Image# 13961193566				PAGE 1 / 144
	PORT OF RE ID DISBURSE Other Than An Authorize	MENTS	Office U	se Only
	E OR PRINT V EX	ample: If typing, type	12FE4M5	
COMMITTEE (in full)	ov	er the lines.	171.04102	
American Society of Anes	thesiologists Political A	Action Committee		
ADDRESS (number and street)	20 N. Northwest Highway			
Check if different				
than previously P reported. (ACC)	ark Ridge		IL 60068	B
2. FEC IDENTIFICATION NUMB		Ş		ZIP CODE
C C00255752	3. IS THIS REPOR	T × NEW OR	AMENDED (A)	
(Choose One)	D) Monthly Report Due On:		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	M = M / D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 02	01 / Y Y Y Y 01 2013	through 02	/ D D / Y Y 28 20	13
I certify that I have examined this Re	eport and to the best of my kn	owledge and belief it is tru	e, correct and comple	te.
Type or Print Name of Treasurer	r. Thomas Conway			
Signature of Treasurer	s Conway	[Electronically Filed]	03 / 20	2013
NOTE: Submission of false, erroneous,	or incomplete information may	subject the person signing th	nis Report to the penalti	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

03/20/2013 17:19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From:	12 / D D / Y Y Y Y Y 01 2013 To	b: 02 / 28 / 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		1690536.43
	(b) Cash on Hand at Beginning of Reporting Period	1703162.18	
	(c) Total Receipts (from Line 19)	210697.68	284049.41
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1913859.86	1974585.84
7.	Total Disbursements (from Line 31)	108757.59	169483.57
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1805102.27	1805102.27
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

DET	AILED SUMMARY PAGE of Receipts	Г
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: 02	/ D D / Y Y Y Y 01 2013 To:	02 28 / Y Y Y Y 02 28 2013
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	147296.68	186321.68
(i) Itemized (use Schedule A)	7 7 7 7	
(ii) Unitemized	63401.00	92727.73
(iii) TOTAL (add	· · · · · · · · · · · · · · · · · · ·	
Lines 11(a)(i) and (ii)	210697.68	279049.41
Ē		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	210697.68	279049.41
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
_		
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		7 7 7
to Federal Candidates and Other		
Political Committees	0.00	5000.00
17. Other Federal Receipts		7 7
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	2.00	
(from Schedule H3)	0.00	0.00
	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
	7 7 7	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	210697.68	284049.41
r_{2} , r_{3} , r_{3} , r_{3} , r_{3} , r_{1} , r_{1} , r_{1} , r_{1} , r_{1} , r_{2} , r_{3} , r_{2} , r_{3} , r_{2} , r_{3} , r	210097.00	204043.41
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	210697.68	284049.41
	7 7 7	7 7 7 7

Image# 13961193568

DETAILED SUMMARY PAGE

of Disbursements

FEC Form	3X (Rev. 02/2003)		Page 4
II. Dis	bursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expen (a) Allocated Fe Activity (fror	ditures: — ederal/Non-Federal n Schedule H4)		
	Share	0.00	0.0
()	deral Share	0.00	0.00
(b) Other Feder Expenditure	al Operating	0.00	1225.9
	ting Expenditures), (a)(ii), and (b))▶	0.00	1225.9
Transfers to Affil		0.00	0.00
Contributions to Federal Candida	tes/Committees	47000.00	81500.00
Independent Exp			
(use Schedule E Coordinated Part (2 U.S.C. §441a) ly Expenditures (d))	0.00	0.00
(use Schedule F	(d))	0.00	0.00
Loan Repaymen	ts Made	0.00	0.00
Loans Made Refunds of Cont	ributions To:	0.00	0.00
(a) Individuals/F		0.00	0.00
(b) Political Par	ty Committees	0.00	0.00
()	cal Committees	0.00	0.00
()	pution Refunds 28(a), (b), and (c))▶	0.00	0.00
·	ients	61757.59	86757.55
Federal Election (a) Allocated Fe	Activity (2 U.S.C. §431(20)) ederal Election Activity		
(from Schec (i) Federal S	lule H6) Share	0.00	0.00
	Share	0.00	0.00
With Fe	ction Activity Paid Entirely	0.00	0.00
	al Election Activity (add (i), 30(a)(ii) and 30(b))►	0.00	0.00
	ents (add Lines 21(c), 22,		
	27, 28(d), 29 and 30(c)).	108757.59	169483.5
Total Federal Dis (subtract Line 21	sbursements (a)(ii) and Line 30(a)(ii)		
from Line 31)	····· •	108757.59	169483.57

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	210697.68	279049.41	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	210697.68	279049.41	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	1225.98	
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1225.98	

FOR LINE NUMBER:

PAGE

6 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	a	11b	11c	12					
Any information copied from such Reports and so for commercial purposes, other than using the				the pu								
NAME OF COMMITTEE (In Full)				00111								
American Society of Anesthesi	ologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. John P. Abenstein M.D.			Date	e of F	Receipt							
Mailing Address 10978 Eleventh Ave N.W.				■ 12	/ D	D / Y 6	2013	Y				
City Oronoco	State MN	Zip Code 55960-2110				: C192078 Receipt th	85					
FEC ID number of contributing federal political committee.	C				3			3.30				
Name of Employer	Occupation Physician											
Mayo Clinic Anes. Dept. Receipt For:		Veer te Dete 🗮	_									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.20										
Full Name (Last, First, Middle Initial) B. John P. Abenstein M.D.			Date	e of F	Receipt							
Mailing Address 10978 Eleventh Ave N.W.			M)2	/ D	D / Y 0	2013	Y				
City	State	Zip Code				: C192230						
Oronoco	MN	55960-2110	Amo	ount c	of Each	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С				7	7	83	.30				
Name of Employer Mayo Clinic Anes. Dept.	Occupation Physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		333.20										
Full Name (Last, First, Middle Initial) C. Abdenour Abib M.D.			Date	e of F	Receipt							
Mailing Address 1921 Calgary Trail)2	/ D	D / Y 3	2013	Y				
City	State	Zip Code	Tr	ansa	ction ID	: C19233	51					
Little Rock	AR	72211	Amo	ount c	of Each	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С				7	7	250	0.00				
Name of Employer	Occupation											
Depart of Veterans Affairs Receipt For:		SIOLOGIST	_									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number					7		416	.60				

FOR LINE NUMBER:

PAGE 7 OF

			Use separate schedule(s)	(che	(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12		17		
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the	purp ntrib	oose of	soliciting	g contri	butio	ns		
\backslash	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologiata D	olitical Action Committ	~~									
	American Society of Amestnesic			ee									
Α.	Full Name (Last, First, Middle Initial) Janet C. Acarregui M.D.				ate of	Re	ceipt						
	Mailing Address 9631 Arlene Dr			11	м м 02	/	D D 27	/ Y	2013		1		
	City Anchorage	State AK	Zip Code 99502					C227572 eceipt th		od			
	FEC ID number of contributing federal political committee.	С					,	,		250.0	0		
	Name of Employer	Occupation		_									
	LINN COUNTY ANESTH	ANESTHES	BIOLOGIST										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
B	Full Name (Last, First, Middle Initial) Gregory H Adkisson M.D.				ate of	Re	ceipt						
	Mailing Address 68 S Service Rd Ste 350			_	м м 02	/	02	/ Y	2013		1		
	City	State	Zip Code					C192054			_		
	Melville	NY	11747-2358	A	mount	t of	Each R	eceipt th	nis Peri	od			
	FEC ID number of contributing federal political committee.	С				_	,	7	10	00.00	0		
	Name of Employer Westchester Medical Center Anesthesia	Occupation Physician											
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		1000.00										
<u>с.</u>	Full Name (Last, First, Middle Initial) Bruce J. Aistrup M.D.				ate of	Re	ceipt						
	Mailing Address 10907 W 120th Ter				м м 02	/	27	/ Y	2013		1		
	City City	State KS	Zip Code					C19779					
	Overland Park	K5	66213-2011	A	mount	t of	Each R	eceipt th	nis Peri	od			
	FEC ID number of contributing federal political committee.	С				_	,	7	3	300.0	0		
	Name of Employer	Occupation		\neg									
	midwest anesthesia	anesthesiol	ogist										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 300.00										
s	UBTOTAL of Receipts This Page (optional)						3		15	50.00)		
т	OTAL This Period (last page this line number	only)					,						

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PAGE 8 OF

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	/EIF13		for each category of the Detailed Summary Page		11a 13	\square	11b 14	11c	12	17			
Any information copie or for commercial pur	d from such Reports and S poses, other than using the	tatements ma name and a	y not be sold or used by any pe ddress of any political committee	erson f to so	or the	purp	ose of	solicitin	g contrib	utions			
American Sc		logists Po	olitical Action Committe	ee									
Full Name (Last, F A. Rakesh T. Ana				[Date of	Red	ceipt						
Mailing Address 1	905 Essex St				м м 02	/	D D D 27) / Y	2013	Y			
City Kinston		State NC	Zip Code 28501					C22921 leceipt th	91 nis Period	d			
FEC ID number of federal political cor	0	С					,		50	0.00			
Name of Employer SELF-EMPLOYED		Occupation ANESTHES											
Receipt For:				_									
Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 500.00										
Full Name (Last, F B. Joseph P. Anr					Date of	Re	ceipt						
Mailing Address 3					м м 02	/	, 13	/ Y	y y 2013	Y			
City		State	Zip Code				-	C19243	-				
Austin		TX	78746	_ /	Amount	t of I	Each R	leceipt tl	nis Period	d			
FEC ID number of federal political cor	0	С					,	7	50	0.00			
Name of Employer Dartmouth Hitchcoo		Occupation Anesthesiol	paist										
Receipt For:			Year-to-Date ▼										
Other (specif	General y) ▼		500.00										
Full Name (Last, F C. Mark B. Atkir					Date of	Red	ceipt						
Mailing Address 5	729 Stone Pine St				м м 02	/	D D 01) / Y	2013	Ŷ			
City Kalamazoo		State MI	Zip Code 49009-6742				-	C19196	-				
FEC ID number of	0	C	49009-0742	/	Amount	t of I	Each R	leceipt tl	nis Perioo 50	d 0.00			
federal political con						-	7	7					
Name of Employer		Occupation	agiat										
kalamazoo anesthe Receipt For:	esiology	anesthesiol	Year-to-Date ▼	_									
Primary Other (specif	General y) ▼		500.00										
SUBTOTAL of Rece	ipts This Page (optional)		•	•			,		1500	0.00			
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PAGE 9 OF

			Detailed Summary Page		-		11b	11c			<u> </u>
Any information co	pied from such Reports an	d Statements ma	ay not be sold or used by any p	erson 1	13 or the	 puri	14 pose of	15 soliciting	contr	-	0ns
or for commercial	purposes, other than using		ddress of any political committee								
\	MITTEE (In Full)	ciologiata D	olitical Action Committ	~~							
			olitical Action Committ	66							
	t, First, Middle Initial) uerbach M.D., Ph.D				Date of	Ro	ceint				
	62 Pine Tree Dr.							/ Y	Y	Y	Y
		2	7. 0.		02		11		201:	3	
City Centerville		State MA	Zip Code 02632-3182					C229219		iad	
FEC ID number	of contributing				Amount	. 01	Each R	eceipt th			
federal political	8	С					7		2	250.0	00
Name of Employ	yer	Occupation		_							
•	thesia Associates, Inc.	Anesthesio	ogist								
Receipt For: Primary	General	Aggregate	Year-to-Date ▼								
Other (spe			250.00								
				-							
Full Name (Last B. Anne E. Bae	t, First, Middle Initial) etzel M.D.				Date of	Re	eceipt				
	1206 Orkney Dr				M M	/	DD	/ Y	Y	Y	Y
City		State	Zip Code		02		07		2013	3	
Ann Arbor		MI	48103-2965					C192162 eceipt thi		iod	
FEC ID number		С								500.0	00
federal political	committee.	U				-	7	7	5		
Name of Employ	•	Occupation									
University of Mic Receipt For:	angan	Anesthesiol									
Primary	General	Aggregate	Year-to-Date ▼								
Other (spe	ecify) 🔻		500.00								
Full Name (Last	t, First, Middle Initial)										
c. Shilpa P. B	ahethi M.D.				Date of	Re	eceipt				
Mailing Address	43512 Stargell Ter.				м м 02	/	06	/ Y	2013		Y
City		State	Zip Code			act		C192189	-		
Leesburg		VA	20176-8468		Amount	of	Each R	eceipt thi	is Per	iod	
FEC ID number federal political	8	С					7	7	2	250.0	00
Name of Employ	yer	Occupation									
Information Req	uested	Anesthesio	logist								
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	EIMIZED RECEIPTS		Detailed Summa			11a		11b	11c		12	_	
				,		13		14	15		16	1	7
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action	Committe	ee								
Α.	Full Name (Last, First, Middle Initial) William P. Bailey M.D.					Date of	Re	ceipt					
	Mailing Address 6008 E. 106th St. South	Ctoto	Zip Code			02		10		20	013	Y	
	City Tulsa	State OK	74137						C192231 Receipt th		'eriod		
	FEC ID number of contributing federal political committee.	С						7		_	500.	00	
	Name of Employer AAI	Occupation Physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00									
 R	Full Name (Last, First, Middle Initial) Jeffrey S. Balser M.D.		<u>y i y i</u>			Date of	Re	ceint					
υ.	Mailing Address 1532 westover lane					02	/	10		20)13	Y	
	City chattanooga	State TN	Zip Code 37405						C192233 Receipt th		eriod		
	FEC ID number of contributing federal political committee.	С						7		_	500.	00	
	Name of Employer mednax	Occupation anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00									
с.	Full Name (Last, First, Middle Initial) James A. Baratta M.D.					Date of	Re	ceipt					
	Mailing Address 19 Thistle Ln.					м м 02	/	19			ү)13	Y	
	City Warren	State NJ	Zip Code 07059-5564						C19755 Receipt th		'eriod		
	FEC ID number of contributing federal political committee.	С						,		_	500.	00	
	Name of Employer	Occupation											
	Middlesex Surgery Center	ANESTHES	SIOLOGIST										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00									
	UBTOTAL of Receipts This Page (optional)						-	g		-	1500.(00]
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			Use separate schedule(s)	(che	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson t to so	for the	purp ntrib	oose of	solicitin	g contril	outio nittee	ns		
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) David K. Barclay M.D. Mailing Address 8080 Barony Point				Date of	Re	ceipt	/ Y	Y Y	Y			
	City Mattawan	State MI	Zip Code 49071					C19196 eceipt tl					
	FEC ID number of contributing federal political committee.	С					3			00.0	0		
	Name of Employer Kalamazoo Anesthesiology Receipt For:	Occupation Anesthesiol	ogist										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00										
B.	Full Name (Last, First, Middle Initial) John R. Barnes M.D.				Date of	Re	ceipt						
	Mailing Address 10935 S 91st E Ave	State	Zip Code		02	/	D D D 10	L	2013	Y			
	Tulsa	OK	74133					C19223: eceipt tl		bc			
	FEC ID number of contributing federal political committee.	С					9		10	00.00)		
	Name of Employer Associated Anesthesiologists, Inc.	Occupation anesthesiol											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
С.	Full Name (Last, First, Middle Initial) Samuel M. Barst M.D.				Date of	Re	ceipt						
	Mailing Address 31 Murray Hill Rd.				м м 02	/	D D 24	/ Y	2013	Y	1		
	City Scarsdale	State NY	Zip Code 10583				-	C19761 eceipt tl	21	nd	-		
	FEC ID number of contributing federal political committee.	С					7			00.0	0		
	Name of Employer	Occupation		-									
	North American Partners in Anesthesia	Anesthesiol	ogist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
s	UBTOTAL of Receipts This Page (optional)		·····	•			3	- 1	250	00.00)		
т	OTAL This Period (last page this line number of	only)		-			,	,					

FOR LINE NUMBER:

