Al.119399

Amount of Each Receipt this Period

500.00

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

875.00

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 188 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RISHI MOORTHY

Mailing Address 770 5TH ST NW APT 1210

City State Zip Code
 WASHINGTON DC 20001

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 ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118171

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ADDIE MORAN

Mailing Address 9290 E THOMPSON PEAK PKWY UNIT 146

City State Zip Code
 SCOTTSDALE AZ 85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
 VALLEY ANESTHESIOLOGY
 CONSULTANTS

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2011

Transaction ID : SA11AI.117484

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. GEORGE MORESEA

Mailing Address 1232 ASHWOOD RD

City State Zip Code
 AKRON OH 44312

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 ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : SA11AI.119304

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 189 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KEVIN MORNEAULT

Mailing Address 29 PRESERVATION DR

City State Zip Code
 FALMOUTH ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 CENTRAL MAINE MEDICAL CENTER ANESTH ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2011

Transaction ID : SA11AI.118800

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CAROLINE MORRIS

Mailing Address 7209 MCVAY MANOR CV

City State Zip Code
 GERMANTOWN TN 38138

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : SA11AI.119192

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JASON MORRIS

Mailing Address 7209 MCVAY MANOR CV

City State Zip Code
 GERMANTOWN TN 38138

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : SA11AI.119158

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 190 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRANK MOYA

Mailing Address 5915 PONCE DE LEON BLVD. SUITE 19

City State Zip Code
CORAL GABLES FL 33146

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 ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118118

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JIANLONG MU

Mailing Address 5 HARVEST LN.

City State Zip Code
HOCKESSIN DE 19707

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICE, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 17 / 2011

Transaction ID : SA11AI.117953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CATHLEEN MUCENSKI

Mailing Address 7870 DENNLER LN

City State Zip Code
CINCINNATI OH 45247

FEC ID number of contributing
federal political committee.

C

Name of Employer

INDEPENDENT ANESTHESIOLOGISTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117309

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 191 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL MUELLER

Mailing Address 1520 CHANDLER RD SE

City State Zip Code
HUNTSVILLE AL 35801

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
COMPREHENSIVE ANESTHESIA SERVICES ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2011

Transaction ID : SA11Al.117948

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN MULLICAN

Mailing Address 330 DON CUBERO PLACE

City State Zip Code
SANTA FE NM 87505

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
SANTA FE ANESTH. SPECIALISTS ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2011

Transaction ID : SA11Al.117626

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOEL MUMFORD

Mailing Address 221 ELM HILL RD.

City State Zip Code
SPRINGFIELD VT 05156

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
V A MEDICAL CENTER ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11Al.116811

Amount of Each Receipt this Period

83.00

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

2083.00

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 192 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFREY MUNRO

Mailing Address 20375 W. 151ST, SUITE 400

City State Zip Code
OLATHE KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHNSON COUNTY ANES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11AI.119495

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MARK MURRAY

Mailing Address 1924 ALCOA HIGHWAY, BOX U-109
DEPARTMENT OF ANESTHESIA

City State Zip Code
KNOXVILLE TN 37920

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY ANESTHESIOLOGISTS

Occupation
ANESTHESIOLOGIST AND PAIN MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118254

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROSS MUSUMECI

Mailing Address 9 LINCOLN ST.

City State Zip Code
WESTON MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES. ASSOC. OF MASSACHUSETTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116809

Amount of Each Receipt this Period

41.00

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

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

1041.00

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

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

FOR LINE NUMBER: PAGE 193 OF 299

(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SATHYENDRA MYSORE

Mailing Address 40 WOODS EDGE CIRCLE

City State Zip Code
 LONDON KY 40741

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SAINT JOSEPH LONDON HOSPITAL

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. SOLMAZ NABIPOUR

Mailing Address 110 FARLEY DR

City State Zip Code
 APTOS CA 95003

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AMGSC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : SA11AI.118498

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOHN NACHTIGAL

Mailing Address 3901 RAINBOW BLVD MS 1034

City State Zip Code
 KANSAS CITY KS 66103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIV OF KS MED CTR DEPT ANES

Occupation
 ASSISTANT PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.119028

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 194 OF 299

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

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

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAUL NAGRODZKI

Mailing Address 2151 OLD ROCKY RIDGE RD.

City State Zip Code
 BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANES. SERV. OF BIRMINGHAM PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11Al.117143

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BALAJEE NALLAMOTHU

Mailing Address 2930 W HICKORY GROVE RD

City State Zip Code
 BLOOMFIELD HILLS MI 48302

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : SA11Al.117854

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AJAY NATH

Mailing Address 23 BARCLAY COURT

City State Zip Code
 SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA CONSULTANTS OF NJ

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11Al.119528

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 195 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NORAH NAUGHTON

Mailing Address 4270 PLYMOUTH RD

City

ANN ARBOR

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF MICHIGAN- EAST ANN ARBOR SUR

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116710

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. ANDREW NEICE

Mailing Address 120 NW 14TH AVE STE 300

City

PORTLAND

State

OR

Zip Code

97209

FEC ID number of contributing
federal political committee.

C

Name of Employer

OREGON ANESTHESIOLOGY GROUP P.C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2011

Transaction ID : SA11AI.118933

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ERIC NELLER

Mailing Address 9316 AUTUMN ROAD

City

OKLAHOMA CITY

State

OK

Zip Code

73151

FEC ID number of contributing
federal political committee.

C

Name of Employer

ERIC NELLER MD PLLC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 03 / 2011

Transaction ID : SA11AI.116928

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

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 196 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK NELSON

Mailing Address 5500 HEATHROW DR

City State Zip Code
 KNOXVILLE TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMAET

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2011

Transaction ID : SA11AI.117480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARK NELSON

Mailing Address 14175 GOLF PKWY

City State Zip Code
 BROOKFIELD WI 53005

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118156

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. VINCENT NELSON

Mailing Address 4822 LOCUST STREET

City State Zip Code
 BELLAIRE TX 77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREATER HOUSTON ANESTHESIOLOGY, P.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118107

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 198 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL NICHOLS

Mailing Address 1090 DEVINE CIRCLE

City
ATLANTA

State Zip Code
GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN SPECIALISTS IN ANESTHESIA, P

Occupation

ANESTHESIOLOGIST ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116818

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. WILLIAM NICHOLS

Mailing Address 1515 37TH AVE

City
SEATTLE

State Zip Code
WA 98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIANS ANESTHESIA SERVICE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117212

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOSEPH NICHOLSON

Mailing Address 1708 INDIAN CREEK DR.

City
BIRMINGHAM

State Zip Code
AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN PERIOPERATIVE SERVICE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : SA11AI.117919

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 199 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. MARY MENNELLA NORDIN</p> <p>Mailing Address 1341 E. GARTNER RD.</p> <p>City State Zip Code NAPERVILLE IL 60540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MIDWEST CENTER FOR DAY SURGERY PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118363</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. MARK NORLING</p> <p>Mailing Address 1200 NW MARSHALL ST STE 1517</p> <p>City State Zip Code PORTLAND OR 97209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation OREGON ANESTHESIOLOGY GROUP, P.C. ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2011 Transaction ID : SA11AI.118897</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. SHAFEENA NURANI</p> <p>Mailing Address 1805 TORQUAY AVE</p> <p>City State Zip Code ROYAL OAK MI 48073</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SOUTH OAKLAND ANESTHESIA ASSOCIATE ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2011 Transaction ID : SA11AI.119382</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>1750.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 200 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BABATUNDE OGUNNAIKE

Mailing Address 1008 BRENTWOOD DR

City State Zip Code
MURPHY TX 75094

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
UNIVERSITY OF TEXAS SOUTHWESTERN MI ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116813

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. JULIE OHLMAN

Mailing Address 1710 COVENTRY LN.

City State Zip Code
MIDLAND TX 79705

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
SELF-EMPLOYED ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118322

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MOLLY OKANE

Mailing Address 4974 WEST VILLAGE TRAIL

City State Zip Code
ADA MI 49301

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ANESTHESIA MEDICAL CONSULTANTS, PC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : SA11AI.119534

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. YOSHIO OKUMURA

Mailing Address 3781 CRESTLAKE DR

 City State Zip Code
 BLOOMFIELD HILLS MI 48304

FEC ID number of contributing federal political committee.

C

 Name of Employer
 SOUTH OAKLAND ASSOC.

 Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11AI.117915

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. OLUWATOSIN OLADIPUPO

Mailing Address 1836 S SHORES DR

 City State Zip Code
 DECATUR IL 62521

FEC ID number of contributing federal political committee.

C

 Name of Employer
 ASSOCIATED ANES. OF DECATUR

 Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116735

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. PAUL OLEARY

Mailing Address 1174 LAKESIDE DRIVE

 City State Zip Code
 BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee.

C

 Name of Employer
 SOUTH OAKLAND ANESTHESIA ASSOCIATE

 Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118600

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.00

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 202 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RICHARD OLIVER

Mailing Address 1715 E MCMILLAN ST # 2

City State Zip Code
CINCINNATI OH 45206

FEC ID number of contributing
federal political committee.

C

Name of Employer

IAPSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118157

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER ONEILL

Mailing Address 3390 N. CAMPBELL AVE., #110

City State Zip Code
TUCSON AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN ARIZONA ANES. SERVICES

Occupation

PHYSICIAN ANESTHESIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118433

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES ONEILL

Mailing Address 1060 LIVE OAK PLANTATION RD.

City State Zip Code
TALLAHASSEE FL 32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY ASSOC. OF TALLAHASSEE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 04 / 2011

Transaction ID : SA11AI.116978

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 203 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIMOTHY ONEILL

Mailing Address 5885 LAKE HARBOR RD

City
MUSKEGON

State Zip Code
MI 49441

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAKESHORE ANES.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11AI.118648

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRYAN ORME

Mailing Address 10001 E 33RD STREET

City
JONES

State Zip Code
OK 73049

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF OKLAHOMA H.S.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2011

Transaction ID : SA11AI.117873

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. WILLIAM ORR

Mailing Address 225 OCEANIA CT

City
APOLLO BEACH

State Zip Code
FL 33572

FEC ID number of contributing
federal political committee.

C

Name of Employer
NOVA SOUTHEASTERN UNIVERSITY

Occupation
ANESTHESIOLOGIST ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2011

Transaction ID : SA11AI.117745

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. RONALD OSBORN</p> <p>Mailing Address 4039 MARLOWE ST.</p> <p>City State Zip Code HOUSTON TX 77005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GHA ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118337</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) B. THOMAS OSBORN</p> <p>Mailing Address 2004 ROCKDALE BLVD</p> <p>City State Zip Code MIAMI OK 74354</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANESTHESIOLOGY OF MIAMI, INC. PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2011 Transaction ID : SA11AI.119500</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. STUART OSMUSSEN</p> <p>Mailing Address 1850 N. CENTRAL AVE. STE. 1600</p> <p>City State Zip Code PHOENIX AZ 85004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation VALLEY ANES. CONSULTANTS M.D.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2011 Transaction ID : SA11AI.118754</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>750.00</p>

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DALE OSTRANDER

Mailing Address 2300 N. EDWARD ST.

City State Zip Code
 DECATUR IL 62526

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASSOC. ANES. OF DECATUR, LTD

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118951

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KENNETH OSWALT

Mailing Address 2500 NORTH STATE STREET

City State Zip Code
 JACKSON MS 39216

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIV. ANESTHESIA SERVICES, PLLC

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116728

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. CHAD OTT

Mailing Address 6911 VAN DORN ST STE 2

City State Zip Code
 LINCOLN NE 68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASSOCIATED ANESTHESIOLOGISTS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : SA11AI.117717

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEVEN OZER

Mailing Address 9564 E. CHARTER OAK DRIVE

City State Zip Code
SCOTTSDALE AZ 85260

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES. CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : SA11AI.118622

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JON PACE

Mailing Address 1850 N CENTRAL AVE STE 1600

City State Zip Code
PHOENIX AZ 85004

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTHESIA CONSULTANTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119610

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. LOUIS PALERMO

Mailing Address 1855 JESSICA RD

City State Zip Code
CLEARWATER FL 33765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2011

Transaction ID : SA11AI.117530

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. THEODOROS PAPALIMBERIS</p> <p>Mailing Address 2 GOLDENROD LN.</p> <p>City FALMOUTH State ME Zip Code 04105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SPECTRUM MEDICAL GROUP Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 09 / 15 / 2011 Transaction ID : SA11AI.117861</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. JOHN PAPPAS</p> <p>Mailing Address 294 BARDEN RD</p> <p>City BLOOMFIELD HILLS State MI Zip Code 48304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer WILLIAM BEAUMONT HOSPITAL TROY Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 747.00</p>			<p>Date of Receipt 09 / 01 / 2011 Transaction ID : SA11AI.116829</p> <p>Amount of Each Receipt this Period 83.00</p>	
<p>Full Name (Last, First, Middle Initial) C. MARC PARADIS</p> <p>Mailing Address 4 WHITMAN POND RD.</p> <p>City SIMSBURY State CT Zip Code 06070</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer UCONN HEALTH CENTER ANES. DEPT. Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt 09 / 20 / 2011 Transaction ID : SA11AI.118290</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>833.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SCOTT PARKHILL

Mailing Address 300 S. ARLINGTON AVE.

City State Zip Code
 RENO NV 89501

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASSOCIATED ANES. OF RENO

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.117406

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SAMUEL PARNASS

Mailing Address 6938 N KILPATRICK AVE

City State Zip Code
 LINCOLNWOOD IL 60712

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NORTHSHORE SKOKIE HOSPITAL

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2011

Transaction ID : SA11AI.118818

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HARRY PARR

Mailing Address 4725 TULLY RD.

City State Zip Code
 BLOOMFIELD HILLS MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTH OAKLAND ANESTHESIA ASSOCIATE

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116701

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HARESH PATEL

Mailing Address 1120 ENCLAVE RD

City State Zip Code
CHATTANOOGA TN 37415

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ANESTHESIOLOGY CONSULTANTS EXCHAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 26 2011

Transaction ID : SA11AI.118880

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL PATT

Mailing Address 1510 SURRIA CT.

City State Zip Code
BLOOMFIELD HILLS MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
SOUTH OAK ANESTHES ASSOC PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 13 2011

Transaction ID : SA11AI.117620

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. SCOTT PAULSEN

Mailing Address 3103 153RD ST

City State Zip Code
URBANDALE IA 50323

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ASSOCIATED ANESTHESIOLOGISTS, P.C. ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 06 2011

Transaction ID : SA11AI.117108

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 299

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name 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. DON PEARSON

Mailing Address 4326 BEECHWOOD RD

City	State	Zip Code
KNOXVILLE	TN	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 ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Transaction ID : SA11AI.118499

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ERIC PEDICINI

Mailing Address 5816 E CALLE DEL NORTE

City	State	Zip Code
PHOENIX	AZ	85018

FEC ID number of contributing federal political committee.

C

Name of Employer

VALLEY ANETHESIOLOGY CONSULTANTS LTD

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
09	/	22	/	2011

Transaction ID : SA11AI.118597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. WILLIAM PEKARSKE

Mailing Address 1281 E. CALLE DE LA CABRA

City	State	Zip Code
TUCSON	AZ	85718

FEC ID number of contributing federal political committee.

C

Name of Employer

SOUTHERN ARIZONA ANESTHESIA SERVICE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116849

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.00

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 211 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. OSCAR PENATE

Mailing Address 3586 NORTHCLIFFE RD

City	State	Zip Code
UNIVERSITY HEIGHTS	OH	44118

FEC ID number of contributing federal political committee.

C

Name of Employer

CLEVELAND CLINIC

Occupation

CARDIOTHORACIC ANESTHESIA FELLOW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116752

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. RAYMOND PESSO

Mailing Address 278 ROUND SWAMP RD

City	State	Zip Code
MELVILLE	NY	11747

FEC ID number of contributing federal political committee.

C

Name of Employer

NAPA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

Transaction ID : SA11AI.118345

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. AMANDA PETERSON

Mailing Address 117 W 20TH ST APT 902

City	State	Zip Code
KANSAS CITY	MO	64108

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF KANSAS MEDICAL CENTER

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
09	/	19	/	2011

Transaction ID : SA11AI.118256

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.00

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 212 OF 299
 (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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name 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. THEODORE PETERSON			Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2011 Transaction ID : SA11AI.117709		
Mailing Address 3632 21ST AVE. S. City ST. CLOUD State MN Zip Code 56301			Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer ANESTHESIA ASSOCIATES OF ST. CLOUD		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) B. THOMAS PETERSON			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119763		
Mailing Address 2509 E. BROWN RD. City SIGNAL MOUNTAIN State TN Zip Code 37377			Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer ACE		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) C. CATHY PETTY			Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2011 Transaction ID : SA11AI.116953		
Mailing Address 915 N BRIARCLIFF CIR City MARYVILLE State TN Zip Code 37803			Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer MARYVILLE ANESTHESIOLOGISTS, PC		Occupation ANESTHESIOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			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 213 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LANG-HA PHAM

Mailing Address 10015 PETRA CT NE

City State Zip Code
ALBUQUERQUE NM 87122

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
ANESTHESIA ASSOCIATES OF NEW MEXICO ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : SA11AI.116903

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MARK PHILLIPS

Mailing Address 619 19TH ST S

City State Zip Code
BIRMINGHAM AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
UAB DEPT OF ANESTHESIOLOGY PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.117833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. PAUL PICKARD

Mailing Address 5680 RIVERVIEW PLANTATION DRIVE

City State Zip Code
THEODORE AL 36582

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
COASTAL ANESTHESIA ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : SA11AI.116915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 214 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARINA PIERCE

Mailing Address 2438 GOLFVIEW DR

City

ORANGE PARK

State

FL

Zip Code

32003

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA ANESTHESIA ASSOC., P.A.

Occupation

ANESTHESIOLOGIST, MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 18 / 2011

Transaction ID : SA11AI.118031

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. EDGAR PIERRE

Mailing Address 1800 NW 10TH AVE # T244

City

MIAMI

State

FL

Zip Code

33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

RYDER TRAUMA CENTER

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116708

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. JEFFREY POAGE

Mailing Address 211 ROAN DRIVE

City

DANVILLE

State

CA

Zip Code

94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116696

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

408.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 215 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFREY POAGE

Mailing Address 211 ROAN DRIVE

City State Zip Code
 DANVILLE CA 94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JOSHUA POLEGE

Mailing Address 12478 BERKELEY SQUARE DR

City State Zip Code
 TAMPA FL 33626

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSU TAMPA

Occupation

A.A. STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : SA11AI.119364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ANDY PORITZ

Mailing Address 205 GARDNER ROAD

City State Zip Code
 BROOKLINE MA 02445

FEC ID number of contributing
federal political committee.