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Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any p ne name and address of any political committee	X11a11b11c121314151617erson for the purpose of soliciting contributions
Any information copied from such Reports and	Statements may not be sold or used by any p ne name and address of any political committee	erson for the purpose of soliciting contributions
or for commercial purposes, other than using t		e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Society of Anesthes	iologists Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Richard M. Barton M.D.		Date of Receipt
Mailing Address 3330 Sundance Dr.		02 13 2013
City	State Zip Code	Transaction ID : C1924356
Bozeman	MT 59715-9265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Ballatin Valley Anesth Assoc	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Other (anacity)	250.00	1
Other (specify)	200.00	
Full Name (Last, First, Middle Initial) B. Lawrence A. Bauss M.D.		Date of Receipt
Mailing Address 1122 Edgemoor Ave		02 01 2013
City	State Zip Code	Transaction ID : C1919663
Kalamazoo	MI 49008-2320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Self	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00]
Full Name (Last, First, Middle Initial) C. John F. Beauregard M.D., M.S.		Date of Receipt
Mailing Address 8812 Mayberry Ct		02 14 2013
City	State Zip Code	Transaction ID : C1923472
Potomac	MD 20854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Certified Anesthesia Services	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	1
		1
SUBTOTAL of Receipts This Page (optional)		1000.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
American Society of Anesthesi	iologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial) Margaret D. Bell M.D. Mailing Address 245 Anne St City	State	Zip Code	Date of Receipt 02 06 2013 Transaction ID : C1920774
Rutherfordton	NC	28139-3254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Rutherford Regional	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Joel A. Bennett M.D.			Date of Receipt
Mailing Address 3809 French Horn Ct			02 12 2013
City Richmond	State VA	Zip Code 23233-7677	Transaction ID : C1923389 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Commonwealth Anesthesia Assoc., P.C.	Occupation Anesthesiol		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. David A. Bergquist M.D.			Date of Receipt
Mailing Address 201 S Thurlow St			02 08 2013
City Hinsdale	State IL	Zip Code 60521-3927	Transaction ID : C1922942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
ANESTHESIOLOGIST LTD	ANESTHES	SIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line numbe	r only)	••••••	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
			13 14 15 16 17 person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Ane	sthesiologists P	olitical Action Commi	ttee
Full Name (Last, First, Middle Initial) Eric J. Bessonny M.D.			Date of Receipt
Mailing Address 914 Bridle Lane			02 01 <u>Y Y Y Y Y</u> 02 01 <u>2013</u>
City	State	Zip Code	Transaction ID : C1919953
Cary	IL	60013-6318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Barrington Anes. Assoc	ANESTHES	SIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) B. Anil K. Bhardwaj M.D.			Date of Receipt
Mailing Address 29 Pinacle Mountain	Rd.		M = M / D = D / Y = Y = Y
City	State	Zip Code	02 27 2013 Transaction ID : C1978146
Simsbury	СТ	06070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North American Partners in Anesthesi	Occupation	I	
Receipt For:	1 Hysician	Versite Data 🗮	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify) V		250.00	
Full Name (Last, First, Middle Initial) C. Manoj A. Bhatt M.D.			Date of Receipt
Mailing Address 1034 Woodburn Rd			02 19 2013
City	State	Zip Code	Transaction ID : C1925268
Spartanburg	SC	29302-2863	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation	l	
Crescent Anesthesia	ANESTHES	SIOLOGIST	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (op	tional)		750.00
TOTAL This Period (last page this line	number only)		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one)				
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Any information copied from such Reports an or for commercial purposes, other than using			erson for				iting		
NAME OF COMMITTEE (In Full)									
American Society of Anesthe	siologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) A. John A. Billings M.D.			Da	te of	Receij	ot			
Mailing Address 1915 Luker Dr.			M	м 02	/ [13	Y	ү ү 2013	Y
City Casper	State WY	Zip Code 82609-4636				ID : C192 ch Receij			
FEC ID number of contributing federal political committee.	С				7		7	500	.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHES								
Receipt For:		Year-to-Date ▼							
Primary General	Aggregate		1						
Other (specify)		500.00	4						
Full Name (Last, First, Middle Initial) B. Aundie Bishop M.D.			Da	te of	Receij	ot			
Mailing Address 211 Connecticut Ave				02		06		2013	Y
City	State	Zip Code	— т		ction	ID : C192			
Spartanburg	SC	29302-2050	Am	nount	of Ead	ch Recei	ot this	Period	
FEC ID number of contributing federal political committee.	С				7		7	250	.00
Name of Employer Emory University SOM	Occupation ANESTHES								
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼		250.00	1						
Full Name (Last, First, Middle Initial) C. Timothy M. Bittenbinder M.D.			Da	te of	Receij	ot			
Mailing Address 2401 South 31st St., Dept. MS - 20 - D304	of Anes		M	02	/ [15	Y	y y y y 2013	Y
City	State	Zip Code	Т	ransa	ction	ID : C19	24376	6	
Temple	TX	76508	Am	ount	of Ead	ch Recei	ot this	Period	
FEC ID number of contributing federal political committee.	С				7		7	83	.30
Name of Employer	Occupation	l							
Scott and White Hospital Receipt For:	Physician								
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		333.20	1						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb				-	7		ŋ	833.	30
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committe	e
A.	Full Name (Last, First, Middle Initial) Timothy M. Bittenbinder M.D. Mailing Address 2401 South 31st St., Dept. of MS - 20 - D304 City Temple FEC ID number of contributing federal political committee. Name of Employer Scott and White Hospital Receipt For:	State TX C Occupation Physician	Zip Code 76508	Date of Receipt 02 25 2013 Transaction ID : C1976195 Amount of Each Receipt this Period 83.30
	Primary General Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,	
в.	Full Name (Last, First, Middle Initial) Sarah A. Blair M.D. Mailing Address 403 Angel Way		7.0.1	Date of Receipt
	City Mancos FEC ID number of contributing federal political committee. Name of Employer	State CO C	Zip Code 81328-6704	Transaction ID : C1924357 Amount of Each Receipt this Period 250.00
	Independent contractor Receipt For: Primary General Other (specify) ▼	Anesthesiol		
C.	Full Name (Last, First, Middle Initial) Jeffrey A. Blalack M.D. Mailing Address 3237 N Hartwell Ridge Dr			Date of Receipt
	City Collierville FEC ID number of contributing	State TN	Zip Code 38017-5530	Transaction ID : C1977090 Amount of Each Receipt this Period
	federal political committee. Name of Employer UNIVERSITY OF TN MEDICAL GROUP Receipt For: Primary General Other (specify) ▼		SIOLOGIST Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			833.30
т	OTAL This Period (last page this line number	only)	••••••	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12		
	y information copied from such Reports and Sta										ions	17
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Society of Anesthesiol						Dutions	trom su		ommitte	ee.	
A .	Full Name (Last, First, Middle Initial) Kenneth J. Bochenek M.D. Mailing Address 2000 Spruce Dr City Lafayette FEC ID number of contributing federal political committee. Name of Employer Anesthesiology Associates, P.C. Receipt For: Primary General Other (specify) ▼	State IN C Occupation ANESTHES Aggregate		_		sact	01 ion ID		2 9 56	2013 Period 50.	ў 00]
В.	Full Name (Last, First, Middle Initial) Kenneth J. Bochenek M.D. Mailing Address 2000 Spruce Dr City Lafayette FEC ID number of contributing federal political committee.	State IN	Zip Code 47905-3944	_		sacti	22 ion ID		045	013 Period 50.	ч 00	
	Name of Employer Anesthesiology Associates, P.C. Receipt For: Primary General Other (specify) ▼	Occupation ANESTHES Aggregate										
c.	Full Name (Last, First, Middle Initial) Lisa M. Bowe M.D. Mailing Address 1098 Route 9W S City Nyack FEC ID number of contributing federal political committee. Name of Employer NAPA Receipt For: Primary General Other (specify) ▼	State NY C Occupation Anesthesiol Aggregate	Zip Code 10960-4906 ogist Year-to-Date ▼ 500.00	_		sact	ion ID		2 273	013 Period 500		
	UBTOTAL of Receipts This Page (optional)						7			600.	00]
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check onl	y one)			
		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than us							
NAME OF COMMITTEE (In Full)	-						
American Society of Anest	hesiologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) A. Lisa A. Bowers M.D.			Date o	f Receipt			
Mailing Address 1470 Place Picardy			02	/ D D 12	/ Y	2013	Y
City Winter Park	State FL	Zip Code 32789-1334	Trans	saction ID : (8	
FEC ID number of contributing federal political committee.	C					250.	.00
Name of Employer Self	Occupation ANESTHES	SIOLOGIST					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]				
Full Name (Last, First, Middle Initial) B. James R. Bradford M.D.			Date o	f Receipt			
Mailing Address 900 Peeler Street PO Box 4095		7.0.1	02	/ D D 01	/ Y	y y 2013	Y
City Kalamazoo	State MI	Zip Code 49003-4095		action ID : (t of Each Re			
FEC ID number of contributing federal political committee.	С				, j	500.	00
Name of Employer Kalamazoo Anesthesiology, P.C.	Occupation Physician	1	_				
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1				
Other (specify)		500.00	1				
Full Name (Last, First, Middle Initial) C. Jeffrey K. Broussard M.D.	·		Date o	f Receipt			
Mailing Address 610 Cherokee Blvd			02	/ D D 12	/ Y	2013	Y
City Knoxville	State TN	Zip Code 37919-6616		saction ID : (t of Each Re			
FEC ID number of contributing federal political committee.	C				,	500.	.00
Name of Employer	Occupation						
Anesthesia Medical Alliance of East Te Receipt For:	Anesthesio						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1				
SUBTOTAL of Receipts This Page (optio					5	1250.	00
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		Detailed Summary Page	X 11a 11b 11c 12									
				13		14 15 16 purpose of soliciting contributions from such commit 16 Receipt 28 2013 retion ID : C1978177 2013 250 of Each Receipt this Period 250 Receipt 2013 2013 retion ID : C1978177 2013 250 of Each Receipt this Period 2013 ction ID : C1975563 1000 of Each Receipt this Period 1000 Receipt 1000 retion ID : C1922950 1000 of Each Receipt this Period 1000			17			
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson f e to sol	or the licit cor	purp ntrib	oose o utions	of sol	liciting n such	contri comn	butio nitte	ons e.	
American Society of Anesthesic	ologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. Claude Brunson M.D.			[Date of Receipt								
Mailing Address 2500 N State St				M = M / D = D / Y = Y = Y							ſ	
Univ of Mississippi Med Ctr City	State	Zip Code	- 1	02						3		
Jackson	MS	39216-4500								o d		
			_ /	Amount	OT	Each I	несе	eipt thi	s Peri	oa	_	
FEC ID number of contributing federal political committee.	С					7		9	2	50.0	0	
Name of Employer	Occupation											
Univ of Mississippi Med Ctr Receipt For:	Anesthesio	•	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		250.00	4									
Full Name (Last, First, Middle Initial) B. David E. Bryant M.D.				Date of	Re	ceipt						
Mailing Address 13601 Preston Rd Ste 900W				M M	1	D	D	/ Y	Y	()	<i>(</i>	
				02		19	9		2013			
City	State	Zip Code	Transaction ID : C1975563									
Dallas	TX	75240-4908	Amount of Each Receipt this P							od		
FEC ID number of contributing federal political committee.	С					7		7	10	00.0	0	
Name of Employer	Occupation	1	-									
Pinnacle Anes. Consultants	Anesthesio	ogist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			11									
Other (specify)		, 1000.00										
Full Name (Last, First, Middle Initial) C. J. Michael Burdine M.D.			[Date of	Re	ceipt						
Mailing Address 2267 Cedardale Ave				м м 02	/			/ Y				
City	State	Zip Code		Trans	act	ion ID	: C1	92295	0			
Baton Rouge	LA	70808-2812	A	Amount	of	Each I	Rece	eipt this	s Peri	od		
FEC ID number of contributing federal political committee.	С					,		7	2	250.0	00	
Name of Employer	Occupation	1	_									
SELF-EMPLOYED	ANESTHE	SIOLOGIST										
Receipt For:		Year-to-Date ▼										
Primary General	riggroguto		11.1									
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			Detailed Summary Page		✓ 11a 13		11b 14	11c 15	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	olitical Action Committ	tee						
Α.	Full Name (Last, First, Middle Initial) Frederick W. Burgess M.D., Ph.D				Date of	f Re	ceipt			
	Mailing Address 569 Fruit Hill Ave				02		14		у у 2013	Y
	City North Providence	State RI	Zip Code 02911-2134					C192429 Receipt th		1
	FEC ID number of contributing federal political committee.	С					7	7	83	3.30
	Name of Employer Providence VAMC	Occupation anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 366.60	1						
В.	Full Name (Last, First, Middle Initial) Frederick W. Burgess M.D., Ph.D Mailing Address 569 Fruit Hill Ave			_		_	D D		Y Y	Ŷ
	City North Providence	State RI	Zip Code 02911-2134					C197619 Receipt th		1
	FEC ID number of contributing federal political committee.	С					7		100	0.00
	Name of Employer Providence VAMC	Occupation anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 366.60	1						
	Full Name (Last, First, Middle Initial) Brian M. Byer D.O.				Date of	f Re	ceipt			
	Mailing Address 1890 Lester River Rd				02	/	07		ү ү 2013	Y
	City Duluth	State MN	Zip Code 55804-3030					C192226 Receipt th		1
	FEC ID number of contributing federal political committee.	С					,		1000	0.00
	Name of Employer	Occupation	1							
	ESSENTIA HEALTH	PHYSICIAN	N							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1						
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a		11b	11c	12		
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	y information copied from such Reports and for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	American Society of Anesthes	iologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Cynthia L. Campbell M.D.				Date o	f Re	eceipt				
	Mailing Address 4 Harvest Ln.			02 25 2013							
	City	State	Zip Code		Trans	sact	ion ID	: C19766	12		
	Colchester	СТ	06415-1764	_	Amoun	t of	Each	Receipt th	nis Period		
	FEC ID number of contributing federal political committee.	С					7		500	0.00	
	Name of Employer	Occupation	I								
	North American Partners in Anesthesia	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		500.00	4							
в.	Full Name (Last, First, Middle Initial) James W. Carlin M.D.	·			Date o	f Re	eceipt				
	Mailing Address 7826 E Torin St				м м 02	/	25		2013	Y	
	City	State	Zip Code				: C197707				
	Long Beach	CA	90808-3145	Amount of E					nis Period		
	FEC ID number of contributing federal political committee.	С					,		250	.00	
	Name of Employer Southern California Permanente Med Gro	Occupation ANESTHES									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
<u> </u>	Full Name (Last, First, Middle Initial) Craig L. Carlson M.D.		, ,		Date o	f Re	eceipt				
	Mailing Address 5500 S Spy Glass Cir				м м 02	/	D 14		2013	Y	
	City	State	Zip Code		Trans	sact	tion ID	: C19243			
	Sioux Falls	SD	57108-6406		Amoun	t of	Each	Receipt th	nis Period		
	FEC ID number of contributing federal political committee.	С					7		250	0.00	
	Name of Employer	Occupation	I	-							
	ANESTH ASSOC		SIOLOGIST								
	Receipt For:		Year-to-Date ▼	\neg							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11	1b 4	11c 15	12	17
Any information copied from such Reports and or for commercial purposes, other than using the			person for	r the p	purpos	se of	soliciting	contribu	utions
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Po	plitical Action Commit	tee						
Full Name (Last, First, Middle Initial) A. Alexander Carrasquillo D.O. Mailing Address 2457 8th St City East Meadow FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General	State NY C Occupation Information Aggregate	Zip Code 11554-3131 Requested Year-to-Date ▼			action	19 1 D : (/ Y C229219 eccipt th	is Period	
Other (specify) ▼ Full Name (Last, First, Middle Initial) John B. Carter M.D. Mailing Address 750 NE 13th St Ste 200		250.00	Da	ate of	Rece	ipt D D	/ Y	- Y - Y	Y
City Oklahoma City FEC ID number of contributing federal political committee.	State OK	Zip Code 73104-5024					C192446 eceipt th	is Perioo	1 0.00
Name of Employer OUHSC Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 1000.00]						
Full Name (Last, First, Middle Initial) John B. Carter M.D. Mailing Address 750 NE 13th St Ste 200 City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer OUHSC Receipt For: Primary General Other (specify)	State OK C Occupation physician Aggregate	Zip Code 73104-5024 Year-to-Date ▼ 1000.00			actior	15 1D :	/ Y C192446 ecceipt th	is Period	y 1 0.00
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11 13 14		12 16	17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpos	e of soliciting	contributi	ons
NAME OF COMMITTEE (In Full)						
American Society of Anesthes	iologists P	olitical Action Committe	e			
Full Name (Last, First, Middle Initial) A. Thomas G. Cash M.D.			Date of Recei	pt		
Mailing Address 1307 Legacy Dr			M M / / 02	08 / Y	y y 2013	Y
City	State	Zip Code	Transaction	ID : C192293		
Birmingham	AL	35242-6094	Amount of Ea	ch Receipt thi	s Period	
FEC ID number of contributing federal political committee.	С				500.0	00
Name of Employer	Occupation	1				
AMBULATORY ANESTH	ANESTHE	SIOLOGIST				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify) ▼		500.00				
Full Name (Last, First, Middle Initial) B. Herbert N. Chado M.D.			Date of Recei	int		
Mailing Address PO Box 3967				22 · · ·	2013	Y
City	State	Zip Code		ID : C1976034		
Evergreen	CO	80437-3967	Amount of Ea	ch Receipt thi	s Period	
FEC ID number of contributing federal political committee.	С				500.0	00
Name of Employer	Occupation	1				
CAE, PC	ANESTHES	SIOLOGIST				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		500.00				
Full Name (Last, First, Middle Initial) C. Michael D. Chafty M.D., J.D.			Date of Recei	pt		
Mailing Address 900 Peeler Street P.O. Box 4095			M - M / 02	01 / Y	2013	Y
City	State	Zip Code	Transaction	ID : C191966	5	
Kalamazoo	MI	49003-4095	Amount of Ea	ch Receipt thi	s Period	
FEC ID number of contributing federal political committee.	С				500.	00
Name of Employer	Occupation	1				
Self	Anesthesio	logist				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		500.00				
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		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16					47			
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NAME OF COMMITTEE (In Full) American Society of Anesthes											
Full Name (Last, First, Middle Initial) Kenneth B. Chapman M.D. Mailing Address 8 Fort Hill Park City Staten Island FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼		Zip Code 10301-1702 SIOLOGIST Year-to-Date ▼ 500.00]	Date of 02 Trans	/ acti	22 ion ID	2 : C1	/ 97622(eipt thi	20 0	013 'eriod 500.	Y 00
Full Name (Last, First, Middle Initial) Edward Chen M.D. Mailing Address 430 Morton Plant St Ste 210 City Clearwater FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State FL Occupation Physician	Zip Code 33756-3396 Year-to-Date ▼ 250.00		Date of 02 Trans Amount	/ acti	11 on ID	1 : C2 :	/ 292201 eipt thi	20 1	113 Period 250.0	Y 00
Full Name (Last, First, Middle Initial) Catherine W. Cheung M.D. Mailing Address 925 Allison Mews PI. NW City Concord FEC ID number of contributing federal political committee. Name of Employer Northeast Anesth and Pain Specialists Receipt For: Primary General Other (specify)	State NC C Occupation anesthesio Aggregate			Date of 02 Trans	act	ion ID	4 : C1	97614 ⁻	20 1	113 'eriod 250.	Ч 00
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Faisal M. Choudhry M.D.				Date of	Receipt					
	Mailing Address 4612 OAK DR				м м 02	/ D	D / Y 5	201	Y 1 13	ſ	
	City EDINA	State MN	Zip Code 55424	_			: C19244 Receipt tl		riod		
	FEC ID number of contributing federal political committee.	С							250.0	00]
	Name of Employer Associated Anesthesiologists	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Peter G. Coles M.D.				Date of	Receipt					
	Mailing Address 900 Peeler St. P.O. Box 4095	Ctoto	Zin Codo		M M 02	/ D 0		201	у у З	ſ	
	City Kalamazoo	State MI	Zip Code 49003-4095				: C19196 Receipt tl		riod		
	FEC ID number of contributing federal political committee.	С							500.0	0]
	Name of Employer Kalamazoo Anesthesiology, P.C.	Occupation Anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
c.	Full Name (Last, First, Middle Initial) Barbara B. Conard M.D.				Date of	Receipt					
	Mailing Address 316 Wildwood Ln.				м м 02	/ D	D / Y 9	201		ŕ	
	City Lafayette	State IN	Zip Code 47905	_			: C19755 Receipt t		riod		
	FEC ID number of contributing federal political committee.	С					7		250.0	00	
	Name of Employer	Occupation									
	UNITY HEALTHCARE Receipt For:	ANESTHES		_							
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$\Big\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e						
Α.	Full Name (Last, First, Middle Initial) David J. Conrad M.D.			C	ate o	f Re	ceipt			
	Mailing Address 315 Spyglass Ct			11	м м 02	/	27	/ Y	2013	Y
	City Lebanon	State IN	Zip Code 46052-8317					C22757	22 nis Perioc	d
	FEC ID number of contributing federal political committee.	С					7	-	25	0.00
	Name of Employer IU School of Medicine	Occupation ANESTHES	SIA RESIDENT							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
в.	Full Name (Last, First, Middle Initial) David Corbett M.D.			C	ate o	f Re	ceipt			
	Mailing Address 160 Rockwell St	_			^M M 02	/	08	/ Y	ү ү 2013	Y
	City Winfield	State AL	Zip Code 35594-5980					C19229: eceipt th	39 nis Perioc	d
	FEC ID number of contributing federal political committee.	С								0.00
	Name of Employer Northwest Anes Inc	Occupation Physician								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
— C.	Full Name (Last, First, Middle Initial) Christine A Cullen M.D.				ate o	f Re	ceipt			
	Mailing Address 328 Sycamore Ridge Rd NE				м м 02	/	26	/ Y	2013	Y
	City Concord	State NC	Zip Code 28025-7806					C19770	37 his Period	ł
	FEC ID number of contributing federal political committee.	С					7			0.00
	Name of Employer	Occupation								
	CMC-NE Anesthesia Receipt For:	Anesthesio	•	_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
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	American Society of Anesthesiol	ogists Po	olitical Action	Committe	e								
Α.	Full Name (Last, First, Middle Initial) David E. Cutting M.D.					Date of	Re	ceipt					
	Mailing Address 1889 Fish Hatchery Court					M M	/	DI	D / Y	Y	Y	Y	
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	Palm Harbor	FL	34684-1628						C229220 Receipt th		Pariod		
	FEC ID number of contributing federal political committee.	С						,	10001pt 1		250.	00]
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	Primary General			250.00									
	Other (specify)		9 9	230.00									
_	Full Name (Last, First, Middle Initial)						_						
в.	William J. Daly Jr., M.D. Mailing Address 5501 Cherlyn Dr				-	Date of	ке	<u> </u>			24	1.	
	Maining Address 5501 Cherlyn Dr					02		01	у / ү	_ 20)13	Y	
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C.	Full Name (Last, First, Middle Initial) Vi Dang M.D.					Date of	Re	ceipt					
	Mailing Address 1527 Kaneville Rd					м м 02	/	04)13	Y	
	City	State	Zip Code			Trans	acti	ion ID :	C19206	92			
	Geneva	IL	60134-1934			Amount	of	Each F	Receipt th	nis F	Period		
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	Name of Employer	Occupation											
	united anesthesia associates	physician											
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	NAME OF COMMITTEE (In Full)	–									
	American Society of Anesthesiol	ogists P	olitical Action Committe	e							
	Full Name (Last, First, Middle Initial) Brian P. Daniel D.O.				Date of	Re	eceipt				
I	Mailing Address 24 Hidden Harbor Dr			1.0	M M	/	D) / Ү	Y	Y	Y
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,	City Point Pleasant Boro	State NJ	Zip Code 08742-4839					C19245		ariad	
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	ederal political committee.	С					7			250.	00
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B. _	Sharon M. Darrow D.O.				Date of	Re	eceipt				
I	Mailing Address 1115 Huntington Ave				м м 02	1	27		ү 20	ү 13	Y
	City	State	Zip Code		Trans	acti	ion ID :	C197790	4		
-	Nichols Hills	OK	73116-6212	A	mount	t of	Each F	Receipt th	is P	eriod	
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-	Northwest Anesthesia	Physician									
Ī		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		666.60								
	Full Name (Last, First, Middle Initial) Sharon M. Darrow D.O.				Date of	Re	eceipt				
I	Mailing Address 1115 Huntington Ave				м м 02	/	D 1			13	Y
(City	State	Zip Code		Trans	act	ion ID :	C22922	08		
-	Nichols Hills	OK	73116-6212	A	mount	t of	Each F	Receipt th	is P	eriod	
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Α.	Full Name (Last, First, Middle Initial) Thomas E. Daufenbach M.D.			[Date of	Re	ceipt	t				
	Mailing Address 6618 Oleander Lane				м м 02	1		01	/ Y	20	13	Y
	City	State	Zip Code						C191974			
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	Self	Anesthesiol										
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	Other (specify)		500.00									
B.	Full Name (Last, First, Middle Initial) Maria A. De Castro M.D.				Date of	Re	ceipt	t				
	Mailing Address 1616 N Orange Grove Ave				м м 02	1		D 08	/ Y	201	ү 13	Y
	City	State	Zip Code						229221	12		
	Los Angeles	CA	90046-2606	4	Amount	t of	Each	h Re	eceipt th	nis Pe	eriod	
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	Self-Employed	Anesthesiol	ogist									
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<u>с.</u>	Full Name (Last, First, Middle Initial) Meena S. Desai M.D.			,	Date of	· Ro	cein	t				
	Mailing Address 1501 Mount Pleasant Rd					/	D	10	/ Y	201	ү 13	Y
	City	State	Zip Code			acti		÷	C19223			
	Villanova	PA	19085-2112	/	Amount	t of	Each	h Re	eceipt th	nis Pe	eriod	
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	Nova Anesthesia Professionals	anesthesiol	ogist									
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Full Name (Last, First, Middle Initial) A. William G. Devore M.D.			Date	of R	eceipt			
Mailing Address 363 Twin Oaks Dr.			02		25	У / Ү	2012	Y
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Full Name (Last, First, Middle Initial) B. William A. Dombrowski M.D.			Date	of R	eceipt			
Mailing Address P.O. Box 245			M 0.		22		2013	Y
City Phoenix	State MD	Zip Code 21131				C197604	-	
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federal political committee.	C				7	7	250	.00
Name of Employer HUNT VALLEY ANESTH	Occupation ANESTHES							
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Primary General	riggrogato		1					
Other (specify)		250.00						
Full Name (Last, First, Middle Initial) C. Greg R. Dragon M.D.			Date	of R	eceipt			
Mailing Address 18 Crestview Dr.			м 0		27		2013	Y
City Ocean View	State NJ	Zip Code 08230				C227571		
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American Society of Anesth	esiologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) Anthony L. Dragovich M.D. Mailing Address 25 Bay Pt			_	ate of	Re	D D	/ Y	Y Y	Y
City	State NC	Zip Code 27332-9667				27 on ID : C			
Sanford FEC ID number of contributing federal political committee.	C	2732-9007	A	mount	of	Each Re	ceipt th	nis Perioc 250	1 0.00
Name of Employer US Army Receipt For:	Occupation Staff Anest	nesiologist							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1						
Full Name (Last, First, Middle Initial) Gary M. Druskovich M.D. Mailing Address 5888 Rolling Pines Ct.			_	ate of	Re	ceipt	/ V	Y Y	V
City Kalamazoo	State MI	Zip Code 49009	-	02 Transa		01 on ID : C		2013 49	
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Full Name (Last, First, Middle Initial) <u>Steven A. Dumbroff M.D.</u> Mailing Address 4 Pittsfield Ct.			_	ate of	Re	•			
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NAME OF COMMITTEE (In Full) American Society of Anesthesid	ologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial) A. Erik Eckman M.D. Mailing Address 4963 Lilac Way N			Date of Receipt
City	State	Zip Code	02 18 2013 Transaction ID : C1924813
Lake Elmo	MN	55042-8531	Amount of Each Receipt this Period
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Name of Employer Associated Anesthesiologists, P.A.	Occupation Anesthesio		_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Robert Egan M.D.	I		Date of Receipt
Mailing Address 13601 Preston Suite 900W			02 03 2013
City Dallas	State TX	Zip Code 75240	Transaction ID : C1920570 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Pinnacle Anesthesia Consultants	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. James P. Eichman M.D.	l		Date of Receipt
Mailing Address 8658 Colony Ln.			02 01 2013
City Kalamazoo	State MI	Zip Code 49009-4579	Transaction ID : C1919750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	l	
Self	Anesthesio	logist	
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			erson for	the p	ourpos	se of s	oliciting	contrib		
		_								
\rightarrow American Society of An	esthesiologists P	olitical Action Committ	ee							
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Aventura	FL	33180-2767						is Perio	d	
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Sheridan Healthcare Corp	Anesthesio	ogist								
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Other (specify)		250.00								
Full Name (Last, First, Middle Initia Miguel A. Eliza M.D.	al)		Da	te of	Recei	ipt				
Mailing Address P.O. Box 71325 Suite 212	2		M	02	/	28	/ Y	2013	Y]
City San Juan	State PR	Zip Code 00936-8425					227579		d	
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federal political committee.	С				7	_	J	50	0.00	_
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Full Name (Last, First, Middle Initia Lawrence Epstein M.D.			Da	te of	Recei	ipt				
Mailing Address Dept. Of Anesthes One Gustave Lev			M	м 02	/	D D 12	/ Y	ү ү 2013	Y]
City New York	State NY	Zip Code 10029-6574					192306			
		10025-0374	Am	ount	of Ea	ich Re	ceipt th	is Perio	d	_
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Name of Employer	Occupation									
Mount Sinai School of Medicine Receipt For:		nesthesiologist	_							
Primary General	Aggregate	Year-to-Date ▼								
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	MMITTEE (In Full) Society of Anesthe	esiologists P	olitical Action Commit	tee							
A. Lawrence E	•				Date of	f Re	ceipt				
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City	One Gustave Levy Flace	State	Zip Code			acti	on ID : 0	C19245 1			
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	hool of Medicine	Physician A	nesthesiologist								
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-	s 18825 Gunn Hwy				02		14	/ Y	2013	Y	
City		State	Zip Code		Trans	actio	on ID : C	229221	1		
Odessa		FL	33556-4614	_	Amount	t of	Each Re	eceipt th	is Perio	d	
FEC ID numbe federal political	er of contributing committee.	С					,		100	0.00	
Name of Emplo	oyer	Occupation	I								
Self Receipt For:		ANESTHES									
Primary	General	Aggregate	Year-to-Date ▼								
Other (sp	pecify) ▼		1000.00								
	st, First, Middle Initial) er T. Felling M.D.				Date of	f Re	ceipt				
Mailing Address	s 1855 Ironstone Rd.				02	/	D D D	/ Y	2013	Y	
City		State	Zip Code		Trans	sacti	on ID : (C19252	ô7		
St. Louis		MO	63131	_	Amount	t of	Each Re	eceipt th	is Perio	d	
FEC ID numbe federal political	er of contributing committee.	С					,	,	25	50.00	
Name of Emplo	oyer	Occupation									
Self		Anesthesio	logist								
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	_							
Other (sp			250.00								
SUBTOTAL of R	eceipts This Page (optiona	l)					,	- 7	129	1.60	
TOTAL This Peri	od (last page this line num	ber only)		•			,				