C

Name of Employer

WORCESTER SURGICAL CENTER

Occupation

MA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2011

Transaction ID : SA11AI.117507

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

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 216 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DONALD PORTELL

Mailing Address 1555 INDIAN RIVER BLVD STE B120

City State Zip Code
 VERO BEACH FL 32960

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA OF INDIAN RIVER

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : SA11AI.118626

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JESS POWER

Mailing Address 2006 FRANKLIN ST SE STE 301

City State Zip Code
 HUNTSVILLE AL 35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
 COMPREHENSIVE ANESTHESIA SERVICES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2011

Transaction ID : SA11AI.118006

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. LYLE PRAIRIE

Mailing Address 17 WIND TREE CIR

City State Zip Code
 PITTSFORD NY 14534

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA ASSOCIATES OF ROCHESTER

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117716

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. RAGHAVENDRA PRAKASH</p> <p>Mailing Address 12029 NW 9TH CT</p> <p>City State Zip Code CORAL SPRINGS FL 33071</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANESCO ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118359</p> <p>Amount of Each Receipt this Period 500.00</p>		
<p>Full Name (Last, First, Middle Initial) B. MATTHEW PRICE</p> <p>Mailing Address 50791 CHESAPEAKE DR.</p> <p>City State Zip Code NOVI MI 48374</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SOAA ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 369.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2011 Transaction ID : SA11AI.116717</p> <p>Amount of Each Receipt this Period 41.00</p>		
<p>Full Name (Last, First, Middle Initial) C. ZACHARY PRICE</p> <p>Mailing Address 8 SYCAMORE LANE</p> <p>City State Zip Code GROSSE POINTE MI 48230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HENRY FORD HOSPITAL ANESTHESIOLOGY ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2011 Transaction ID : SA11AI.118067</p> <p>Amount of Each Receipt this Period 500.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1041.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 218 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BLAKE PRINCE

Mailing Address 501 20TH ST STE 606

City State Zip Code
 KNOXVILLE TN 37916

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL ALLIANCE OF EAST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : SA11AI.119259

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WAYNE PROKOTT

Mailing Address 8418 MISTY MEADOWS

City State Zip Code
 GRAND BLANC MI 48439

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREAT LAKES ANES.ASOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119738

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DANICA PRUETT

Mailing Address 806 MULLINS HILL DR.

City State Zip Code
 HUNTSVILLE AL 35802

FEC ID number of contributing
federal political committee.

C

Name of Employer

DANICA Q PRUETT M.D.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.118390

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. VERNON PRUITT</p> <p>Mailing Address 201 KIRK LN.</p> <p>City State Zip Code DOTHAN AL 36305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANESTHESIA CONSULTANTS MED. GRP ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119788 </p> <p>Amount of Each Receipt this Period 500.00</p>		
<p>Full Name (Last, First, Middle Initial) B. JAMES PYRON</p> <p>Mailing Address 9332 STRATFORD WAY</p> <p>City State Zip Code DALLAS TX 75220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PHYSICIANS ANESTHESIA PRACTICE ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2011 Transaction ID : SA11AI.117085 </p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. NED RADICH</p> <p>Mailing Address 1443 E. STARPASS DR.</p> <p>City State Zip Code FRESNO CA 93730</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANESTHESIA CONSULTANTS OF FRESNO ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2011 Transaction ID : SA11AI.117597 </p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1000.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 220 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JONATHAN RADIN

Mailing Address 12720 FRANK DR S

City
SEMINOLE

State Zip Code
FL 33776

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAY AREA ANESTHESIA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2011

Transaction ID : SA11AI.118792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MATTHEW RAGLAND

Mailing Address 315 N ROLLSTON AVE APT 201

City
FAYETTEVILLE

State Zip Code
AR 72701

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST ANESTHESIOLOGY
ASSOCIATES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JERI RAMEY

Mailing Address 6232 SOUTH OSWEGO AVE

City
TULSA

State Zip Code
OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST FRANCIS HOSPITAL

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2011

Transaction ID : SA11AI.117701

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 221 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. JAYANTHIE RANASINGHE</p> <p>Mailing Address 6600 SW 94TH CT</p> <p>City MIAMI State FL Zip Code 33173</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer UNIVERSITY OF MIAMI Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 09 / 02 / 2011 Transaction ID : SA11AI.116912</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. STEPHANIE RASMUSSEN</p> <p>Mailing Address 6756 CHRISTIANSTED LANE</p> <p>City NASHVILLE State TN Zip Code 37211</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer VANDERBILT UNIVERSITY Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 09 / 30 / 2011 Transaction ID : SA11AI.119600</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. DENFORD RATHIEL</p> <p>Mailing Address 2723 TREVOR DR.</p> <p>City HUNTSVILLE State AL Zip Code 35802</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer COMPREHENSIVE ANESTHESIA SERVICES, Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt 09 / 10 / 2011 Transaction ID : SA11AI.117449</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANN REARDON

Mailing Address 34 BELLEVUE AVE.

City State Zip Code
BANGOR ME 04401

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 ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : SA11AI.118564

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. PULI REDDY

Mailing Address 1118 ROSS CLARK CIRCLE, #700

City State Zip Code
DOTHAN AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES. CONSULTANTS MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119673

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JEFF REID

Mailing Address 16208 CLEAR CREEK DR

City State Zip Code
EDMOND OK 73013

FEC ID number of contributing
federal political committee.

C

Name of Employer
OUHSC DEPT OF ANESTHESIOLOGY

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2011

Transaction ID : SA11AI.118937

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN REISINGER

Mailing Address 1526 NORTHWAY DR

City State Zip Code
 SAINT CLOUD MN 56303

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CENTRAL MINNESOTA ANESTHESIA, LTD.

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.119509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ELSON REVAK

Mailing Address 3390 N. CAMPBELL AVE., SUITE 110
 P.O. BOX 43640

City State Zip Code
 TUCSON AZ 85733

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHERN ARIZONA ANESTHESIA
 SERVICES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118892

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KEITH RIABOV

Mailing Address 3 WARWICK RD

City State Zip Code
 CHATHAM NJ 07928

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAM

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11AI.117162

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 224 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL RICHMOND

Mailing Address 7450 WILLOW LEAF CIR

City State Zip Code
 ROANOKE VA 24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY CONSULTANTS OF VIRG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 05 / 2011

Transaction ID : SA11AI.117024

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. RICHARD RICHTER

Mailing Address 222 S. HERLONG AVE.

City State Zip Code
 ROCK HILL SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAR

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2011

Transaction ID : SA11AI.118972

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JEFFREY RICKETTS

Mailing Address 880 BRADFORD HOLW NE

City State Zip Code
 GRAND RAPIDS MI 49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL CONSULTANTS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : SA11AI.119221

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 225 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOSEPH RIFICI

Mailing Address LAKESIDE ANES 2532 LKS5007
 11100 EUCLID AVE.

City State Zip Code
 CLEVELAND OH 44106

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 ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116718

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. STEVEN RITROSKY

Mailing Address 15090 SHAMROCK DR.

City State Zip Code
 FORT MYERS FL 33912

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAPMC

Occupation

ANESTHIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011

Transaction ID : SA11AI.116899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DAVID RITTER

Mailing Address 6234 NW 23RD TER

City State Zip Code
 BOCA RATON FL 33496

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : SA11AI.117646

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WILLIAM RITTINGER

Mailing Address 9873 BOULDER CT

City

DAVISBURG

State

MI

Zip Code

48350

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREAT LAKES ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.118423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KEVIN ROBERTS

Mailing Address 240 WALNUT LN.

City

SLINGERLANDS

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALBANY MEDICAL CENTER HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2011

Transaction ID : SA11AI.117381

Amount of Each Receipt this Period

830.00

Full Name (Last, First, Middle Initial)

C. CHARLES ROBERTSON

Mailing Address 8007 ROSILINE DR

City

ST. LOUIS

State

MO

Zip Code

63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

WASHINGTON UNIVERSITY IN ST LOUIS

Occupation

FELLOW

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116702

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

1105.00

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 227 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MELISSA ROCKFORD

Mailing Address 17507 W 83RD TER

City

LENEXA

State

KS

Zip Code

66219

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF KANSAS HOSPITAL DEPT O

Occupation

ANESTHESIA CLINICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11AI.117266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ARMAND RODRIGUEZ

Mailing Address 7940 FLOYD CURL, #1030

City

SAN ANTONIO

State

TX

Zip Code

78229

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 ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.118823

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LEOPOLDO RODRIGUEZ

 Mailing Address 21050 POINT PLACE #305
 ATLANTIC 3 AT THE POINT

City

AVENTURA

State

FL

Zip Code

33180

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHERIDAN HEALTHCARE INC.

Occupation

ANESTHESIOLOGIST MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116716

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.00

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 PageFOR LINE NUMBER: PAGE 228 OF 299
(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			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name 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. GERSON RODRIGUEZ-FAZZI

Mailing Address 801 6TH ST S DEPT 6941

City	State	Zip Code
SAINT PETERSBURG	FL	33701

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEDIATRIC PHYSICIAN SERV ANES DIVISION

Occupation

PEDIATRIC 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
09	/	30	/	2011

Transaction ID : SA11AI.119593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SUSANNE ROESSLER

Mailing Address 4233 POCONO CT.

City	State	Zip Code
FAIR OAKS	CA	95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

SACRAMENTO ANESTHESIA MEDICAL

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
09	/	19	/	2011

Transaction ID : SA11AI.118149

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SUSANNE ROESSLER

Mailing Address 4233 POCONO CT.