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	
II EIVIIZED NEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 13	11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of sc	bliciting contributions
NAME OF COMMITTEE (In Full)				
American Society of Anesthe	siologists P	olitical Action Committe	e	
Full Name (Last, First, Middle Initial) A. Christopher A. Fiedler M.D.			Date of Receipt	
Mailing Address 2829 Pat Tillman Drive			M M / D D 02 22	2013
City	State	Zip Code	Transaction ID : C1	
Springfield	IL	62711	Amount of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.	С		, , ,	500.00
Name of Employer	Occupation	1	_	
Memorial Medical Center	anesthesio	logist		
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		500.00		
Full Name (Last, First, Middle Initial) B. Jan H. Fisher M.D.	1		Data of Dessint	
Mailing Address 2213 State Road, 225 East			Date of Receipt	
ZZIS SIATE KOAD, ZZS EAS	L		02 25	2013
City	State	Zip Code	Transaction ID : C1	
Battle Ground	IN	47920	Amount of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.	С			250.00
Name of Employer	Occupation	1		
Self	PHYSICIAN	١		
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		, 250.00		
Full Name (Last, First, Middle Initial) C. Lisa M. Frison D.O.			Date of Receipt	
Mailing Address 3925 Villa San Jose Dr			M M / D D 02 11	2013
City	State	Zip Code	Transaction ID : C	the second se
Jacksonville	FL	32217-4626	Amount of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer	Occupation	1		
Florida Anes. Assoc.	ANESTHE	SIOLOGIST		
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		500.00		
SUBTOTAL of Receipts This Page (optional)				1250.00
TOTAL This Period (last page this line numb	per only)	••••••		T

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		Detailed Summary Page		11a 13	-	11b 14	11c	12		17
Any information copied from such Reports an or for commercial purposes, other than using				or the		pose of	soliciting	contrib		
NAME OF COMMITTEE (In Full) American Society of Anesthe										
Full Name (Last, First, Middle Initial) Francisco A. Furtado M.D. Mailing Address PO Box 387				Date of	_	· ·				
				02		07		2013	Y	
City Lewisburg	State PA	Zip Code 17837-0387					C192196 Receipt th		d	
FEC ID number of contributing federal political committee.	С					,		25	50.00	
Name of Employer NOVA ANES PROF	Occupation ANESTHE	SIOLOGIST								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Initial) B. Shailesh Gandhi M.D.				Date of	f Re	eceipt				
Mailing Address 36 W 14th St				M M 02	1	14	/ Y	ү ү 2013	Y	
City Chicago	State IL	Zip Code 60605-2714					C192347 Receipt th			
FEC ID number of contributing federal political committee.	С					,	,		0.00	
Name of Employer Midwest Anesthesia Anesthesia	Occupation Anesthesio									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Gregory L. Gay M.D.				Date of	f Re	eceipt				
Mailing Address 1316 Comfort Rd.				м м 02	/	12		_ 20 <u>1</u> 3	Y	
City Augusta	State GA	Zip Code 30909-3096					C192314 Receipt th		d	
FEC ID number of contributing federal political committee.	С					7			50.00	
Name of Employer	Occupation	1								
self Receipt For:	physician									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
SUBTOTAL of Receipts This Page (optiona	l)							100	0.00	
TOTAL This Period (last page this line num	,		•			, .				

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	for each category of the	
	Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Society of Anesth	esiologists Political Action Com	mittee
Full Name (Last, First, Middle Initial) A. Steven I. Gayer M.D., M.B.		Date of Receipt
Mailing Address 90 Alton Road 2710		02 22 2013
City	State Zip Code	Transaction ID : C1976048
Miami Beach	FL 33139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University of Miami	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.0	00
Full Name (Last, First, Middle Initial) B. Frederick C. Gehrmann M.D.		Date of Receipt
Mailing Address 800 E. Carpenter		02 21 2013
City	State Zip Code	Transaction ID : C1975666
Springfield	IL 62769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sagamon Assoc Anes	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	0
Full Name (Last, First, Middle Initial) C. Alphonsa T. George M.D.		Date of Receipt
Mailing Address 6312 Martin Drive		02 11 2013
City	State Zip Code	Transaction ID : C1923038
Willowbrook	IL 60527-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NAPA	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.0	20
Other (specify)	250.0	
SUBTOTAL of Receipts This Page (option	al)	1500.00
TOTAL This Period (last page this line nu	nber only)	

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ITEMIZED RECEIPTS	for each cate Detailed Sum		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Actio	on Committee	9
Full Name (Last, First, Middle Initial) Tom M. George M.D. Mailing Address 8545 Old Oak Circle City Kalamazoo FEC ID number of contributing federal political committee. Name of Employer Kalamazoo Anesthesiology, P.C. Receipt For: Primary General Other (specify) ▼	State Zip Code MI 49009-4509 C Occupation physician Aggregate Year-to-Date ▼	500.00	Date of Receipt 02 01 2013 Transaction ID : C1919832 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Kevin Gibbs M.D. Mailing Address 3817 E Cameron Ave City Bloomington FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼	State Zip Code IN 47401-4213 C Occupation nformation Requested Aggregate Year-to-Date ▼	500.00	Date of Receipt 02 01 2013 Transaction ID : C2292222 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Noel Martin Giesecke M.D. Mailing Address 6037 Llano Ave City Dallas FEC ID number of contributing federal political committee. Name of Employer UT Southwestern Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75206-6321 C Occupation Physician Aggregate Year-to-Date ▼	1000.00	Date of Receipt 02 04 2013 Transaction ID : C1920623 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)			2000.00

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	
Any information copied from such or for commercial purposes, other			erson for the purpose of solicit	ting contributions
NAME OF COMMITTEE (In F American Society of		olitical Action Committe	96	
Full Name (Last, First, Middle Jeffrey N. Gladstein M.D Mailing Address 4664 Meadow).		Date of Receipt	Y Y Y Y
City	State	Zip Code 30024	02 01 Transaction ID : C192	2013 0523
FEC ID number of contributing federal political committee.			Amount of Each Receipt	250.00
Name of Employer GAS Receipt For: Primary Gener Other (specify)				
Full Name (Last, First, Middle B. Richard P. Goldmann M Mailing Address 55 Rombout I City	M.D.	Zip Code	Date of Receipt	2013
Poughkeepsie	NY	12603-6216	Amount of Each Receipt	
FEC ID number of contributing federal political committee.	C			1000.00
Name of Employer NAPA Anesthesia	Occupation Anesthesiol			
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle C. Sunil P. Gopal M.D.			Date of Receipt	
Mailing Address 79 Laight St	Ste 1C		M M / D D / 02 06	2013
City New York	State NY	Zip Code 10013-2000	Transaction ID : C192	
FEC ID number of contributing federal political committee.			Amount of Each Receipt	250.00
Name of Employer	Occupation		-	
Self Receipt For:	Physician		_	
Primary Gener Other (specify) ▼		Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Pa	age (optional)			1500.00
TOTAL This Period (last page t	his line number only)			

FOR LINE NUMBER:

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	EMIZED RECEIPTS	Detailed Summary Page		11a		111	b	11c		12		
			, ,		13		14		15		16	17
	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big/$	American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Susan Gordon M.D.			[Date of	f Re	eceip	pt				
	Mailing Address 64 St. James St. South				м м 02	/	D	06	/ Y) 13	Y
	City	State	Zip Code		Trans	acti	ion	ID : C	192157	72		
	Garden City	NY	11530	/	Amount	t of	Ead	ch Red	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	250.	00
	Name of Employer	Occupation										
	Long Island Jewish Med Ctr Dept of Ane	anesthesiol	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
В.	Full Name (Last, First, Middle Initial) Stephen T. Gott M.D.				Date of	f Re	eceip	pt				
	Mailing Address 4643 McDonald Drive North				м м 02	1	D	19	/ Y	ү 20	13	Y
	City	State	Zip Code		Trans	acti	ion	ID : C	192525	<u>57</u>		
	Stillwater	MN	55082-2142	/	Amount	t of	Ead	ch Red	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		7	_	500.	00
	Name of Employer Associated Anesthesiologists, P.A.	Occupation Anesthesiol										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
с.	Full Name (Last, First, Middle Initial) Curt W. Gramlich M.D.				Date of	f Re	eceip	pt				
	Mailing Address 8 Starview Ln				м м 02	/	D	25	/ Y		13	Y
	City Westerly	State RI	Zip Code 02891-4026						197660 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					3		7	_	250	00
	Name of Employer	Occupation		-								
	Anes Assoc Westerly	ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)						7		,		1000.	00
т	OTAL This Period (last page this line number of	only)					7		7			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one)	L		
II EIVIIZED KEGEIP15		for each category of the Detailed Summary Page		- F	11b	11c	12	
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NAME OF COMMITTEE (In Full)	-							
American Society of Anesth	esiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Gilbert J. Grant M.D.			Dat	e of F	Receipt			
Mailing Address 23 Rolling Ridge Rd				02	/ 07		2013	Y
City	State	Zip Code				: C192201		
White Plains	NY	10605-4526	Am	ount c	of Each I	Receipt th	is Perioc	ł
FEC ID number of contributing federal political committee.	C				7	7	500	0.00
Name of Employer	Occupation							
New York University Medical Center	physician		_					
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify) ▼		500.00]					
Full Name (Last, First, Middle Initial) B. Timothy M. Grant M.D.			Dat	e of F	Receipt			
Mailing Address 722 Dunblane Dr			M	02	/ 25		2013	Y
City	State	Zip Code	Tr	ansac	tion ID :	C197659		
Macon	GA	31210-7438	Am	ount c	of Each I	Receipt th	is Perioc	1
FEC ID number of contributing federal political committee.	C				9	7	500	0.00
Name of Employer	Occupation		_					
Nexus Medical Group Anesthesiology	ANESTHES	IOLOGIST						
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify) ▼		500.00						
Full Name (Last, First, Middle Initial) C. Leslie M. Greenberg M.D.			Dat	e of F	Receipt			
Mailing Address 164 Moore St.				™ 02	/ D 19		2013	Y
City	State NJ	Zip Code				: C197561		
Princeton	INJ	08540-3359	Am	ount c	of Each I	Receipt th	is Perioc	1
FEC ID number of contributing federal political committee.	C						250	0.00
Name of Employer	Occupation							
SELF-EMPLOYED Receipt For:	ANESTHES		_					
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)		250.00						
SUBTOTAL of Receipts This Page (option	al)						1250	0.00
TOTAL This Period (last page this line nur	nber only)	······			7	,		

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

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			Detailed Summary Page		11a		11b	11c		12	<u> </u>
An	y information copied from such Reports and S	Statements ma	av not be sold or used by any n	erson	13 for the	DUr	14 pose of s	15 soliciting	00	16 htribut	17 ions
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
\sum	American Society of Anesthesic	ologists P	olitical Action Committ	ee							
Α.	Full Name (Last, First, Middle Initial) Joel G. Greenspan M.D.				Date of	Re	eceipt				
	Mailing Address 6 Oak Ridge Ct				м м 02	/	D D D 13	/ Y)13	Y
	City	State	Zip Code			act	ion ID : (C192433			
	Armonk	NY	10504-2629		Amount	tof	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	- 7		500.	00
	Name of Employer	Occupation									
	Self	ANESTHES	SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
В.	Full Name (Last, First, Middle Initial) Kathryn A. Grice M.D.				Date of	Re	eceipt				
	Mailing Address 9175 Old Southwick Pass				м м 02	/	06	/ Y		13	Y
	City	State	Zip Code			acti	ion ID : C	2192104		10	
	Alpharetta	GA	30022-6253				Each Re			eriod	
	FEC ID number of contributing federal political committee.	С					,			250.	00
	Name of Employer Ambulatory Anesthesia of Atlanta	Occupation anesthesiol									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
<u></u> с.	Full Name (Last, First, Middle Initial) James F. Griffin D.O.				Date of	Re	eceipt				
	Mailing Address P.O. Box 230				м м 02	/	19	/ Y		13	Y
	City Wakefield	State RI	Zip Code 02880				ion ID : (_
			02000		Amount	tof	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_			_	250	.00
	Name of Employer	Occupation									
	SELF-EMPLOYED	ANESTHES	SIOLOGIST								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		250.00	11							
			7 7 7								
s	UBTOTAL of Receipts This Page (optional)			•			1	- J		1000.	00
т	OTAL This Period (last page this line number	only)		•			7				

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			Detailed Summary Page	×	11a		11b	┝	11c		12 16	17
Ar	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma	A not be sold or used by any pe ddress of any political committee	erson	for the	pur	pose	of s	soliciting	cor	ntributi	ons
<u>,</u>	NAME OF COMMITTEE (In Full) American Society of Anesthesio											
Α.	Full Name (Last, First, Middle Initial) Thomas C. Gunning M.D. Mailing Address 6855 Lakeshore				Date o			D	/ Y	Y	Y	Y
	City Dallas	State TX	Zip Code 75214				ion ID		C229222 eceipt th	24	013 eriod	
	FEC ID number of contributing federal political committee.	С					,				250.	00
	Name of Employer PINNACLE PARTNERS Receipt For:	Occupation ANESTHES										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
в.	Full Name (Last, First, Middle Initial) Halim D. Haber M.D. Mailing Address 19 Nantucket Dr			_	Date o		· ·	D	()	V	V	V
	City	State	Zip Code		02		2	25	C197662	20 20	13	1
	Bloomfield Hills FEC ID number of contributing federal political committee.	С	48304-3342		Amoun	t of	Each	Re	eceipt th	is P	eriod 250.(00
	Name of Employer Anesthesia Services PC	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
c.	Full Name (Last, First, Middle Initial) Shawn M. Hall D.O. Mailing Address 900 Peeler St			_	Date o			D		Y	Ŷ	Y
	City Kalamazoo	State MI	Zip Code 49008-2300	_			ion ID		C191983 eceipt th	33	13	
	FEC ID number of contributing federal political committee.	С			Amoun		,	ne		IS F	500.	00
	Name of Employer Kalamazoo Anesthesiology, P.C.	Occupation Anesthesio										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)			•			7		- 1	-	1000.0	00
Т	OTAL This Period (last page this line number of	only)	••••••	•			7	_		_		

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		Use separate schedule(s)	(check only one)									
II EIVIIZED RECEIP13		for each category of the Detailed Summary Page	X 11		11b 14	11c	12	Г	17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for t	the pu	rpose of							
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,										
American Society of Anesthes	iologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial) A. Kimberley D. Haluski M.D.			Date	e of R	eceipt							
Mailing Address 4565 Mystic Dr. NE)2	/ 0 02) / Y	y y 2013	Y	1			
City	State	Zip Code			tion ID :	C19205						
Atlanta	GA	30342-2516	Amo	ount o	f Each R	leceipt th	nis Perio	d				
FEC ID number of contributing federal political committee.	С				7		50	0.00)			
Name of Employer	Occupation		_									
Physician Specialists in Anes., P.C.	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		500.00										
Full Name (Last, First, Middle Initial) B. Malik A. Hamid M.D.			Date	e of R	eceipt							
Mailing Address Anes Dept				М	/ D D	/ Y	Y Y	Y	1			
3901 Rainbow Blvd City	State	Zip Code)2	20 tion ID :	C10756/	2013	-				
Kansas City	KS	66103-2937			f Each R			d				
FEC ID number of contributing federal political committee.	С				5			0.00				
Name of Employer	Occupation	1	_									
University of Kansas Medical Center	Staff Anesth	nsiologist										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		500.00										
Full Name (Last, First, Middle Initial) C. Philip R. Hanlon M.D.			Date	e of R	eceipt							
Mailing Address PO Box 8365				м)2	/ D D) / Y	ү 2013	Y	1			
City	State	Zip Code	Tr	ansac	tion ID :	C22757	94		_			
Mobile	AL	36689-0365	Amo	ount o	f Each R	leceipt th	nis Perio	d				
FEC ID number of contributing federal political committee.	С			_	7		100	00.00)			
Name of Employer	Occupation	1										
PRH, P.C.	physician		_									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		1000.00										
SUBTOTAL of Receipts This Page (optional).				_	41 - 1		200	0.00				

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

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SCHEDULE A (FEC Form 3X) _ _ _ _

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the			(check only one)								
			Detailed Summary Page	×	11a 13		11b 14	11c		12 16	1 7	,		
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose o	f solicitin	ig cont	tributio	ons			
\rangle	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e										
Α.	Full Name (Last, First, Middle Initial) Michael J. Hannan D.O. Mailing Address 27307 S. 816 PR SE				Date o		eceipt	D / 1	(Y	Ŷ			
	City Kenniwick	State WA	Zip Code 99338				-	: C19243	-					
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each I	Receipt t		riod 375.0	00			
	Name of Employer LOURDES HLTH NTWRK Receipt For:	Occupation ANESTHES		_										
	Primary General Other (specify) ▼		375.00											
B.	Full Name (Last, First, Middle Initial) Keith B. Hanni M.D.				Date o	f Re	eceipt							
	Mailing Address 1724 N Winnebago Ave Apt N		7.0.1		м м 02		D 13	3	201	у З	Y			
	City Chicago	State IL	Zip Code 60647-5348					C19232 Receipt t		riod				
	FEC ID number of contributing federal political committee.	С					7	7	1	000.0	00			
	Name of Employer Edward Hospital	Occupation Cardiac Ane	esthesiologist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Ralph E. Harding D.O.				Date o	f Re	eceipt							
	Mailing Address 203 Village Dr				м м 02	/	28		201	3	Y			
	City Dublin	State GA	Zip Code 31021-2867	A				: C22758 Receipt t		riod				
	FEC ID number of contributing federal political committee.	С					,	7	1	1000.0	00			
	Name of Employer	Occupation												
	West Virginia University Hospital	Anesthesiol	ogist											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
s	UBTOTAL of Receipts This Page (optional)		•				7	- 7	2;	375.0	0			
т	OTAL This Period (last page this line number of	only)	•				7							