City	State	Zip Code
FAIR OAKS	CA	95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

SACRAMENTO ANESTHESIA MEDICAL GROU

Occupation

ANESTHESIOLOGIST

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
09	/	22	/	2011

Transaction ID : SA11AI.118642

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 229 OF 299
 (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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT ROETTGER

Mailing Address 9051 ITASCA TRAIL NORTH

City	State	Zip Code
GRANT	MN	55082

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

ASSOCIATED ANESTHESIOLOGISTS, P.A.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	1		

Transaction ID : SA11AI.119284

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. PAUL ROSE

Mailing Address 14465 NW BELLE PL

City	State	Zip Code
BEAVERTON	OR	97006

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

OREGON ANESTHESIOLOGY GROUP, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	1		

Transaction ID : SA11AI.116967

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. ROBERT ROSEN

Mailing Address 1838 PARK STREET, NORTH

City	State	Zip Code
ST. PETERSBURG	FL	33710

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AAPC GFA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	1		

Transaction ID : SA11AI.118713

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 230 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RANDY ROSETT

Mailing Address 13611 ELENA GALLEGOS PL NE

City State Zip Code
 ALBUQUERQUE NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIV OF NEW MEXICO

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.117398

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. RANDY ROSETT

Mailing Address 13611 ELENA GALLEGOS PL NE

City State Zip Code
 ALBUQUERQUE NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIV OF NEW MEXICO

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2011

Transaction ID : SA11AI.118657

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ALAN ROSS

Mailing Address 3040 E 1ST ST

City State Zip Code
 LONG BEACH CA 90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CAA

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2011

Transaction ID : SA11AI.117657

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 OF 299

(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			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **MICHAEL ROUTMAN**

Mailing Address 2151 OLD ROCKY RIDGE RD SUITE 106

City	State	Zip Code
BIRMINGHAM	AL	35216

FEC ID number of contributing federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BIRMINGHAM P

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
09		06		2011

Transaction ID : SA11AI.117137

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **JOHN ROY**

Mailing Address 10222 FALCON TERRACE

City	State	Zip Code
SEMINOLE	FL	33778

FEC ID number of contributing federal political committee.

C

Name of Employer

GREATER FLORIDA ANESTHESIA, 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
09		07		2011

Transaction ID : SA11AI.117251

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **LAWRENCE ROY**

Mailing Address 2420 FREEMAN MANOR DR

City	State	Zip Code
JONES	OK	73049

FEC ID number of contributing federal political committee.

C

Name of Employer

OKLAHOMA ANESTHESIA SOCIETY

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : SA11AI.116720

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CLINTON ROZYCKI

Mailing Address 3114 152ND ST

City
URBANDALE

State Zip Code
IA 50323

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGISTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2011

Transaction ID : SA11AI.117993

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JONATHAN RUBIN

Mailing Address 5122 MISTY MORN RD.

City
PALM BEACH GARDENS

State Zip Code
FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
PALM BEACH ANES. ASSOC.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2011

Transaction ID : SA11AI.117971

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES RUDULPH

Mailing Address 2151 OLD ROCKY RIDGE RD.

City
BIRMINGHAM

State Zip Code
AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES. SERV. OF BIRMINGHAM PC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117144

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 233 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. KRISTA RUEDY</p> <p>Mailing Address 14 RED BUD LN</p> <p>City GREEN BROOK State NJ Zip Code 08812</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer ACNJ Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119710 </p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. GREG RUHLAND</p> <p>Mailing Address 80 PAUAAHI STREET SUITE 104</p> <p>City HILO State HI Zip Code 96720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HAWAII ISLAND INTERV. PAIN MNGMT. Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118437 </p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. ABELARDO RUIZ</p> <p>Mailing Address 3260 STAPLEFORD CHASE</p> <p>City VIRGINIA BEACH State VA Zip Code 23452</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer ATLANTIC ANESTH Occupation ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2011 Transaction ID : SA11AI.117644 </p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		1250.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEPHEN RUPP

Mailing Address 1100 9TH AVE # B2-AN

DEPARTMENT OF ANESTHESIOLOGY

City State Zip Code
 SEATTLE WA 98101

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGINIA MASON MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : SA11AI.118685

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BARBARA RYAN

Mailing Address 10 SEA SPRAY DR

City State Zip Code
 BIDDEFORD ME 04005

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPECTRUM MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : SA11AI.118452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SAMMY SABRI

Mailing Address 3104 BLUE LAKE DR STE 110

City State Zip Code
 BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES. ASSOCIATES, P.C.

Occupation

AL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : SA11AI.117609

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 235 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PATRICK SALISBURY

Mailing Address 3333 RIVERBEND DR

SACRED HEART MEDICAL CENTER

City

State

Zip Code

SPRINGFIELD

OR

97477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIA DEPARTMENT

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LYLE SALTZMAN

Mailing Address 1304 OAK ST.

City

State

Zip Code

MELBOURNE

FL

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BREVARD ANESTHESIA SERVICES

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118883

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES SALVATORE

Mailing Address 10 HASTINGS DR

City

State

Zip Code

PUEBLO

CO

81001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

PHYSICIAN ANESTHESIA OF PUEBLO, PC

MEDICAL DOCTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117050

Amount of Each Receipt this Period

515.00

SUBTOTAL of Receipts This Page (optional)..... ►

1015.00

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 236 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES SAMS

Mailing Address 535 PINE TREE DR.

City
ATLANTA

State Zip Code
GA 30305

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN ANESTHESIA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DAVID SAMUELS

Mailing Address 5121 SAN JOSE

City
TAMPA

State Zip Code
FL 33629

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVID J SAMUELS MDPA

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2011

Transaction ID : SA11AI.117545

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. STEVE SANTI

Mailing Address 110 29TH AVE. N., #202

City
NASHVILLE

State Zip Code
TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119575

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 237 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRYANT SANTOS

Mailing Address 12230 NW TUALATIN AVE.

City State Zip Code
 PORTLAND OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

OREGON ANESTHESIOLOGY GROUP, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2011

Transaction ID : SA11AI.118075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CONSTANTINE SARANTOPOULOS

Mailing Address 1611 NW 12TH AVE
 CENTRAL BLDG, #300

City State Zip Code
 MIAMI FL 33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF MIAMI SCH OF MED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 15 / 2011

Transaction ID : SA11AI.117858

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. SHANNON SAVAGE

Mailing Address 52 MEDICAL PARK EAST DR., #321

City State Zip Code
 BIRMINGHAM AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA GROUP EAST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 02 / 2011

Transaction ID : SA11AI.116901

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 299

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name 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. YASHESH SAVANI

Mailing Address 9 FOX POINT CT., N.E.

City	State	Zip Code
ADA	MI	49301

FEC ID number of contributing federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL CONSULTANTS, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	8		2	0	1	1		

Transaction ID : SA11AI.119324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM SCHIMPKE

Mailing Address 289 GRAY WOODS LN

City	State	Zip Code
LAKE ANGELUS	MI	48326

FEC ID number of contributing federal political committee.

C

Name of Employer

WILLIAM BEAUMONT HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	8		2	0	1	1		

Transaction ID : SA11AI.118027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES SCHNEIDMILLERMailing Address 1720 LOUISIANA BLVD., NE.
SUITE 401

City	State	Zip Code
ALBUQUERQUE	NM	87110

FEC ID number of contributing federal political committee.

C

Name of Employer

ANES. ASSOC. OF NEW MEXICO, P.C.

Occupation

NC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	2		2	0	1	1		

Transaction ID : SA11AI.118625

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 239 OF 299
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name 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. STEVEN SCHULMAN

Mailing Address 33 RYAN ST.

City
SYOSSETState Zip Code
NY 11791FEC ID number of contributing
federal political committee.

C

Name of Employer
NY CV ANESTHESIOLOGISTSOccupation
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
09	/	01	/	2011

Transaction ID : SA11AI.116863

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ABRAHAM SCHUSTER

Mailing Address 2151 OLD ROCKY RIDGE RD.

City
BIRMINGHAMState Zip Code
AL 35216FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES. SERV. OF BIRMINGHAM PCOccupation
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
09	/	06	/	2011

Transaction ID : SA11AI.117133

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ANTHONY SCHWAGERL

Mailing Address 21 ORCHARD RD

City
BEDFORDState Zip Code
MA 01730FEC ID number of contributing
federal political committee.

C

Name of Employer
UMASS MEMORIAL MEDICAL CENTEROccupation
ATTENDING 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
09	/	04	/	2011

Transaction ID : SA11AI.116955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DANIEL SEWELL

Mailing Address 803 CRESWELL COURT

City State Zip Code
 KNOXVILLE TN 37919

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2011

Transaction ID : SA11AI.118832

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DAVID SHAPIRO

Mailing Address 2420 CAMINO RAMON
 SUITE #270

City State Zip Code
 SAN RAMON CA 94583

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MACMGI

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11AI.117943

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. FRED SHAPIRO

Mailing Address 330 BROOKLINE AVE # F-407
 DEPARTMENT OF ANESTHESIOLOGY

City State Zip Code
 BOSTON MA 02215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HARVARD MEDICAL SCHOOL

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116790

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 241 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MATTHEW SHATZ

Mailing Address 28 JAROMBKE DR.