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anes	thesiologists P	olitical Action Commit	ee
Full Name (Last, First, Middle Initial) A. Benjamin D. Harvey M.D.			Date of Receipt
Mailing Address 70 Manor Lake Estate	es Cir.		02 14 2013
City Spring	State TX	Zip Code 77379-3774	Transaction ID : C1924318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
GREATER HOUSTON ANES Receipt For:		SIOLOGIST	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) B. John V. Hasewinkel M.D.			Date of Receipt
Mailing Address 11615 E. 100 N.			02 08 2013
City	State IN	Zip Code	Transaction ID : C2292229
Sheridan FEC ID number of contributing		46069	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer WISHARD ANES GRP	Occupation PHYSICIAN		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		500.00]
Full Name (Last, First, Middle Initial) C. Bradley N. Haugstad M.D.			Date of Receipt
Mailing Address 9623 42nd Ave			02 12 2013
City Pleasant Prairie	State WI	Zip Code 53158-3738	Transaction ID : C1923122
		55156-5756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Self Receipt For:	Physician		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (opti	onal)		1250.00
TOTAL This Period (last page this line	number only)		

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X	11a		11b	11c	12	
_					13		14	15	16	17
	y information copied from such Reports and for commercial purposes, other than using t									
\backslash	NAME OF COMMITTEE (In Full)									
	American Society of Anesthes	iologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Bradley N. Haugstad M.D.				Date o	f Rec	ceipt			
	Mailing Address 9623 42nd Ave				м м 02	1	D 1) / Y	2013	Y
	City	State	Zip Code		Trans	sactio	on ID :	C227573	31	
	Pleasant Prairie	WI	53158-3738	#	Amoun	t of E	Each F	Receipt th	nis Period	l
	FEC ID number of contributing federal political committee.	С					,		250	0.00
	Name of Employer	Occupation	I							
	Self	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00]						
В.	Full Name (Last, First, Middle Initial) David A. Heaton M.D.				Date o	f Rec	ceipt			
	Mailing Address 4694 N. Rocky Crest Place				M M	/	D D) / Y	Y Y	Y
					02		12		2013	
	City	State	Zip Code		Trans	actic	on ID :	C192304	17	
	Tucson	AZ	85750	A	Amoun	t of E	Each F	Receipt th	nis Period	l
	FEC ID number of contributing federal political committee.	С					,		300	0.00
	Name of Employer Southern Arizona Anesthesia	Occupation anesthesiol								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00							
— c.	Full Name (Last, First, Middle Initial) Kenneth S. Heeringa D.O.				Date o	f Rec	ceipt			
	Mailing Address 3333 Evergreen Dr., NE				м м 02	/	24		2013	Y
	City	State	Zip Code		Trans	sactio	on ID :	C197613	36	
	Grand Rapids	MI	49525	A	Amoun	t of E	Each F	Receipt th	nis Period	l
	FEC ID number of contributing federal political committee.	С					,		250	0.00
	Name of Employer	Occupation								
	Anesthesia Practice Consultants, P.C.	Physician								
	Receipt For:		Year-to-Date ▼							
	Primary General	00 - 0		1						
	Other (specify)		250.00	4						
s	UBTOTAL of Receipts This Page (optional).			<u> </u>			,		800	.00
т	OTAL This Period (last page this line number	er only)	•••••••••••••••••••••••••••••••••••••••				7			

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committe	e
A. Full Name (Last, First, Middle Initial) Scott K. Henderson M.D. Mailing Address 325 Blandford Dr City Worthington FEC ID number of contributing federal political committee.	State Zip Code OH 43085-3519	Date of Receipt 02 11 2013 Transaction ID : C2292230 Amount of Each Receipt this Period 250.00
Name of Employer MIDWEST PHYS ANES Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Michael A. Hensien M.D. Mailing Address 11736 N Bridgewater Dr City Mequon	State Zip Code WI 53092-1570	Date of Receipt 02 / 15 _ 2013 Transaction ID : C1924360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Aurora Medical Group Receipt For:	C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) David P. Herrick M.D. Mailing Address P.O. Box 241348 City Montgomery FEC ID number of contributing federal political committee. Name of Employer Center for Pain of Montgomery Receipt For: Primary General Other (specify) ▼	State Zip Code AL 36124 C Occupation Physician Aggregate Year-to-Date ▼ 250.00 7	Date of Receipt 02 13 2013 Transaction ID : C1924336 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1000.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	Г	_
Any information copied from such Reports and or for commercial purposes, other than using					purp				butio	
NAME OF COMMITTEE (In Full)					TITIDU		oni suci		nitee	
American Society of Anesthes	siologists P	olitical Action Committe	ee							
Full Name (Last, First, Middle Initial) A. Charles F. Hewell M.D.				Date of	Rec	eipt				
Mailing Address 519 Wing Ln				м м 02	/	D D D	/ Y	2013		1
City Spint Charles	State IL	Zip Code 60174-2339		Trans		on ID : (C192459	92		
Saint Charles	IL.	00174-2339	_	Amount	of E	Each Re	eceipt th	is Perio	bd	_
FEC ID number of contributing federal political committee.	С			L				5	00.0	0
Name of Employer	Occupation									
Kane Anesthesia Associates, S.C.	Physician-A	nesthesiologist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
Full Name (Last, First, Middle Initial) B. Heath D. Higgins M.D.				Date of	Rec	eipt				
Mailing Address 12125 Cardinal Ln				м м 02	/	D D 19	/ Y	2013		1
City	State	Zip Code		Trans	actio	on ID : (C197557			
Edmond	OK	73013-8609	_	Amount	of E	Each Re	eceipt th	is Perio	bd	
FEC ID number of contributing federal political committee.	С					,		2	50.00	0
Name of Employer SELF-EMPLOYED	Occupation									
Receipt For:	ANESTHES									
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) C. Peter G. Hild M.D.				Date of	Rec	eipt				
Mailing Address 3901 Rainbow Blvd. 2467 Bell Mem. Hosp.				м м 02	/	20	/ Y	2013		1
City	State	Zip Code			actio		C197562			
Kansas City	KS	66160-7415		Amount	of E	Each Re	eceipt th	is Perio	bd	
FEC ID number of contributing federal political committee.	С					,		5	00.0	0
Name of Employer	Occupation									
Kansas University Anesthesiology Found	anesthesiol	ogist								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		, 500.00								
SUBTOTAL of Receipts This Page (optional).			•				-	12:	50.00)
TOTAL This Period (last page this line number	er only)		•			,				

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rederal political committee. Occupation Name of Employer Occupation Millcreek Anesthesia, PC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00	RECEIPIS for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Douglas C. Hill M.D. Mailing Address 1776 E. Millcreek Way City State Salt Lake City UT Becipt FEC ID number of contributing federal political committee. Name of Employer Occupation Millcreek Anesthesia, PC Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 250.00	cial purposes, other than using the name and address of any political committ	
A. Douglas C. Hill M.D. Date of Receipt Mailing Address 1776 E. Millcreek Way 02 2013 City State Zip Code Salt Lake City UT 84106 FEC ID number of contributing federal political committee. C 250 Name of Employer Occupation Physician Millcreek Anesthesia, PC Physician Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) ▼ 250.00 250.00		tee
	C. Hill M.D. dress 1776 E. Millcreek Way State Zip Code UT 84106 mber of contributing C tical committee. Occupation mployer Occupation hesthesia, PC Physician r: Aggregate Year-to-Date ▼ ary General	M / D / Y
Mailing Address 900 Peeler St Kalamazoo Anesthesiology, PC 02 01 2013 City State Zip Code Transaction ID : C1919834 Kalamazoo MI 49008-2300 Amount of Each Receipt this Period	Hilliard M.D. dress 900 Peeler St Kalamazoo Anesthesiology, PC State Zip Code MI 49008-2300 mber of contributing tical committee. mployer Occupation Anesthesiologist Anesthesiology, PC r: Aggregate Year-to-Date ▼ ary General	02 01 2013 Transaction ID : C1919834
Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 200 Hawkins Dr 6 JCP Dept. of Anesthesia City State Zip Code Iowa City IA 52242 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation University of Iowa Hospitals & Clinics ANESTHESIOLOGIST Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	J. Hindman M.D. dress 200 Hawkins Dr 6 JCP Dept. of Anesthesia State Zip Code IA 52242 mber of contributing C tical committee. Occupation mployer Occupation of Iowa Hospitals & Clinics ANESTHESIOLOGIST r: Aggregate Year-to-Date ▼ ary General	02 07 2013 Transaction ID : C1921960
SUBTOTAL of Receipts This Page (optional)		1250.00

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17			Use separate schedule(s)	(C	heck only	y or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12	17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	ersor e to :	n for the	pur ntrib	pose of	soliciting	g cont	tributio	ons
\square	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	logists P	olitical Action Committe	ee							
<u>к</u>	Full Name (Last, First, Middle Initial) Albert F Ho M.D.				Date of	f Re	eceipt				
	Mailing Address 2033 Brandon Cir				м м 02	/	28	/ Y	y 201	13	
	City	State	Zip Code		Trans	act	ion ID :	C22758	10		_
	Charlotte	NC	28211-1650	_	Amount	t of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С							1	000.0	00
	Name of Employer	Occupation									
	Northeast Anesthesia	Physician									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
			J								
В.	Full Name (Last, First, Middle Initial) Larry A. Hopkins M.D.				Date of	f Re	eceipt				
	Mailing Address 16353 Valhalla Drive				02	/	08	/ Y	y 201	у у З	
	City	State	Zip Code				on ID : (
	Noblesville	IN	46060	_	Amount	t of	Each R	eceipt th	nis Pe	riod	_
	FEC ID number of contributing federal political committee.	С			L	_				500.0	0
	Name of Employer Northside Anesthesia Services	Occupation									
		ANESTHES									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		, 500.00								
с.	Full Name (Last, First, Middle Initial) Jian Hua M.D., Ph.D				Date of	f Re	eceipt				
	Mailing Address 213 HAMPTON CT				м м 02	/	D D 25	/ Y	y 201		ſ
	City	State	Zip Code		Trans	act	ion ID :	C19766	05		
	MACON	GA	31210	_	Amount	t of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С								500.0	00
	Name of Employer	Occupation									
	Nexus Medical Group	ANESTHES	SIOLOGIST								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	<u> </u>		7	- 7	2	000.0	0
ד	OTAL This Period (last page this line number	only)	••••••	•	. L		7				

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee
Full Name (Last, First, Middle Initial) A. Eric M. Humphreys M.D.			Date of Receipt
Mailing Address 6035 Worthington Rd			02 12 2013
City Westerville	State OH	Zip Code 43082-8318	Transaction ID : C1923386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		375.00
Name of Employer COA Inc.	Occupation ANESTHES	SIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]
Full Name (Last, First, Middle Initial) B. Robert P. Hunsaker M.D.			Date of Receipt
Mailing Address 736 Cambridge St CMP-2			02 14 2013
City Brighton	State MA	Zip Code 02135-2907	Transaction ID : C1924301 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer St Elizabeths Med Ctr Anes Dept	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Kenneth Imanaka M.D.			Date of Receipt
Mailing Address 1100 Black Wood Pl.			02 25 _2013 _
City Modesto	State CA	Zip Code 95355	Transaction ID : C1976611 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Gould Medical Group Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	······]	875.00
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X) _ _ _ _

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck onl	y on	ıe)				
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12		17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to sol	or the icit cor	purp ntrib	oose of utions fr	soliciting	g contrib	outions ittee.	
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committ	ee							
Α.	· · ·			C	Date of	f Re	ceipt				
	Mailing Address 602 W. Second St.				м м 02	/	23	/ Y	2013		
	City Bloomington	State IN	Zip Code 47403	A				C19761	18 nis Perio	d	
	FEC ID number of contributing federal political committee.	С					3		100	00.00	
	Name of Employer	Occupation									
	Bloomington Anesthesiologists Receipt For:	anesthesiol	ogist	_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1							
	Full Name (Last, First, Middle Initial) Frederick C. Jacobson M.D.				Date of	f Do	ooint				
υ.	Mailing Address PO Box 254				M M 02		07	/ Y	2013	Y	
	City	State	Zip Code	`	Trans	acti	on ID : (C192197			
	Yorba Linda	CA	92885-0254	A	Mount	t of	Each R	eceipt th	nis Perio	bd	
	FEC ID number of contributing federal political committee.	С					7	7	25	50.00	
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES									
	Receipt For:		Year-to-Date ▼								
	Other (specify)		, 250.00								
с.	Full Name (Last, First, Middle Initial) Michael S. Jakubowski M.D.				Date of	f Re	ceipt				
	Mailing Address 1350 Hawthorn Rd.			11	м м 02	/	D D 16	/ Y	y y 2013	Y	
	City	State NY	Zip Code					C19244			
	Schenectady	INT	12309	A	mount	t of	Each R	eceipt th	nis Perio	d	_
	FEC ID number of contributing federal political committee.	С				_	7		25	50.00	
	Name of Employer	Occupation									
	Schenectady Anesthesia Assoc., P.C.	anesthesiol	ogist								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
s	UBTOTAL of Receipts This Page (optional)						,		150	0.00	
т	OTAL This Period (last page this line number	only)					,	7			

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
or for commercial purposes, other than	ts and Statements may not be sold or used by any using the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Society of Anes	thesiologists Political Action Commit	tee
Full Name (Last, First, Middle Initial) Michael S. Jakubowski M.D.		Date of Receipt
Mailing Address 1350 Hawthorn Rd.		02 16 2013
City	State Zip Code	Transaction ID : C1924496
Schenectady	NY 12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Schenectady Anesthesia Assoc., P.C.	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00]
Full Name (Last, First, Middle Initial) B. Michael L. James M.D.		Date of Receipt
Mailing Address Department of Anest Box 3094 DUMC	nesiology	02 20 2013
City	State Zip Code	Transaction ID : C1975968
Durham	NC 27710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Information Requested	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. John M. Jaworowicz M.D.		Date of Receipt
Mailing Address 728 Kristin Dr		02 02 2013
City Normal	State Zip Code IL 61761-9507	Transaction ID : C1920544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Normal Bloomington Anesthesiologists	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (opt	ional)	▶ 1000.00
TOTAL This Period (last page this line	number only)	

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			Detailed Summary Page		11a		11b 14	11c	12	_	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the							soliciting			าร				
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	e											
A .	Full Name (Last, First, Middle Initial) Joseph M. Jez M.D. Mailing Address 1305 Somerset Ct.				Date o		· .								
	City	State	Zip Code		02		01	C192068	2013						
	Colleyville	тх	76034	_				leceipt th		bd	_				
	FEC ID number of contributing federal political committee.	С			L		7		2	50.00)				
	Name of Employer Information Requested	Occupation Anesthesio													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
в.	Full Name (Last, First, Middle Initial) Anabel R. Jones M.D. Mailing Address 3301 Cedar Ln.			_	Date o		eceipt	/ Y	Y Y	Ý	1				
	City	State	Zip Code	_	02 Trans	acti	08		2013						
	Lafayette	IN	47905		Transaction ID : C2292237 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,	7	2!	50.00					
	Name of Employer Medical Student	Occupation STUDENT													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
C.	Full Name (Last, First, Middle Initial) David A. Josephson M.D.				Date o	f Re	eceipt								
	Mailing Address 805 Golf View Ct.				м м 02	/	D D D) / Y	2013]				
	City Dacula	State GA	Zip Code 30019					C229223 leceipt th		od					
	FEC ID number of contributing federal political committee.	С					7		2	50.00	D				
	Name of Employer	Occupation													
	GWINNETT ANES SER	ANESTHE	SIOLOGIST												
	Receipt For:	Aggregate	Year-to-Date ▼	_											
	Other (specify) ▼		250.00												
s	UBTOTAL of Receipts This Page (optional)		•				5	7	75	50.00					
Т	OTAL This Period (last page this line number o	nly)	•	•			7								

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	ŀ	11c		12	
			Detailed Summary Fage		13		14	\vdash	15		16	17
	ny information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) Daniel G. Judge M.D.				Date of	Re	ceipt					
	Mailing Address 11869 Range Line Rd				м м 02	/	D 04		/ Y) 13	Y
	City	State	Zip Code		Trans	acti	on ID :	: C19	92063	0		
	Berrien Springs	MI	49103-9205	A	mount	of	Each F	Rece	eipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С					,		7		250	.00
	Name of Employer	Occupation										
	Eden Anesthesia Services	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		050.00	11								
	Other (specify)		250.00									
	Full Name (Last, First, Middle Initial)					_						
В.	Ariel Isaac Jurmann M.D.				Date of	ке	· ·	_				
	Mailing Address 13 Turret Ln			- 1- 1	02	1	04	D /	/ Y	20	13	Y
	City	State	Zip Code			acti	on ID :		20694		13	
	Woodbury	NY	11797-1022		Amount						eriod	
	FEC ID number of contributing federal political committee.	С					,			-	1000	.00
	Name of Employer	Occupation		_								
	NAPA	Anesthesiol	ogist									
	Receipt For:		Year-to-Date ▼									
	Primary General			11								
	Other (specify)		, 1000.00									
c.	Full Name (Last, First, Middle Initial) Gary Kalan M.D.			[Date of	Re	ceipt					
	Mailing Address P.O. Box 772				м м 02	/	D 12		/ Y	ү 20	ү 13	Y
	City	State CT	Zip Code				ion ID					
	Greenwich	01	06836	A	Amount	of	Each F	Rece	eipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С					7		3		250	.00
	Name of Employer	Occupation		-								
	Greenwich Anesthesiology Assoc., PC	Anesthesio	ogist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		250.00	11								
	Other (specify)		250.00									
s	UBTOTAL of Receipts This Page (optional)						7		7		1500.	00
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e
Α.				Date of Receipt
	Mailing Address 2310 Bent Tree Court	01.1	7.0.1	02 07 <u>Y Y Y Y Y</u> 02 07 2013
	City St. Joseph	State MO	Zip Code 64506	Transaction ID : C1921619 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Heartland Regional Medical Center	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Bradley P. Katz M.D.			Date of Receipt
	Mailing Address 2169 Allendale Rd			02 22 2013
	City Montgomery	State AL	Zip Code 36111	Transaction ID : C1976222 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self	Occupation Anesthesiol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Marc A. Kaufman M.D.			Date of Receipt
	Mailing Address 2401 S. Dundee St. Ste. 310			M M / D D / Y Y Y Y 02 19 2013
	City Tampa	State FL	Zip Code 33629-6408	Transaction ID : C1925263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	_
	Florida Office Anesthesia	anesthesiol	ogist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
5	UBTOTAL of Receipts This Page (optional)			1500.00
-	OTAL This Period (last page this line number of		· ·	

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			Detailed Summary Page		< 11a		11b	11c		12	
					13		14	15		16	17
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committee	erson e to so	for the olicit co	pur ontrik	pose o outions	f soliciti from su	ng co ich co	ontribut ommitt	ions ee.
\setminus	NAME OF COMMITTEE (In Full)										
	American Society of Anesthes	iologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Eric R. Kelhoffer M.D.				Date o	of Re	eceipt				
	Mailing Address 250 E 53rd St Apt 504				02	/	01			2013	Y
	City	State	Zip Code		Trans	sact	ion ID	: C1919	536		
	New York	NY	10022-5247		Amoun	nt of	Each	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					y			250	.00
	Name of Employer	Occupation	1	_							
	Sloan-Kettering Cancer Center Anes. De	Anesthesio	ogist								
	Receipt For:		Year-to-Date ▼								
	Primary General										
	Other (specify) ▼		250.00	4							
в.	Full Name (Last, First, Middle Initial) Thomas E. Kelly M.D.				Date o	of Re	eceipt				
	Mailing Address 35216 Overfalls Dr N				02	/	02		. – .	012	Y
	City	State	Zip Code	_				2 : C1920		013	
	Lewes	DE	19958-7000					Receipt		Pariod	
	FEC ID number of contributing federal political committee.	С					1	10001pt		250.	00
	Name of Employer	Occupation	1	_							
	Beebe Medical Center	Physician									
	Receipt For:		Year-to-Date ▼	_							
	Primary General	Aggregate		11							
	Other (specify)		250.00	4							
<u>с.</u>	Full Name (Last, First, Middle Initial) Edward A. Kent M.D.				Date o	of Re	eceipt				
	Mailing Address 992 Oxford Dr				02	/	13			013	Y
	City	State	Zip Code		Tran	sact	tion ID	: C1923	323		
	Saint Augustine	FL	32084-1813		Amoun	nt of	Each	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					7			199	.00
	Name of Employer	Occupation	1	-							
	Information Requested	Information	Requested								
	Receipt For:		Year-to-Date ▼								
	Primary General	ggi oguto									
	Other (specify) ▼		299.00								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7		-	699.	00

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		Use separate schedule(s)	(check d	only o	ne)			
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NAME OF COMMITTEE (In Full)								
American Society of Anesthesiol	ogists Po	olitical Action Committe	ee					
/ Full Name (Last, First, Middle Initial)								
A. Zachary J. Kerwin D.O.			Date	of R	eceipt			
Mailing Address 10308 Paw Paw Lake Dr.			M			У / Ү	Y Y	Y
City	State	Zip Code	02 		01 : tion ID	C191983	2013 35	
Mattawan	MI	49071-9462	Amo	unt of	Each F	Receipt th	is Period	
FEC ID number of contributing	С						500	0.00
federal political committee.	U				7	7		
Name of Employer	Occupation							
Self Receipt For:	Anesthesiol							
Primary General	Aggregate	Year-to-Date ▼						
Other (specify)	L	500.00						
		, ,						
Full Name (Last, First, Middle Initial) B. Millicent Khaw M.D.			Date	of R	eceipt			
Mailing Address 4572 Aukai Ave.			M		/ D [) / Y	Y Y	Y
	<u>.</u>	7: 0 1	0	2	03		2013	
City Honolulu	State HI	Zip Code 96816-4949				C192058 Receipt th		
FEC ID number of contributing					Laciir		is renou	_
federal political committee.	С				1		250	.00
Name of Employer	Occupation							
Millicent Khaw,MD	Anesthesiol	ogist						
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify)		, 250.00						
Full Name (Last, First, Middle Initial)								
c. Lawrence C. Kilinski Jr., M.D.			Date	of R	eceipt			
Mailing Address 9098 Stonecreek Circle			M 02		07		2013	Y
City	State	Zip Code				C192225		
Newburgh	IN	47630	Amo	unt of	f Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С				7		250).00
Name of Employer	Occupation							
DEACONESS HLTH SYS	ANESTHES	BIOLOGIST						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		250.00						
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							1000	.00
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TOTAL This Period (last page this line number or	nly)			_	1			

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PAGE 60 OF

		Detailed Summary Page		11a		11b	11c	12	<u> </u>
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or for commercial purposes, other than using									
American Society of Anesthe	eiologiete P	olitical Action Commit	too						
American Society of Anestine									
Full Name (Last, First, Middle Initial) A. Kimberly N. Kimmel M.D.) ata af	ι Do	agint			
A. KIMberly N. KIMmel M.D. Mailing Address 2861 Coconut Ave				Date of	_		/ .	Y Y	V
				02	ŕ	11		2013	
City Miami	State FL	Zip Code 33133					C192294		
		33133	A	mount	t of	Each R	eceipt th	iis Period	
FEC ID number of contributing federal political committee.	C					7		250	.00
Name of Employer	Occupation	1							
Miami Childrens Hospital	Pediatric A	nesthesiologist							
Receipt For:	Aggregate	Year-to-Date ▼	_						
Other (specify) ▼		250.00							
Full Name (Last, First, Middle Initial) B. R. Ben King Jr., M.D.				Date of	f Re	ceipt			
Mailing Address 520 Azalea Ln			_	M M	/	DD	/ Y	Y Y	Y
	01.11	7. 0. 1.	_ L	02		07		2013	
City Florence	State SC	Zip Code 29501-5718					C192226	is Period	
FEC ID number of contributing				inoun					_
federal political committee.	C				-	7		500	.00
Name of Employer Self	Occupation								
Receipt For:	ANESTHES								
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		500.00							
Full Name (Last, First, Middle Initial) C. Jerome M. Klafta M.D.				ate of	f Ro	ceint			
Mailing Address 4123 Harvey Ave.				M – M		24	/ Y	2012	Y
City	State	Zip Code		02 Trans	acti		C197614	2013 15	
Western Springs	IL	60558-1245						is Period	
FEC ID number of contributing federal political committee.	С					,		500	.00
Name of Employer	Occupation	1							
University of Chicago	Anesthesio	logist							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		500.00							
SUBTOTAL of Receipts This Page (optiona	l)					7	7	1250.	00
TOTAL This Period (last page this line num	ber only)		• [,	- 7		

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ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)
	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Society of Anesthesiolo	gists Political Action Committe	2 e
Full Name (Last, First, Middle Initial) A. James G. Klamik M.D.		Date of Receipt
Mailing Address 1225 Orchard Ln.		M M / D D / Y Y Y Y Y 02 12 2013
City Elm Grove	State Zip Code WI 53122	Transaction ID : C1923380
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
. ,	Dccupation	
Dessint For	Anesthesiologist	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) B. David J. Kliewer M.D.		Date of Receipt
Mailing Address 136 McGuire Rd		02 08 2013
City	State Zip Code	Transaction ID : C1922904
Winchester	VA 22603-4351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
	Dccupation	
	NESTHESIOLOGIST	_
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) C. Douglas Kornreich M.D.		Date of Receipt
Mailing Address 1704 Regent Dr		02 13 2013
City	State Zip Code	Transaction ID : C1924352
Mount Kisco	NY 10549-2541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Dccupation	-
	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line number onl	r	

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			Detailed Summary Page		1		11b	11c		12	
Δην	information copied from such Reports and S	Statements ma	av not be sold or used by any n	arson fr	13 or the		14	15 soliciti		16 Intribut	17
or fo	or commercial purposes, other than using the	e name and a	ddress of any political committee	e to sol	icit cor	ntrib	utions f	rom su	ich c	ommitt	ee.
\ \	IAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
	ull Name (Last, First, Middle Initial) Oleg V. Korolev M.D.				ate of	Re	ceipt				
N	Aailing Address 530 Stratford Ave.				м м 02	/	06		Y Y 2	2013	Y
	Dity	State	Zip Code		Trans	acti	ion ID :	C1921	574		
-	Elmhurst	IL	60126	A	mount	of	Each R	leceipt	this I	Period	
	EC ID number of contributing ederal political committee.	С					,	9	_	500	.00
N	lame of Employer	Occupation									
	IAPA	Anesthesio	ogist								
F	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
	⁻ ull Name (Last, First, Middle Initial) Adam Kovac M.D.				ate of	Re	ceipt				
N	Jailing Address 1147 W Ohio St Ste 305				м м 02	/	04	/	Y Y 2	013	Y
C	Dity	State	Zip Code		Trans	acti	on ID :	C1920	695		
_	Chicago	IL	60642-6488	A	mount	of	Each R	leceipt	this I	Period	
	EC ID number of contributing ederal political committee.	С					7			500.	.00
	lame of Employer Iidwest Anesthesiology Associates	Occupation Pediatric Ar	esthesiologist								
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	⁻ ull Name (Last, First, Middle Initial) David A. Kraftsow M.D.				Date of	Re	ceipt				
N	Nailing Address 1301 Anglewood Dr				м м 02	/	20	/		2013	Y
	Dity	State	Zip Code		Trans	acti	ion ID :	C1975	976		
_	Birmingham	AL	35216-2403	A	mount	of	Each R	leceipt	this I	Period	
	EC ID number of contributing ederal political committee.	С					,	7	_	250	.00
N	lame of Employer	Occupation									
S	SOUTHERN PERIOPERATIVE SVC's	ANESTHE	SIOLOGIST								
F	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		250.00								
	Other (specify)		200.00								
SU	BTOTAL of Receipts This Page (optional)						7	- 7	_	1250.	00
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		Detailed Summary Page		< 11a		11b	11c		12	— .	
Any information copied from such Reports a										ions	17
or for commercial purposes, other than using	g the name and a	address of any political committee	e to se	olicit cor	ntrib	outions	from such	n co	mmitte	e.	
American Society of Anesthe	siologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Richard J. Krauss M.D.				Date of	Re	eceipt					
Mailing Address 38 Capri Dr.				м м 02	/	19) 013	Y	
City Roslyn	State NY	Zip Code 11576					C192527 Receipt th		eriod		
FEC ID number of contributing federal political committee.	С					7		_	1000.	00	
Name of Employer North American Partners Anesthesia	Occupation Physician	1									
Receipt For:		Year-to-Date ▼	_								
Primary General Other (specify) ▼		1000.00]								
Full Name (Last, First, Middle Initial) B. Usha Krishnamurthy M.D.				Date of	Re	eceipt					
Mailing Address 57 Viola Dr				м м 02	/	07)13	Y	
City	State	Zip Code			acti		C192225				
Glen Cove	NY	11542-3325		Amount	of	Each F	Receipt th	is P	eriod		
FEC ID number of contributing federal political committee.	С					,	- 7	_	250.	00	
Name of Employer Self-Employed	Occupation ANESTHES										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
Full Name (Last, First, Middle Initial) C. Donna A. Kucharski M.D.				Date of	Re	eceipt					
Mailing Address 180 Read Street				м м 02	/	26)13	Y	
City Seekonk	State MA	Zip Code 02771					: C19778 Receipt th		eriod		
FEC ID number of contributing federal political committee.	С					,		-	250.	00]
Name of Employer	Occupation	1									
PAI, LLC	Anesthesio	logist									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
SUBTOTAL of Receipts This Page (optiona			 ▶		-	7 7	7		1500.(00]

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IT.	EMIZED RECEIPTS	-	Use separate schedule(s)	(c	heck onl	y one)				
111			for each category of the Detailed Summary Page		X 11a	11b	11c	12	Г	17
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	NAME OF COMMITTEE (In Full)									
	American Society of Anesthe	siologists P	olitical Action Committe	ee						
Α.	Full Name (Last, First, Middle Initial) Lina Kulkarni M.B.,B.S.				Date o	f Receipt				
	Mailing Address 119 Falata Cir				02	/ 25	D / Y	201:	у у З	
	City Little Rock	State AR	Zip Code 72223-5084			saction ID t of Each			iod	
	FEC ID number of contributing federal political committee.	C						Ę	500.0	0
	Name of Employer Information Requested	Occupation Anesthesio								
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
В.	Full Name (Last, First, Middle Initial) Janey L. Kunkle M.D.				Date o	f Receipt				
	Mailing Address 12830 Skyline Blvd.				м м 02	/ D	D / Y	2013		
	City	State	Zip Code			action ID				
	Oakland	CA	94619-3125		Amoun	t of Each	Receipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С						2	250.0	0
	Name of Employer HIGHLAND HOSP ACMC	Occupation ANESTHES								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00							
	Full Name (Last, First, Middle Initial) Jon Kuzmic M.D.				Date o	f Receipt				
	Mailing Address 1001 W 10th St # FM400				м м 02	/ 22		2013		
	City	State IN	Zip Code		Trans	saction ID	: C19760	80		
	Indianapolis	IIN	46202-2859		Amoun	t of Each	Receipt th	his Peri	iod	
	FEC ID number of contributing federal political committee.	С						2	250.0	0
	Name of Employer	Occupation								
	IN Univ Med Ctr-Wishard Mem Hosp	Physician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	d.						
	Other (specify)		250.00							
S	UBTOTAL of Receipts This Page (optional)			•		. , .		10	00.00	0
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
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NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) Hung-Chi Kwok M.D. Mailing Address 2732 Muir Woods Dr., SE			Date of Receipt									
City	State	Zip Code	02 15 2013									
Hampton Cove	AL	35763	Transaction ID : C1924361 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		175.00									
Name of Employer Alabama Anes. of Huntsville, LLC	Occupation physician											
Receipt For:		Year-to-Date ▼	—									
Primary General Other (specify) ▼		350.00	1									
Full Name (Last, First, Middle Initial) B. Randy A. Lance M.D.	I		Date of Receipt									
Mailing Address 6433 Pebble Pointe Ct.			02 19 2013									
City Newburgh	State IN	Zip Code 47630	Transaction ID : C1975602 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer Anesthesia Group Associates	Occupation ANESTHES											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
Full Name (Last, First, Middle Initial) C. Kathryn M. Lang Smock M.D.			Date of Receipt									
Mailing Address 15610 County Road 344			02 11 2013									
City Savannah	State MO	Zip Code 64485-1587	Transaction ID : C2292243 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer	Occupation	I	—									
Kansas University Medical Center	Resident											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
SUBTOTAL of Receipts This Page (optional	l)		675.00									
TOTAL This Period (last page this line num	ber only)											