City
TOWACO

State Zip Code
NJ 07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
GARDEN STATE ANESTHESIA SERVICES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BRIAN SHEPHERD

Mailing Address 2200 SHIREWOOD LN

City
SIGNAL MOUNTAIN

State Zip Code
TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119725

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GEORGE SHEPLOCK

Mailing Address RILEY HOSPITAL FOR CHILDREN
705 RILEY HOSPITAL DR., RM 2001

City
INDIANAPOLIS

State Zip Code
IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
RILEY HOSPITAL FOR CHILDREN

Occupation
PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118431

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 242 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DANIEL SHERRER

Mailing Address 2151 OLD ROCKY RIDGE RD STE 106

City State Zip Code
 BIRMINGHAM AL 35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BIRMINGHAM, P

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 06 / 2011

Transaction ID : SA11AI.117134

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. LAWRENCE SHINBAUM

Mailing Address 343 ROLLING HILLS DR

City State Zip Code
 FAIRFIELD CT 06824

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILFORD ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2011

Transaction ID : SA11AI.117841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARINA SHINDELL

Mailing Address 12401 E. 17TH AVE, RM 740
 MAIL BOX B113

City State Zip Code
 AURORA CO 80045

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF COLORADO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.117383

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALLEN SHOHAM

Mailing Address 103102 E TRIPPLE VISTA DR

City State Zip Code
 KENNEWICK WA 99338

FEC ID number of contributing
federal political committee.

C

Name of Employer
 KENNEWICK GENERAL HOSPITAL

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : SA11AI.117891

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS SHOOK

Mailing Address 110 CHARLEMONT STREET

City State Zip Code
 NEWTON MA 02461

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BRIGHAM AND WOMENS HOSPITAL

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : SA11AI.119091

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. WILLIAM SHURLEY

Mailing Address 7954 DEXTER RD

City State Zip Code
 CORDOVA TN 38016

FEC ID number of contributing
federal political committee.

C

Name of Employer
 METROPOLITAN ANESTHESIA ALLIANCE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11AI.117230

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 299

(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			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALEXANDER SHYDOHUB

Mailing Address 1415 DESERT WILLOW DRIVE

City	State	Zip Code
CARLSBAD	NM	88220

FEC ID number of contributing federal political committee.

C

Name of Employer
CARLSBAD MEDICAL CENTER

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2011

Transaction ID : SA11AI.118841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KAREN SIBERT

Mailing Address 4146 SUNNYSLOPE AVE.

City	State	Zip Code
SHERMAN OAKS	CA	91423

FEC ID number of contributing federal political committee.

C

Name of Employer
CEDARS-SINAI MEDICAL CENTER ANES.

Occupation
PHYSICIAN

DEPT
Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 09 / 2011

Transaction ID : SA11AI.117412

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DANIEL SILVASI

Mailing Address 2655 AMBERLY

City	State	Zip Code
BLOOMFIELD HILLS	MI	48301

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 ▼

500.00

Date of Receipt

09 / 27 / 2011

Transaction ID : SA11AI.119106

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BERNIS SIMMONS

Mailing Address 52 MEDICAL PARK EAST DR., #321

City State Zip Code
BIRMINGHAM AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA GROUP EAST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2011

Transaction ID : SA11AI.117528

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN SIMMONS

Mailing Address 19750 AVONDALE DR.

City State Zip Code
BROOKFIELD WI 53045

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 / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.119030

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRETT SIMON

Mailing Address 330 BROOKLINE AVE YAMINS 219
DEPT OF ANESTHESIOLOGY

City State Zip Code
BOSTON MA 02215

FEC ID number of contributing
federal political committee.

C

Name of Employer

BETH ISRAEL DEACONESS MEDICAL CENTE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2011

Transaction ID : SA11AI.117463

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. JOSEPH SIMPSON</p> <p>Mailing Address 1524 AGAWELA AVE.</p> <p>City State Zip Code KNOXVILLE TN 37919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY ANESTHESIOLOGISTS ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2011 Transaction ID : SA11AI.117002</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. ARTHUR SINFIELD</p> <p>Mailing Address 3026 E. THUNDERHILL PL.</p> <p>City State Zip Code PHOENIX AZ 85048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation VALLEY ANES. CONSULTANTS ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2011 Transaction ID : SA11AI.118556</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. AMIT SINGH</p> <p>Mailing Address 581 CHARLES COURT</p> <p>City State Zip Code LEXINGTON SC 29072</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation WM. JENNINGS BRYAN DORN VETERANS AI PAIN MEDICINE PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118308</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>1250.00</p>

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 247 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARC SINK

Mailing Address 2023 CORONADO DR. SE

City State Zip Code
 GRAND RAPIDS MI 49506

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA MEDICAL CONSULTANTS

Occupation
 MI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2011

Transaction ID : SA11AI.118021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MICHAEL SIVAPRAKASAM

Mailing Address 17 JAMESTOWN RD.

City State Zip Code
 CHARLESTON WV 25314

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENERAL ANESTHESIA SERVICES, INC

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 05 / 2011

Transaction ID : SA11AI.117031

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOHN SKOOG

Mailing Address 411 LAUREL, SUITE 3170

City State Zip Code
 DES MOINES IA 50314

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MEDICAL CENTER ANESTHESIOLOGISTS

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : SA11AI.119193

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER SKORKE

Mailing Address 167 ASHLEY AVE STE 301
 MSC 912

City State Zip Code
 CHARLESTON SC 29425

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : SA11AI.119331

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KAREN SLACK

Mailing Address 90 BAHAMA CIRCLE

City State Zip Code
 TAMPA FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLENNIUM ANESTHESIA CARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DONNA SLAYTON

Mailing Address 3 VAN BUREN AVE.

City State Zip Code
 CHARLESTON WV 25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERAL ANESTHESIA SERVICES.INC

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.119390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 299

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JONATHAN SLONIN

Mailing Address 8832 BALLY BUNION ROAD

City	State	Zip Code
PORT SAINT LUCIE	FL	34986

FEC ID number of contributing federal political committee.

C

Name of Employer

SHERIDAN HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116854

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. ALEXEY SLUCKY

Mailing Address 333 W. HAMPDEN AVE., SUITE 600

City	State	Zip Code
ENGLEWOOD	CO	80110

FEC ID number of contributing federal political committee.

C

Name of Employer

SOUTH DENVER ANESTHESIOLOGISTS, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116723

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. ROBERT SMALL

Mailing Address 4259 LYON DR

City	State	Zip Code
COLUMBUS	OH	43220

FEC ID number of contributing federal political committee.

C

Name of Employer

THE OHIO STATE UNIVERSITY

Occupation

ASSOCIATE PROFESSOR OF CLINICAL ANE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116826

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

249.00

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 250 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BLAIR SMITH

Mailing Address 1046 LAKE COLONY LN.

City State Zip Code
 BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11Al.116796

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. JOEL SMITH

Mailing Address 60 TUKEY RD.

City State Zip Code
 OAKLAND ME 04963

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAINE GENERAL MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : SA11Al.117806

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOSHUA SMITH

Mailing Address 505 LANSLOWNE PL

City State Zip Code
 BIRMINGHAM AL 35226

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF ALABAMA MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : SA11Al.119270

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 251 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RYAN SMITH

Mailing Address 98 HOLLY LN

City State Zip Code
 MYRTLE BEACH SC 29572

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAMG, LLC

Occupation

RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116852

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. D SOFAIR

Mailing Address 34 N LAKE RD

City State Zip Code
 ARMONK NY 10504

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2011

Transaction ID : SA11AI.117742

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. BRYAN SOLBY

Mailing Address 3444 ASHTON OAKS CV

City State Zip Code
 LONGWOOD FL 32779

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118594

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.00

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 252 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JATINDER SOMAL

Mailing Address 4422 N CAMINO ALLENADA

City State Zip Code
 PHOENIX AZ 85018

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2011

Transaction ID : SA11AI.117511

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GINA SPARACINO

Mailing Address 6400 TERESA DR

City State Zip Code
 JOHNSTON IA 50131

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATED ANESTHESIOLOGISTS, P.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : SA11AI.118875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARK SPENCER

Mailing Address WOODLAND ANES. PAIN MGMT.CTR.
 114 WOODLAND ST.

City State Zip Code
 HARTFORD CT 06105

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOODLAND ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : SA11AI.117341

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 253 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES SPERRAZZA

Mailing Address 940 WOODLAND AVENUE

City State Zip Code
 PLAINFIELD NJ 07060

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA CONSULTANTS OF NJ

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116881

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRETT SPRTEL

Mailing Address 11934 CROSSING DEER CT

City State Zip Code
 ROSCOMMON MI 48653

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MERCY HOSPITAL GRAYLING DEPT OF
 ANESTHESIA

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116763

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS SPURGEON

Mailing Address 6911 VAN DORN, SUITE 2

City State Zip Code
 LINCOLN NE 68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASSOCIATED ANESTHESIOLOGY, P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2011

Transaction ID : SA11AI.118755

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 254 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIMOTHY STANDLEE

Mailing Address 20375 W 151ST ST STE 406

City
OLATHE

State Zip Code
KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHNSON COUNTY ANES CHTD

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119816

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. RICHARD STAUFFER

Mailing Address 3805 ENGLISH HORN CT

City
RICHMOND

State Zip Code
VA 23233

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF RICHMOND,
INC

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : SA11AI.119042

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ERICA STEIN

Mailing Address N411 DOAN HALL
410 W. 10TH AVE

City
COLUMBUS

State Zip Code
OH 43210

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHIO STATE UNIV DEPT OF ANESTHESIOLOG

Occupation
RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116839

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 255 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HANS STEINE

Mailing Address 660 13TH AVE SW

City State Zip Code
MOUNT VERNON IA 52314

FEC ID number of contributing
federal political committee.

C

Name of Employer
LINN COUNTY ANESTHESIOLOGISTS, P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2011

Transaction ID : SA11AI.118947

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOHN STEPHENSON

Mailing Address 926 E ROCK SPRINGS RD NE
SUITE 530

City State Zip Code
ATLANTA GA 30306

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN ANES., P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116791

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS STERNBERG

Mailing Address 3230 SHADYDALE CT.