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17			Use separate schedule(s)	(cł	neck onl	y or	ne)					
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	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	solicitin	g contri	ibutic	ons	
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e								
Α.					Date o	f Re	ceipt					
	Mailing Address 3 NE Lofting Way				м м 02	/	D D) / Y	2013			
	City Stuart	State FL	Zip Code 34996-6512					C19756 Receipt th		iod		
	FEC ID number of contributing federal political committee.	С					7		5	500.0	0	
	Name of Employer ST LUCIE ANES ASSOC	Occupation ANESTHES	IOLOGIST									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
в.	Full Name (Last, First, Middle Initial) Steven J. Lansing M.D. Mailing Address 5215 N. County Rd. 775 W			_	Date of	f Re	ceipt) / Y	_2013	Y Y	7	
	City Muncie	State IN	Zip Code 47304-9751		Trans		on ID :	C19770	82			
	FEC ID number of contributing federal political committee.	С								50.0	0	
	Name of Employer DELAWARE CTY ANES	Occupation ANESTHES	IOLOGIST									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Michael Lapinel M.D.				Date o	f Re	ceipt					
	Mailing Address 300 Allen Road				м м 02	/	03) / Y	_2013		7	
	City Salt Point	State NY	Zip Code 12578	_				C19205 Receipt th		iod		
	FEC ID number of contributing federal political committee.	С					7			500.0	0	
	Name of Employer	Occupation										
	North American Partners in Anesthesia Receipt For:	Anesthesiol	-	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)						T		12	50.0	0	Ī
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IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	`	eck onl	y or	ne)	_				
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	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitin	g cont	ributio	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e								
Α.					Date o	f Re	ceipt					
	Mailing Address 6978 S.E. 12th Circle				м м 02	/	20) / Y	201	3		
	City Ocala	State FL	Zip Code 34480-6653					C19759 Receipt th		riod		
	FEC ID number of contributing federal political committee.	С					7	7		250.0	0	
	Name of Employer	Occupation										
	SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate	Year-to-Date ▼ 250.00									
В.	Full Name (Last, First, Middle Initial) Denise LaRue M.D.				Date o	f Re	ceipt					
	Mailing Address 10 Myrtle Ave				м м 02	1	20		201	у у З		
	City South Portland	State ME	Zip Code 04106					C19756		riod		
	FEC ID number of contributing federal political committee.	С				nt of Each Receipt this Period						
	Name of Employer Spectrum Medical Group	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Phyllis J. Lashley M.D.				Date o	f Re	ceipt					
	Mailing Address 525 S. Burdick St., #5000				м м 02	/	01) / Y	y 201			
	City Kalamazoo	State MI	Zip Code 49007					C19198 Receipt tl		riod		
	FEC ID number of contributing federal political committee.	С			Amoun					500.0	00	
	Name of Employer	Occupation										
	Self Receipt For:	ANESTHES										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)			.					1(000.0	0	
	OTAL This Period (last page this line number of		•				, ,					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions					
American Society of Anesthes	iologists P	olitical Action Committe	e					
Full Name (Last, First, Middle Initial) Elizabeth W. Lau M.D. Mailing Address 6911 Van Dorn St Ste 2			Date of Receipt					
City	State	Zip Code	02 04 Transaction ID : C1920693					
Lincoln	NE	68506-6801	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer Associated Anesthesiologists	Occupation anesthesiol							
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) B. Juliane H. Lee M.D.			Date of Receipt					
	Arkansas Children's Hospital Anes.							
City Little Rock	State AR	Zip Code 72202-3500	Transaction ID : C1976596 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer Arkansas Children's Hospital Anes. Dep	Occupation Anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) C. Jason A. Lemons M.D.			Date of Receipt					
Mailing Address 4650 Grandview Pkwy			M M / D D / Y Y Y Y Y 02 19 2013					
City Flowery Branch	State GA	Zip Code 30542-3590	Transaction ID : C1975606 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer	Occupation	1	_					
Anesthesia Associates of Gainesville	Anesthesio	logist						
Receipt For:	Aggregate	Year-to-Date ▼	1					
Other (specify)		250.00						
SUBTOTAL of Receipts This Page (optional).		·····	1250.00					
TOTAL This Period (last page this line number	er only)	•						

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17	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y on	e)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		ose of	soliciting	g contri	ibutic	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) Ryan E. Lesh M.D.				Date of	Re	ceipt				
	Mailing Address 7423 S Broadway				м м 02	1	04	/ Y	2013		1
	City Red Hook	State NY	Zip Code 12571-1747		Trans		on ID :	C192062 eceipt th	24		
	FEC ID number of contributing federal political committee.	С					,		5	500.0	0
	Name of Employer Vassar Brothers Medical Center Anesthe Receipt For: Primary General	Occupation Anesthesiol Aggregate									
	Other (specify) V	L	500.00								
B.	Full Name (Last, First, Middle Initial) Michael A. Less M.D. Mailing Address 15W316 60th St.				Date of	Re	ceipt	/ Y	2013	Y Y	1
	City Burr Ridge	State IL	Zip Code 60527		Trans		on ID :	C192077 eceipt th	70		_
	FEC ID number of contributing federal political committee.	С					,			375.0	0
	Name of Employer Elmhurst Anesthesiologists, P.C.	Occupation Physician	1								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00								
C.	Full Name (Last, First, Middle Initial) Mark Liang D.O.				Date of	Re	ceipt				
	Mailing Address 115 96th Street, Apt 7B				м м 02	1	D D D 24	/ Y	y 2013		1
	City Brooklyn	State NY	Zip Code 11209					C19761: eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					,			250.0	0
	Name of Employer	Occupation									
	New York Methodist Hospital Anesthesio Receipt For: Primary General Other (specify) ▼	Anesthesiol Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)								11	25.00)
т	OTAL This Period (last page this line number of	only)		-			,	,			

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
or for commercial purposes, other than using the		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
American Society of Anesthesio	ogists Political Action Com	nmittee
Full Name (Last, First, Middle Initial) A. Alan Lichtenstein M.D. Mailing Address 9411 Silverthorn Rd. City Largo FEC ID number of contributing federal political committee. Name of Employer Bayfront Anesthesia Services Receipt For: Primary General	State Zip Code FL 33777-3166 C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) Drew E. Lieberman M.D. Mailing Address 179 Bal Cross Dr. City	State Zip Code	Date of Receipt 02 16 2013 Transaction ID : C1924478
Bal Harbour FEC ID number of contributing federal political committee. Name of Employer Anesthesia Assoc of Broward County Receipt For: Primary General Other (specify) ▼	FL 33154-1316 C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Rebecca A. Lim M.D. Mailing Address 2619 N Greenview Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer Napa Receipt For: Primary General Other (specify) ▼	State Zip Code IL 60614-1115 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 500.1	Date of Receipt 02 09 2013 Transaction ID : C1922286 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)	
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 16	17
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committ	ee	
Full Name (Last, First, Middle Initial) A. Dennis S. Lin M.D.			Date of Receipt	
Mailing Address 100 Exeter St.			M M / D D / Y Y Y Y 02 04 2013	
City West Newton	State MA	Zip Code 02465-2809	Transaction ID : C1920699 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer	Occupation			
Winchester Hospital Receipt For:	anesthesio	•		
Primary General	Aggregate	Year-to-Date ▼		
Other (specify)		500.00		
Full Name (Last, First, Middle Initial) B. John L. Lindsey III, M.D.			Date of Receipt	
Mailing Address 3216 N 161st St			02 09 2013	
City	State	Zip Code	Transaction ID : C1922287	
Omaha	NE	68116	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer Anesthesia West PC	Occupation			
Receipt For:	Anesthesio	•	_	
Primary General	Aggregate	Year-to-Date ▼		
Other (specify) ▼	_ L	250.00		
Full Name (Last, First, Middle Initial) C. John E. Lindsey Jr., M.D.			Date of Receipt	
Mailing Address 2502 S. 186th Circle			02 13 _2013 _	
City	State	Zip Code	Transaction ID : C1923161	
Omaha	NE	68130	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		83.30	
Name of Employer	Occupation			
Orthopaedic Anesthesia Specialists	Anesthesio	logist	_	
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify) ▼		333.20		
SUBTOTAL of Receipts This Page (optional)		833.30	
TOTAL This Period (last page this line num	ber only)			

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y on	ie)				
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ny not be sold or used by any pe ddress of any political committee	erson to so	for the	purp ntrib	oose of	solicitin	g contril	butio hittee	ns
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) John E. Lindsey Jr., M.D. Mailing Address 2502 S. 186th Circle				Date of	Re	ceipt) / Y	YY	Y Y	1
	City Omaha	State NE	Zip Code 68130	_				C19243			
	FEC ID number of contributing federal political committee.	С				. 01	,	7		83.30	D
	Name of Employer Orthopaedic Anesthesia Specialists Receipt For:	Occupation Anesthesiol	ogist								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.20								
в.	Full Name (Last, First, Middle Initial) Michael J. Lisch M.D.				Date of	Re	ceipt				
	Mailing Address 6711 E. Stonegate Dr.	Ototo	Zin Oode	_	м м 02	/	D D D 11	JL	2013	Y	
	City Zionsville	State IN	Zip Code 46077				-	C22922		bc	
	FEC ID number of contributing federal political committee.	С					7		2	50.00)
	Name of Employer Information Requested	Occupation Anesthesiol		_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) Wei Liu M.D.				Date of	Re	ceipt				
	Mailing Address 4031 Blue Bonnet Blvd				м м 02	/	D D D	/ Y	2013	Y	1
	City Houston	State TX	Zip Code 77025-1702					C19755 eceipt t	96	bd	
	FEC ID number of contributing federal political committee.	С					7	7	2	50.0	D
	Name of Employer	Occupation									
	Gulf Anesthesia Associates, P.A. Receipt For:	ANETHESI	OLOGIST Year-to-Date ▼	_							
	Primary General Other (specify)	Aygregate	250.00								
s	UBTOTAL of Receipts This Page (optional)		•	<u>.</u>			7	- 7	58	33.30	
Т	OTAL This Period (last page this line number of	only)	••••••	-			,				

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page											
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	0	, , , , , , , , , , , , , , , , , , ,											
American Society of Anesth	esiologists P	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) A. Richard C. Lodise M.D.			Date of Receipt										
Mailing Address 1780 W Wesley Rd NW			02 07 2013										
City	State	Zip Code	Transaction ID : C1921976										
Atlanta	GA	30327-1910	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		500.00										
Name of Employer	Occupation												
Riverdale Anes. Assoc.	ANESTHES	SIOLOGIST											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		500.00											
Full Name (Last, First, Middle Initial) B. Nancy L. Loeffler M.D.			Date of Receipt										
Mailing Address 3726 Lakeview Dr.			02 11 2013										
City	State	Zip Code	Transaction ID : C2292252										
Tallahassee	FL	32310-6348	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		500.00										
Name of Employer	Occupation												
Anesthesiology Assoc. of Tallahassee	anesthesiol	ogist	_										
Receipt For:	Aggregate	Year-to-Date ▼	_										
Other (specify) ▼		500.00											
Full Name (Last, First, Middle Initial) C. Michael A. Loiacono D.O.			Date of Receipt										
Mailing Address 14 Palisade Ter			02 06 2013										
City	State CT	Zip Code	Transaction ID : C1920789										
Glastonbury	CI	06033-3144	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		500.00										
Name of Employer	Occupation												
NAPA Connecticut.	Anesthesio	ogist	_										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		500.00											
SUBTOTAL of Receipts This Page (optional	al))	1500.00										
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	EIMIZED RECEIPTS		for each category of the Detailed Summary Page	>	1 1a		11b	·	11c		12		
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	y information copied from such Reports and St for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
\sum	American Society of Anesthesio	logists P	olitical Action Committe	e									
Α.	Full Name (Last, First, Middle Initial) Cresenciano C. Lopez M.D.				Date o	f Re	eceipt						_
	Mailing Address 205 Shadow Glen Court				м м 02	1	22	D 2	/ Y)13	Y	
	City	State	Zip Code		Trans	sacti	ion ID	: C19	97621	8			
	Gaithersburg	MD	20878-7417		Amoun	t of	Each	Rece	eipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С					,		7		250	00	
	Name of Employer	Occupation	1	-									
	Self	ANESTHES	SIOLOGIST										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		250.00										
В.	Full Name (Last, First, Middle Initial) Charles Louy M.D., Ph.D				Date o	f Re	eceipt						
	Mailing Address 742 23rd St				м м 02	/	08		/ Y	ү 20	ү 13	Y	
	City	State	Zip Code		Trans	acti	on ID	: C19	922906	6			
	Santa Monica	CA	90402-3132	_	Amoun	t of	Each	Rece	eipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7		250.	00	
	Name of Employer Information Requested	Occupation Anesthesiol											
	Receipt For:	1	Year-to-Date ▼	-									
	Primary General Other (specify) ▼		250.00										
C.	Full Name (Last, First, Middle Initial) Mark A. Lovich M.D.				Date o	f Re	eceipt						
	Mailing Address 30 Griggs Rd				02	/	D 14		/ Y		ү 13	Y	
	City Brookline	State MA	Zip Code 02446-4732		Trans Amoun		ion ID Each				eriod		
	FEC ID number of contributing federal political committee.	С					1		J		250	00	
	Name of Employer	Occupation		\neg									
	Tufts University School of Medicine	Anesthesio	logist										
	Receipt For:	1	Year-to-Date ▼	\neg									
	Primary General												
	Other (specify)	L	250.00										
s	UBTOTAL of Receipts This Page (optional)		••••••••••				7		7		750.	00	
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c	12	Г	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	y not be sold or used by any pe ddress of any political committee	erson to s	for the	purp ntrib	pose of	soliciting	g contrib	outio ittee	ns			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e										
A .					Date o	f Re	ceipt							
	Mailing Address 800 E Dawson St				м м 02	/	04	/ Y	y y 2013	Y]			
	City Tyler	State TX	Zip Code 75701-2036					C19206 eceipt th		d				
	FEC ID number of contributing federal political committee.	С					7		100	0.0	0			
	Name of Employer	Occupation Anesthesiol												
	Mother Frances Hospital Anesthesiology Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00											
	Full Name (Last, First, Middle Initial) Stephen R. Lowry M.D.				Date o	f Do	ocint							
D.	Mailing Address 3436 Beltway Rd. S.					/	11	/ Y	2013	Y				
	City Abilene	State TX	Zip Code 79606-5607	Transaction ID : C1922352 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					2			50.00)			
	Name of Employer Hendrick Health Systems	Occupation Anesthesiolo												
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00											
<u> </u>	Full Name (Last, First, Middle Initial) Rick S. Lozon M.D.				Date o	f Re	ceipt							
	Mailing Address 6080 Rothbury				м м 02	/	01	/ Y	2013	Y	1			
	City Portage	State MI	Zip Code 49024-8411					C19198 eceipt th	37	d				
	FEC ID number of contributing federal political committee.	С						eceipt ti		00.0	0			
	Name of Employer	Occupation												
	Kalamazoo Anesthesiology,P.C. Receipt For:	Anesthesio	ogist Year-to-Date ▼	_										
	Primary General Other (specify) ▼	Aggregate	500.00											
s	UBTOTAL of Receipts This Page (optional)		•••••	<u> </u>			7		175	0.00)			
т	OTAL This Period (last page this line number of	only)	••••••	- •			,	7						