City State Zip Code
WEST BLOOMFIELD MI 48323

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SA11AI.118104

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 256 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. JOSEPH STOECKL</p> <p>Mailing Address 19845 FOXKIRK CT</p> <p>City State Zip Code BROOKFIELD WI 53045</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BROOKFIELD ANESTHESIOLOGY ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119658</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. ALAN STROBEL</p> <p>Mailing Address 14 WARREN LN</p> <p>City State Zip Code JERICO NY 11753</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NO. SHORE UNIV HOSPITAL ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2011 Transaction ID : SA11AI.119110</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. MATTHEW SUNDERLIN</p> <p>Mailing Address 6875 BREEZE POINT DR</p> <p>City State Zip Code NORTON SHORES MI 49444</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LAKESHORE ANES.SERVICES ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2011 Transaction ID : SA11AI.119353</p> <p>Amount of Each Receipt this Period 500.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK SUNDET

Mailing Address 1215 PLEASANT ST STE 400

City State Zip Code
 DES MOINES IA 50309

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ASSOCIATED ANESTHESIOLOGISTS, P.C.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.119514

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MAYA SURESH

Mailing Address 1709 DRYDEN RD STE 1700
 DEPT. OF ANESTHESIOLOGY, MS: BCM 1

City State Zip Code
 HOUSTON TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BAYLOR COLLEGE OF MEDICINE

Occupation
 PHYSICIAN- ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116750

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. LAURIE SUTHERLAND

Mailing Address 2 GOLDEN ROD LN.

City State Zip Code
 FALMOUTH ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MAINE MEDICAL CENTER

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : SA11AI.117901

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 258 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. SCOTT SWITZER</p> <p>Mailing Address 26 FARM HILL RD.</p> <p>City State Zip Code WEST HARTFORD CT 06107</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation MILFORD ANESTHESIA, PC PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1494.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2011 Transaction ID : SA11AI.116847 </p> <p>Amount of Each Receipt this Period 166.00</p>
<p>Full Name (Last, First, Middle Initial) B. ROBERT TAINSH</p> <p>Mailing Address 323 TRISMEN TER.</p> <p>City State Zip Code WINTER PARK FL 32789</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation JLR MEDICAL GROUP PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2011 Transaction ID : SA11AI.117316 </p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. RAMARAO TAKKALLAPALLI</p> <p>Mailing Address 304 FEATHER GLN</p> <p>City State Zip Code RIDGELAND MS 39157</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY OF MISSISSIPPI MEDICAL CEN ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2011 Transaction ID : SA11AI.117325 </p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		1166.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOSEPH TALARICO

Mailing Address DEPARTMENT OF ANESTHESIOLOGY
 200 LOTHROP ST # 463

City State Zip Code
 PITTSBURGH PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PITTSBURGH MEDICAL CEN

Occupation

ASSISTANT PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 01 / 2011

Transaction ID : SA11AI.116836

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. DONALD TATUM

Mailing Address 770 BROOKWOOD WALKE

City State Zip Code
 BLOOMFIELD HILLS MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. GEOFFREY TAYLOR

Mailing Address 1620 NW 182ND ST.

City State Zip Code
 EDMOND OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

GEOFF L. TAYLOR, MD, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2011

Transaction ID : SA11AI.116968

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JEFFERSON TAYLOR

Mailing Address 3171 GREEN VALLEY RD. BOX #411

City State Zip Code
 BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 ANESTHESIA RESOURCE MANAGEMENT, IN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 22 2011

Transaction ID : SA11AI.118609

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SHERIF TEWFIK

Mailing Address 11657 N.W. OAKTREE DR.

City State Zip Code
 GRIMES IA 50111

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 ASSOCIATED ANESTHESIOLOGISTS, P.C. PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 16 2011

Transaction ID : SA11AI.117939

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KYLE THOMPSON

Mailing Address 12814 W HARVARD AVE

City State Zip Code
 LAKEWOOD CO 80228

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 SOUTH DENVER ANESTHESIOLOGY, P.C. ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2011

Transaction ID : SA11AI.116781

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRIAN TOBIAS

Mailing Address 3797 CHIMNEY HILL DR.

City State Zip Code
 CINCINNATI OH 45241

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OBSTETRIC ANESTHESIA ASSOCIATES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.118427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. EUGENE TOLPIN

Mailing Address 1309 OBERLIN RD., GREEN ACRES

City State Zip Code
 WILMINGTON DE 19803

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA SERVICES,P.A.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA11AI.118623

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PATRICK TOMENY

Mailing Address 45 TURTLE CREEK CIR.

City State Zip Code
 OLDSMAR FL 34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GREATER FLORIDA ANESTHESIOLOGISTS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : SA11AI.117247

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 262 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES TOMLINSON

Mailing Address 8221 CASTLEHILL RD.

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGISTS ASSOCIATED, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6		2	0	1	1		

Transaction ID : SA11Al.117934

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. NORBERT TOPF

Mailing Address 1012 TRAMWAY LN NE

City

ALBUQUERQUE

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

AANM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1		2	0	1	1		

Transaction ID : SA11Al.118525

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARION TOWERY

Mailing Address 405 AUDUBON CT

City

MADISON

State

MS

Zip Code

39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

JACKSON ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7		2	0	1	1		

Transaction ID : SA11Al.117959

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1250.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 263 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GREGORY TREMPY

Mailing Address 6602 W. 131ST ST.

City

OVERLAND PARK

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST ANESTHESIA ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 07 / 2011

Transaction ID : SA11AI.117286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER TROIANOS

Mailing Address 427 HEIGHTS DR

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTERN PENNSYLVANIA HOSPITAL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116835

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. ROBERT TUBBEN

Mailing Address 1984 BELWOOD DR

City

OKEMOS

State

MI

Zip Code

48864

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAPC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119762

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.00

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 264 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WILLIAM TURNAGE

Mailing Address 400 HEALTH PARK BLVD.

City

ST. AUGUSTINE

State

FL

Zip Code

32086

FEC ID number of contributing
federal political committee.

C

Name of Employer

COASTAL ANESTHESIOLOGY CONSULTANT

Occupation

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
0	9			0	9			2	0	1	1		

Transaction ID : SA11AI.117391

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CANNON TURNER

Mailing Address 1810 DUNCAN WOODS LN

City

KNOXVILLE

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

FORT SANDERS ANESTHESIA GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	1		

Transaction ID : SA11AI.119577

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JAMES TURNER

Mailing Address 48 UPPER POND RD.

City

COLUMBIA

State

SC

Zip Code

29223

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACC

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
0	9				0	6		2	0	1	1		

Transaction ID : SA11AI.117169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2750.00

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 265 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WILLIAM UNCAPHER

Mailing Address 3844 SPRING VALLEY RD

City State Zip Code
MOUNTAIN BRK AL 35223

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGISTS ASSOCIATED, P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.117167

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DAVID VAN ALSTINE

Mailing Address 1410 GOODBAR AVE

City State Zip Code
MEMPHIS TN 38104

FEC ID number of contributing
federal political committee.

C

Name of Employer
METHODIST UNIVERSITY HOSPITAL -
MEMPHIS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11AI.119574

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. MATTHEW VANCE

Mailing Address PO BOX 51947

City State Zip Code
KNOXVILLE TN 37950

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : SA11AI.118348

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID VANGURA

Mailing Address 13759 SAXON LAKE DRIVE

City State Zip Code
 JACKSONVILLE FL 32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FLORIDA ANESTHESIA ASSOCIATES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 17 / 2011

Transaction ID : SA11AI.117988

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CLIFTON VAN PUTTEN

Mailing Address 6936 N AUTUMN AVE

City State Zip Code
 CLOVIS CA 93619

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 ▼

250.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.118522

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DAVID VARLOTTA

Mailing Address 1303 BAYSHORE BLVD.

City State Zip Code
 TAMPA FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNICOM ANESTHESIA ASSOCIATES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116831

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 267 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAMELA VARNER

Mailing Address 3504 PINE RIDGE RD.

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA-BIRMINGHAM AN

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	7		2	0	1	1		

Transaction ID : SA11Al.117303

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JENNIFER VAUGHN

Mailing Address 1304 OAK ST

City

MELBOURNE

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer

BREVARD ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0	2	0	1	1		

Transaction ID : SA11Al.119768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. LISA VELASQUEZ

Mailing Address 2107 PINNACLE CIR S

City

PALM HARBOR

State

FL

Zip Code

34684

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALL CHILDRENS PEDIATRIC SPECIALTY PH

Occupation

PEDIATRIC ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2	2	0	1	1		

Transaction ID : SA11Al.117570

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 299

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. J. VERLANDER

Mailing Address 2699 LEE RD STE 510

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGISTS OF GREATER ORLAN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

Transaction ID : SA11AI.117925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. THOMAS VETTER

Mailing Address JEFFERSON TOWER - 865
619 S.19TH ST., ANES. DEPT

City

BIRMINGHAM

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV. OF ALABAMA AT BIRMINGHAM

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : SA11AI.117842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOHN VINCENT

Mailing Address 9000 FRANKLIN SQUARE DRIVE

City

BALTIMORE

State

MD

Zip Code

21237

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHESAPEAKE PERIOPERATIVE SERVICES L

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2011

Transaction ID : SA11AI.117254

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SANDHYA VINTA

Mailing Address 1551 MONCREY AVE

City State Zip Code
LEAGUE CITY TX 77573

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTMB ANESTHESIOLOGY

Occupation

FACULTY ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116788

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. MARK VOGELHUT

Mailing Address 3603 HENNESSY PL.

City State Zip Code
CHARLOTTE NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRESBYTERIAN ANESTHESIA
ASSOCIATES, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.118466

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. J. MICHAEL VOLLERS

Mailing Address 1 CHILDRENS WAY
SLOT 203, S-319

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ARKANSAS FOR MEDICAL S

Occupation

PROFESSOR OF ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11AI.116832

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID WAGNER

Mailing Address 19 PILGRIM DR.

City State Zip Code
 BEDFORD NH 03110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ANESTHESIA CARE GROUP

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.119787

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. BENJAMIN WALKER

Mailing Address 2009 COUNTRY RIDGE CIR.

City State Zip Code
 BIRMINGHAM AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SPS, PC

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 04 / 2011

Transaction ID : SA11AI.116974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KEVIN WALKER

Mailing Address 3 FINNISH CT

City State Zip Code
 GREENVILLE SC 29615

FEC ID number of contributing
federal political committee.

C

Name of Employer
 VILLAGE HOSPITAL DEPARTMENT OF ANES

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : SA11AI.117860

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 271 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. WILLIAM WALKER Full Name (Last, First, Middle Initial) Mailing Address 4451 ROLLING PINE City ORCHARD LAKE State MI Zip Code 48323 FEC ID number of contributing federal political committee. C Name of Employer SOUTH OAKLAND ANES ASSOC PC LLC Occupation ANESTHESIOLOGIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : SA11AI.119675 Amount of Each Receipt this Period 250.00
B. AIMEE WALSH Full Name (Last, First, Middle Initial) Mailing Address 1340 SLEDGE DR City MOBILE State AL Zip Code 36606 FEC ID number of contributing federal political committee. C Name of Employer METRO ANESTHESIA AND PAIN SERVICES, PC Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2011 Transaction ID : SA11AI.119690 Amount of Each Receipt this Period 1000.00
C. DAVID WALSH Full Name (Last, First, Middle Initial) Mailing Address METRO ANES. AND PAIN SERVICES 1340 SLEDGE DR. City MOBILE State AL Zip Code 36606 FEC ID number of contributing federal political committee. C Name of Employer METRO ANES. AND PAIN SERVICES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2011 Transaction ID : SA11AI.119301 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)..... ▶			1500.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ERIC WARDRIP

Mailing Address PO BOX 8103

City State Zip Code
 RANCHO SANTA FE CA 92067

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : SA11AI.118733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. WILLIAM WARE

Mailing Address 4326 BOULDER LAKE CIR

City State Zip Code
 BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES OF BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : SA11AI.117136

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. RANDALL WARING

Mailing Address 60 LAZY S. LANE

City State Zip Code
 CHICO CA 95928

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUTTER MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 02 / 2011

Transaction ID : SA11AI.116922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 299

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK WASHNOCK

Mailing Address 230 E RIDGE ST

City
MARQUETTE

State Zip Code
MI 49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

A OF M

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11AI.117812

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LUCY WASKELL

Mailing Address 2204 DEVONSHIRE ROAD

City
ANN ARBOR

State Zip Code
MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

RESEARCH SERVICE 11R

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2011

Transaction ID : SA11AI.117335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. BARBARA WATANABE

Mailing Address 141 S 293RD PL

City
FEDERAL WAY

State Zip Code
WA 98003

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUND ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2011

Transaction ID : SA11AI.117457

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 299
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBERT WATSON

Mailing Address 1970 BRADSHIRE DR

City State Zip Code
MOBILE AL 36695

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF SOUTH ALABAMA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2011

Transaction ID : SA11AI.118504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LIZA WEAVIND

Mailing Address 1409 BEDDINGTON PARK

City State Zip Code
NASHVILLE TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY MEDICAL
CENTER

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2011

Transaction ID : SA11AI.119134

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. PAUL WEIDOFF

Mailing Address 3939 J ST STE 310

City State Zip Code
SACRAMENTO CA 95819

FEC ID number of contributing
federal political committee.

C

Name of Employer
SACRAMENTO ANESTHESIA MEDICAL GROU

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 11 / 2011

Transaction ID : SA11AI.117492

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. ANDREW WEISINGER</p> <p>Mailing Address 405 BEAUMONT PARK CIRCLE</p> <p>City State Zip Code BLYTHEWOOD SC 29016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARDIOVASCULAR ANES. ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 02 / 2011 Transaction ID : SA11AI.116917</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) B. NATALIE WELLS</p> <p>Mailing Address 2699 LEE RD STE 510</p> <p>City State Zip Code WINTER PARK FL 32789</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANESTHESIOLOGISTS OF GREATER ORLANDO ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2011 Transaction ID : SA11AI.118294</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. MICHAEL WENDT</p> <p>Mailing Address 419 CARRIAGE LAKE DR.</p> <p>City State Zip Code LEXINGTON SC 29072</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ACC ANESTHESIOLOGIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2011 Transaction ID : SA11AI.118619</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		1550.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 276 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAY WHEELER

Mailing Address 8446 S KINGSTON AVE

City

TULSA

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

KUOANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 08 / 2011

Transaction ID : SA11AI.117321

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROBERT WHITE

Mailing Address 801 MARTIN MILL PIKE

City

ROCKFORD

State

TN

Zip Code

37853

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMAET

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119753

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ANA WHITTEN

Mailing Address 3070 DEVONSHIRE WAY

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer

METROPOLITAN ANESTHESIA ALLIANCE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2011

Transaction ID : SA11AI.119024

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 277 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARISA WIKTOR

Mailing Address 2909 SCARBOROUGH RD

City	State	Zip Code
CLEVELAND HTS	OH	44118

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
CLEVELAND CLINIC FOUNDATION	RESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11Al.116794

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. HARSHDEEP WILKHU

Mailing Address 2834 WILFORD AVE

City	State	Zip Code
ORLANDO	FL	32814

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
ORLANDO ANESTHESIA CONSULTANTS	PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11Al.116707

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. N. JEANNIE WILLIAMS

Mailing Address 9725 SUNSET CIRCLE

City	State	Zip Code
LENEXA	KS	66220

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
ANES ASSOC OF KC	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
09	/	19	/	2011

Transaction ID : SA11Al.118117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

316.00

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 278 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KENNY WILLIARD

Mailing Address 5809 BEAUREGARD DR.

 City
 NASHVILLE

 State
 TN

 Zip Code
 37215

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 ANESTHESIA MEDICAL GROUP

 Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : SA11AI.118190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MURRAY WILLIS

Mailing Address 12963 W. HARVARD AVE.

 City
 LAKEWOOD

 State
 CO

 Zip Code
 80228

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 PHYSICIAN ANESTHESIA SERVICES

 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
 09 / 30 / 2011

Transaction ID : SA11AI.119602

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KURT WINEINGER

Mailing Address 11582 N. MONICA LEIGH PL.

 City
 TUCSON

 State
 AZ

 Zip Code
 85737

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

 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
 09 / 23 / 2011

Transaction ID : SA11AI.118668

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)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRUCE WINGO

Mailing Address 2726 TREVOR DR SE

City State Zip Code
HUNTSVILLE AL 35802

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SA11Al.117878

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRUCE WINGO

Mailing Address 2726 TREVOR DR SE

City State Zip Code
HUNTSVILLE AL 35802

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : SA11Al.119785

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. BRETT WINTHROP

Mailing Address 520 HAMMILL LN

City State Zip Code
RENO NV 89511

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIERRA ANESTHESIA, INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2011

Transaction ID : SA11Al.116714

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **SUSAN WOGAN**

Mailing Address 11 HEATHER WAY

City State Zip Code
 NEWTOWN SQUARE PA 19073

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA SERVICES

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : SA11AI.119251

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. **PHILIP WOLOK**

Mailing Address 1928 BAYOU DR

City State Zip Code
 BLOOMFIELD HILLS MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFILIATED ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 13 / 2011

Transaction ID : SA11AI.117650

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **DANIEL WOO**

Mailing Address 3 SCOTSMANS WAY

City State Zip Code
 BASKING RIDGE NJ 07920

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT ANESTHESIA ASSOCIATES

Occupation
PHYSICIAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 03 / 2011

Transaction ID : SA11AI.116950

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 281 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DEREK WOODRUM

Mailing Address 1500 E MEDICAL CENTER DR
1H247UH

City State Zip Code
ANN ARBOR MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF MICHIGAN ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 21 / 2011

Transaction ID : SA11AI.118544

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BYRON WORK

Mailing Address 3749 LYNNFIELD DR

City State Zip Code
VIRGINIA BEACH VA 23452

FEC ID number of contributing
federal political committee.

C

Name of Employer

ATLANTIC ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116842

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. JASON WORKMAN

Mailing Address 7575 W WASHINGTON AVE STE 127-374

City State Zip Code
LAS VEGAS NV 89128

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY CONSULTANTS, INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

09 / 01 / 2011

Transaction ID : SA11AI.116817

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 299

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. W. BRADLEY WORTHINGTON			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2011 Transaction ID : SA11AI.116822	
Mailing Address 202 DEER PARK DRIVE			Amount of Each Receipt this Period 83.00	
City NASHVILLE	State TN	Zip Code 37205		
FEC ID number of contributing federal political committee. C				
Name of Employer CENTER FOR SPINAL SURGERY		Occupation ANESTHESIOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 747.00		

Full Name (Last, First, Middle Initial) B. KAMALA WRIGHT			Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2011 Transaction ID : SA11AI.117804	
Mailing Address 7878 UNDERWOOD RDG			Amount of Each Receipt this Period 250.00	
City TRAVERSE CITY	State MI	Zip Code 49686		
FEC ID number of contributing federal political committee. C				
Name of Employer TRAVERSE ANESTHESIA ASSOCIATES		Occupation ANESTHESIOLOGIST CHRONIC PAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. CHAHINE YAMINE			Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2011 Transaction ID : SA11AI.118261	
Mailing Address 1227 EARNESTINE STREET			Amount of Each Receipt this Period 500.00	
City MC LEAN	State VA	Zip Code 22101		
FEC ID number of contributing federal political committee. C				
Name of Employer DOMINION ANES.		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 283 OF 299

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARK YESTREPSKY

Mailing Address 750 BOX CANYON CT.

City State Zip Code
 ROCHESTER HILLS MI 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 ▼

250.00

Date of Receipt

09 / 20 / 2011

Transaction ID : SA11AI.118310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ARNOLD YOSUICO

Mailing Address 222-A ANGEL TERRACE DR.

City State Zip Code
 CHARLESTON WV 25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERAL ANESTHESIA SERVICES, INC.

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : SA11AI.119612

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOHN ZANELLA

Mailing Address 877 JEFFERSON AVE
 615 CHANDLER BLDG

City State Zip Code
 MEMPHIS TN 38163

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF TN- MEMPHIS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2011

Transaction ID : SA11AI.117547

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 284 OF 299

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GRACIELA ZAYDEN

Mailing Address 10825 S.W. 135TH TERRACE

City	State	Zip Code
MIAMI	FL	33176

FEC ID number of contributing federal political committee.

C

Name of Employer

ANESTHESIA ASSOC. GREATER MIAMI DEP

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
09	/	22	/	2011

Transaction ID : SA11AI.118621

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JONATHAN ZUCKER

Mailing Address 1612 SAINT GREGORY DRIVE

City	State	Zip Code
LAS VEGAS	NV	89117

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 ▼

747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2011

Transaction ID : SA11AI.116727

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. DAVID ZVARA

Mailing Address CAMPUS BOX 7010 - N2201 UNC HOSPIT

City	State	Zip Code
CHAPEL HILL	NC	27599

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF NORTH CAROLINA SCHOOL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2011

Transaction ID : SA11AI.117973

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.00

TOTAL This Period (last page this line number only)..... ►

314579.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 285 OF 299

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FIRST DATA

Mailing Address PO BOX 6600

City
HAGERSTOWNState
MDZip Code
21741Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Transaction ID : SB21B.103760

Amount of Each Disbursement this Period

2798.64

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2798.64

2798.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 286 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address P.O. BOX 45706

City	State	Zip Code
PHILADELPHIA	PA	19149

Transaction ID : SB23.119827Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

B. AMERIPAC: THE FUND FOR A GREATER AMERICA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address 700 13TH STREET, NW
SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB23.103684Purpose of Disbursement
2011 CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ANNA ESHOO FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address 555 CAPITOL MALL #1425

City	State	Zip Code
SACRAMENTO	CA	95814

Transaction ID : SB23.103715Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 287 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BERA FOR CONGRESS

Mailing Address PO BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 03

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : SB23.103706

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City	State	Zip Code
NEWBURGH	IN	47629

Purpose of Disbursement
2012 PRIMARY

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IN	District: 08

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : SB23.103683

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR BOBBY RUSH

Mailing Address PO BOX 7292

City	State	Zip Code
CHICAGO	IL	60680

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : SB23.103712

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 288 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2011

Mailing Address 1212 S. VICTORY BLVD

City	State	Zip Code
BURBANK	CA	91502

Transaction ID : SB23.103694Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 39

Full Name (Last, First, Middle Initial)

B. CONGRESSMAN WAXMAN CAMPAIGN COMM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2011

Mailing Address 6380 WILSHIRE BLVD #1612

City	State	Zip Code
LOS ANGELES	CA	90048

Transaction ID : SB23.103692Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 30

Full Name (Last, First, Middle Initial)

C. DAVID SCOTT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2011

Mailing Address P.O. BOX 960821

City	State	Zip Code
RIVERDALE	GA	30296

Transaction ID : SB23.103716Purpose of Disbursement
2012 GENERAL ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 13

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 289 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID SCOTT FOR CONGRESS

Mailing Address PO BOX 960821

City	State	Zip Code
RIVERDALE	GA	30296

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 13

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : SB23.103718

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. EVERY REPUBLICAN IS CRUCIAL

Mailing Address 25 E MAIN ST #200

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement
2011 CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2011
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : SB23.103720

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MURPHY

Mailing Address PO BOX 127

City	State	Zip Code
CHESHIRE	CT	06410

Purpose of Disbursement
2012 GENERAL ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CT	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : SB23.103691

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 290 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MURPHY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address PO BOX 127

City	State	Zip Code
CHESHIRE	CT	06410

Transaction ID : SB23.103693Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN ZERWAS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address PO BOX 852

City	State	Zip Code
FULSHEAR	TX	77441

Transaction ID : SB23.103677Purpose of Disbursement
2012 NON-FEDERAL

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCOTT DESJARLAIS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address P O BOX 90133

City	State	Zip Code
NASHVILLE	TN	37209

Transaction ID : SB23.103725Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 291 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HOUSE CONSERVATIVES FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address 228 S. WASHINGTON ST., STE. 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB23.103708Purpose of Disbursement
2011 CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. JO BONNER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address P.O. BOX 851232

City	State	Zip Code
MOBILE	AL	36685

Transaction ID : SB23.103686Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AL District: 01

Full Name (Last, First, Middle Initial)

C. JOE WILSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address PO BOX 2145

City	State	Zip Code
WEST COLUMBIA	SC	29171

Transaction ID : SB23.103723Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District: 02

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 292 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JUSTIN AMASH FOR CONGRESS

Mailing Address 1500 E BELTLINE AVE SE STE 250

City	State	Zip Code
GRAND RAPIDS	MI	49506

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : SB23.103696

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KIRK ADAMS FOR CONGRESS

Mailing Address PO BOX 8531

City	State	Zip Code
MESA	AZ	85214

Purpose of Disbursement
2012 GENERAL ELECTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2011

Transaction ID : SB23.103731

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City	State	Zip Code
OREGON CITY	OR	97045

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Transaction ID : SB23.103710

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 293 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LANCE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Mailing Address PO BOX 225

City	State	Zip Code
COLONIA	NJ	07067

Transaction ID : SB23.103704Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Full Name (Last, First, Middle Initial)

B. LEAD YOUR NATION NOW PAC (LYNN PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address P.O. BOX 1872

City	State	Zip Code
TOPEKA	KS	66601

Transaction ID : SB23.103721Purpose of Disbursement
2011 CONTRIBUTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address P.O. BOX 37

City	State	Zip Code
ROSEVILLE	MI	48067

Transaction ID : SB23.103680Purpose of Disbursement
2012 PRIMARY

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 294 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MCKINLEY FOR CONGRESS

Mailing Address

City State Zip Code

Purpose of Disbursement
2012 PRIMARY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : SB23.103681

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MCNERNEY FOR CONGRESSMailing Address 6250 VILLAGE PARKWAY
SECOND FLOOR

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : SB23.103689

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address

City State Zip Code

Purpose of Disbursement
2011 CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : SB23.103713

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 295 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEVADA STATE DEMOCRATIC PARTY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address 409 HORN ST

City	State	Zip Code
LAS VEGAS	NV	89107

Transaction ID : SB23.103719Purpose of Disbursement
2011 CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2011

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. PAUL BROUN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address P.O. BOX 6337

City	State	Zip Code
ATHENS	GA	30604

Transaction ID : SB23.103699Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 10

Full Name (Last, First, Middle Initial)

C. PAUL GOSAR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address 2222 E CEDAR AVE

City	State	Zip Code
FLAGSTAFF	AZ	86004

Transaction ID : SB23.103724Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

0.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 296 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City	State	Zip Code
ROSWELL	GA	30077

Purpose of Disbursement
2012 PRIMARY

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 06

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : SB23.103678

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. QUAYLE FOR CONGRESS

Mailing Address 4340 INDIAN SCHOOL RD #21 BOX 132

City	State	Zip Code
PHOENIX	AZ	85018

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 03

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2011

Transaction ID : SB23.103727

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City	State	Zip Code
JEFFERSON	LA	70183

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2011

Transaction ID : SB23.103730

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 297 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DR

City	State	Zip Code
COLUMBUS	OH	43220

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 15

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2011

Transaction ID : SB23.103729

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SUE MYRICK FOR CONGRESS

Mailing Address P.O. BOX 37091

City	State	Zip Code
CHARLOTTE	NC	28237

Purpose of Disbursement
2012 PRIMARY ELECTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 09

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : SB23.103688

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TEXAS FREEDOM FUND

Mailing Address 104 HUME AVE

City	State	Zip Code
ALEXANDRIA	VA	22301

Purpose of Disbursement
2011 CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2011
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Transaction ID : SB23.103705

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**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 PageFOR LINE NUMBER:
(check only one)

PAGE 298 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THORNBERRY FOR CONGRESS CMTE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address PO BOX 9392

City	State	Zip Code
AMARILLO	TX	79105

Transaction ID : SB23.103698Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 13

Full Name (Last, First, Middle Initial)

B. TOM ROONEY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Mailing Address 2336 S EAST OCEAN BLVD #313

City	State	Zip Code
STUART	FL	34996

Transaction ID : SB23.103687Purpose of Disbursement
2012 PRIMARY ELECTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
102500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 299 OF 299

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BILLY NUNGESSER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2011

Mailing Address 2911 ENGINEERS RD

City	State	Zip Code
BELLE CHASSE	LA	22314

Transaction ID : SB29.119829Purpose of Disbursement
2012 PRIMARY NON FEDERAL DISBURSEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00