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		Detailed Summary Page		11a		11b		11c		12	
		Detailed Summary Fage		13		14		15		16	17
Any information copied from such Reports a or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)	alaberto en E										
American Society of Anesthe	esiologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Steven J. Luke M.D.			[Date of	Re	ceipt					
Mailing Address 3404 Hightimber				м м 02	1	09		/ Y	20	ү 13	Y
City	State TX	Zip Code 76051						192228			
Grapevine		70031	/	Amount	t of	Each	Rec	eipt th	is Pe	eriod	_
FEC ID number of contributing federal political committee.	С			_	_	,	_	7	_	250.	00
Name of Employer	Occupation										
Pinnacle Anesthesia Consultants, PA	Anesthesio	ogist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		250.00									
Full Name (Last, First, Middle Initial) B. Adele S. Lynagh M.D.				Date of	Re	ceipt					
Mailing Address 113 Green Leaf Ln.				м м	/	13		/ Y	201	Y 13	Y
City	State	Zip Code			acti			92334			
Easley	SC	A	Amount	t of	Each	Rec	eipt th	is Pe	eriod		
FEC ID number of contributing federal political committee.	С					,	_	7	_	250.	00
Name of Employer PAA	Occupation Medical Do										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		250.00									
Full Name (Last, First, Middle Initial) C. Douglas K. Mandel M.D.				Date of	Re	ceipt					
Mailing Address 15395 Prospect Dr.				м м 02	/	D 1'		/ Y	201	ү 13	Y
City	State CA	Zip Code						229225			
Redding	CA	96001-9558	/	Amount	t of	Each	Rec	eipt th	is Pe	eriod	
FEC ID number of contributing federal political committee.	C				_	7	_	ŋ	_	250.	00
Name of Employer	Occupation										
SELF-EMPLOYED	ANESTHE	SIOLOGIST									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		250.00	11								
Other (specify)		230.00									
SUBTOTAL of Receipts This Page (optiona	l)							7		750.0	00
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			Detailed Summary Page	×	11a 13		11b 14	\vdash	11c		12 16	17
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<u>)</u>	NAME OF COMMITTEE (In Full) American Society of Anesthesio											
Α.	Full Name (Last, First, Middle Initial) Steven J. Mandelberg M.D. Mailing Address 336 Forest St.				Date o		eceipt	D	/ Y		Y	Y
	City Oakland	State CA	Zip Code 94618				ion ID		229225 ceipt thi			
	FEC ID number of contributing federal political committee.	С					,				250.	00
	Name of Employer Self-Employed	Occupation ANESTHES										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
	Full Name (Last, First, Middle Initial) Julius Mapalad M.D. Mailing Address 8418 N College Ave				Date o						N.	57
	City	State	Zip Code		02 Trans			7	192457	201 8	13	Y
	Indianapolis	IN	46240-2262						ceipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		7		250.0	00
	Name of Employer Southeast Anesthesiology	Occupation Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
C.	Full Name (Last, First, Middle Initial) Donald H. Marcus M.D.				Date o	f Re	eceipt		_			
	Mailing Address 16837 Calahan	State	Zip Code		м м 02			1		201	ү 13	Y
	City Sepulveda	State CA	91343	A					192294 ceipt thi		eriod	
	FEC ID number of contributing federal political committee.	С					7		7		315.	00
	Name of Employer	Occupation		-								
	Information Requested	Anesthesio	logist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) V		315.00									
s	UBTOTAL of Receipts This Page (optional)		•••••				,		7		815.0	0
т	OTAL This Period (last page this line number of	only)					,					

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ITEMIZED RECEIPTS		separate schedule(s)	(check on	ly one)			
II EIVIIZED NEGEIPIJ		each category of the ailed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the			rson for the	purpose o	f soliciting	contribut	ions
NAME OF COMMITTEE (In Full)	ala viata Dall'i						
American Society of Anesthesi	Diogists Politica	a Action Committe	e				
Full Name (Last, First, Middle Initial) A. Joseph Marino M.D.			Date c	of Receipt			
Mailing Address 1 Grace Ct			02	/ D 07		2013	Y
City		o Code		saction ID :			
Greenlawn	NY 11	740-1137	Amour	nt of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					1000.	.00
Name of Employer	Occupation						
Huntington Hospital	Physician		_				
Receipt For:	Aggregate Year-to	-Date V					
Other (specify)		1000.00					
Full Name (Last, First, Middle Initial) B. Kurt W. Markgraf M.D.			Date o	of Receipt			
Mailing Address 3663 McKinley Ave						2013	Y
City		o Code	Trans				
Fort Myers	FL 33	901	Amour	nt of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					83.	30
Name of Employer MAPMC	Occupation		_				
Receipt For:	Anesthesiologist Aggregate Year-to	-Data V	_				
Primary General	Aggregate Teal-to						
Other (specify)		333.20					
Full Name (Last, First, Middle Initial) c. Kurt W. Markgraf M.D.			Date c	of Receipt			
Mailing Address 3663 McKinley Ave			02	/ D 13		2013	Y
City		Code		saction ID			
Fort Myers	FL 33	3901	Amour	nt of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	С					83	.30
Name of Employer	Occupation						
MAPMC	Anesthesiologist		_				
Receipt For:	Aggregate Year-to	-Date V					
Other (specify) ▼		333.20					
SUBTOTAL of Receipts This Page (optional)		•				1166.	60
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	-	Use separate schedule(s)	(check onl	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17					
Any information copied from such Reports or for commercial purposes, other than usin	and Statements mang the name and a	I ay not be sold or used by any p ddress of any political committe	erson for the	purpose of s	soliciting	g contribu	tions					
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) Glen F. Martin M.D. Mailing Address 816 Baytree Ln			Date of	f Receipt	/ Y	2013	Y					
City Ponte Vedra Beach	State FL	Zip Code 32082-4162	Trans	saction ID : (t of Each Re		14						
FEC ID number of contributing federal political committee.	С			7		250	.00					
Name of Employer Jacksonville Anesthesia Corporation, I Receipt For:	Occupation Anesthesio											
Primary General Other (specify) ▼		250.00	1									
Full Name (Last, First, Middle Initial) B. Antonio J. Mattei M.D.			Date of	f Receipt								
Mailing Address Carrion Court St 6 Apt 7			02	Y								
City San Juan	State PR	Zip Code 00911-1208		Transaction ID : C1924311 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		3		250	.00						
Name of Employer AJMP ANESTH SERV	Occupation ANESTHES											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1									
Full Name (Last, First, Middle Initial) C. Charles G. McAdams M.D.			Date of	f Receipt								
Mailing Address 200 E Lamar Blvd Ste 4	00		02	/ D D 19	/ Y	ү ү 2013	Y					
City Arlington	State TX	Zip Code 76006		saction ID : (t of Each Re		-						
FEC ID number of contributing federal political committee.	С						0.00					
Name of Employer Self		SIOLOGIST										
Receipt For: Primary General Other (specify)	I	Year-to-Date ▼ 250.00]									
SUBTOTAL of Receipts This Page (option	al)			3		750.	.00					
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\backslash	NAME OF COMMITTEE (In Full)		_									
	American Society of Anesthesic	ologists P	olitical Action Committe	ee								
Α.	Full Name (Last, First, Middle Initial) John E. McCall M.D.				Date of	Re	ceipt					
	Mailing Address 3229 Burnet Ave				M M	/	DD	/ Y	Y	Y	Y	
	Shriners Hosp. For Children		7.0.1		02		10			013	_	
	City Cincinnati	State OH	Zip Code 45229-3018	-				C192231				
		011	10220 0010	_	Amount	of	Each R	eceipt th	IS P	eriod		
	FEC ID number of contributing federal political committee.	С			L	_	7		_	250	.00	
	Name of Employer	Occupation										
	Univ of Cincinnati	physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Timothy E. McCall M.D.				Date of	Re	ceipt					_
	Mailing Address 4130 Burlingame Rd				M M	/	DD	/ Y	Y	Y	Y	
	City	State	Zip Code	_	02		13			013		
	Cazenovia	NY	13035-9741					C192325 eceipt th		Poriod		
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	federal political committee.	C			L.	_	7	7	_	250.	00	
	Name of Employer	Occupation										
	CNY Anesthesia Group PC	Anesthesiol	ogist									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) V		250.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Deidre A. McCann M.D.				Date of	Re	ceipt					_
	Mailing Address 541 Dawson Rd				м м 02	/	D D 06	/ Y) 13	Y	
	City	State	Zip Code		Trans	acti	ion ID :	C19219	00			
	Roseburg	OR	97470-8412		Amount	of	Each R	eceipt th	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	<u> </u>	250	.00	
	Name of Employer	Occupation		-								
	SELF-EMPLOYED	ANESTHES	SIOLOGIST									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		050.00									
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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and	Statements ma	ay not be sold or used by any p	erson for the purpose of soliciting contributions							
or for commercial purposes, other than using t	ne name and a	iddress of any political committee	e to solicit contributions from such committee.							
American Society of Anesthes	iologists P	olitical Action Committ	ee							
Full Name (Last, First, Middle Initial) A. Jim W. McChristian M.D.			Date of Receipt							
Mailing Address 8720 Low Chaparrel Rd			02 07 2013							
City Rogers	State AR	Zip Code 72756-8304	Transaction ID : C1921965 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer	Occupation									
SELF EMPLOYED		SIOLOGIST								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name (Last, First, Middle Initial) B. Brian A. McConnell M.D.			Date of Receipt							
Mailing Address 3300 Gallows Rd. Department of Anesthesiolo	bdà		02 23 2013							
City	State	Zip Code	Transaction ID : C1976113							
Falls Church	VA	22042	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer INOVA Fairfax Hospital	Occupation Anesthesio									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		250.00]							
Full Name (Last, First, Middle Initial) c. Steven A. McCord M.D.			Date of Receipt							
Mailing Address 4601 Westbury Dr			02 08 2013							
City Colleyville	State TX	Zip Code 76034-4267	Transaction ID : C1922927							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer	Occupation	1								
PINNACLE ANESTHESIA	ANESTHE	SIOLOGIST								
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00]							
SUBTOTAL of Receipts This Page (optional).			750.00							
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			Detailed Summary Page		11a		11b	11c	\square	12	_					
An	y information copied from such Reports and S	tatements ma	ay not be sold or used by any p	erson f	13 for the	pur	14 pose of a	15 soliciting		16 htribut	17					
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ucress or any political committee	ເ ປSO	IICIL COI	ιιΊD	outions fr	UIII SUCP	1 CO	mnitte						
\rangle	American Society of Anesthesic	logists P	olitical Action Committ	ee												
Α.	Full Name (Last, First, Middle Initial) Nicole B. McDermott M.D.				Date of	Re	eceipt									
	Mailing Address 226 County Road 126				м м 02	1	D D 19	/ Y) 13	Y					
	City Glenwood Springs	State CO	Zip Code 81601-9284				ion ID : (Each Re			eriod						
	FEC ID number of contributing federal political committee.	С					5	- 1		250.	00					
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]												
в.	Full Name (Last, First, Middle Initial) James K. McDonald Jr., M.D.				Date of	Re	eceipt									
	Mailing Address 130 Heritage Ct				м м 02	1	25	/ Y		13	Y					
	City Macon	State GA	Zip Code 31210-1201	Transaction ID : C1976606 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7			500.	00					
	Name of Employer Central Georgia Anes Serv	Occupation ANESTHES														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]												
C.	Full Name (Last, First, Middle Initial) Frederick McKibben M.D.				Date of	Re	eceipt									
	Mailing Address 1711 Homewood Dr.				м м 02	1	D D 03	/ Y		ү 13	Y					
	City Altadena	State CA	Zip Code 91001				ion ID : (Each Re			eriod						
	FEC ID number of contributing federal political committee.	С					5			500.	00					
	Name of Employer	Occupation		\neg												
	self	Physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		500.00]												
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	MIZED RECEIPTS		Use separate schedule(s) (c				(check only one)							
			for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12	r	17			
	nformation copied from such Reports and St				for the		pose of	soliciting	g contri	ibutic	ns			
	AME OF COMMITTEE (In Full) Imerican Society of Anesthesio	logists Po	olitical Action Committe	е										
A	II Name (Last, First, Middle Initial) Gregory R. Mehaffey M.D. ailing Address 2000 Glenn Arbor Ct				Date o		ceipt	/ 7	Y	Y Y	-			
Cit	ty herwood	State AR	Zip Code 72120	_				C19224						
FE	EC ID number of contributing deral political committee.	С			Amoun	t of		eceipt th		250.0	0			
UA	ame of Employer AMS ecceipt For: Primary General Other (specify) v	Occupation Anesthesiol Aggregate	ogist Year-to-Date ▼ 250.00											
B R	III Name (Last, First, Middle Initial) Roy D. Mellor M.D. ailing Address 5114 Sherwood Road				Date or	f Re	ceipt	/ Y	_ 2013	Y Y	1			
Cit	ty ttle Rock	State AR	Zip Code 72207	_	Trans		on ID :	C192450 eceipt th	00					
	EC ID number of contributing deral political committee.	С					7		2	250.0	0			
Arl	ame of Employer kansas Health Group - Anesthesia	Occupation Anesthesiol	ogist											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
	III Name (Last, First, Middle Initial) Melville M. Mercer Jr., M.D.				Date of	f Re	ceipt							
	ailing Address 3020 S. Wheeling	01-11-	7. 0. 1.		м м 02		D D D 10	JL	2013					
Cit T	iy ulsa	State OK	Zip Code 74114	_				C19223 eceipt th		od				
feo	EC ID number of contributing deral political committee.	С					7		Ę	500.0	0			
As	ame of Employer ssociated Anesthesiologists, Inc.	Occupation anesthesiol	ogist											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
SUB	BTOTAL of Receipts This Page (optional)		•				,		10	00.00	0			
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1-	EMIZED RECEIPTS		Use separate schedule(s)	(check	only c	one)								
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	y information copied from such Reports and St for commercial purposes, other than using the			rson for t	he pu	rpose of	soliciting	g contribu	tions					
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	American Society of Anesthesio	logists P	olitical Action Committe	e										
Α.	Full Name (Last, First, Middle Initial) Keith M. Metz M.D.			Date	e of R	eceipt								
	Mailing Address 963 Puritan				2	/ D D D D D D D D D D D D D D D D D D D) / Y	ү ү 2013	Y					
	City	State MI	Zip Code 48009-1248				C197708							
	Birmingham	IVII	40009-1240	Amo	ount o	f Each R	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С				y		250).00					
	Name of Employer	Occupation												
	Self Receipt For:	PHYSICIAN		_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.00											
в.	Full Name (Last, First, Middle Initial)			Date	e of B	eceipt								
	Mailing Address 525 E 13th St Apt 1E Apt 1E			M		/		2013	Y					
	City	State	Zip Code	Transaction ID : C1924315										
	New York	NY	10009-3580	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				7	7	250	.00					
	Name of Employer Brigham Womens Hospital Dept of Anest	Occupation Resident	1											
	Receipt For:		Year-to-Date ▼	_										
	Primary General	Ayyreyale												
	Other (specify) ▼	L	250.00											
c.	Full Name (Last, First, Middle Initial) Michael D. Miller M.D.			Date	e of R	eceipt								
	Mailing Address 15936 Oak Park Ct				M 2	/ D D		2013	Y					
	City	State	Zip Code	Tra	ansac	tion ID :	C19222	89						
	Westfield	IN	46074-9140	Amo	ount o	f Each R	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С				7	7	1000	0.00					
	Name of Employer	Occupation		_										
	ACI-LLC	Anesthesiol	logist											
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	IAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e					
A	ull Name (Last, First, Middle Initial) Joe E. Monk M.D. Aailing Address 6713 Lakewood			_		Receipt		Y Y	Y
_	Sity	State	Zip Code	C)2 ansac	28	C22758	2013	Y
[Dallas	ТΧ	75214	Amo	ount o	of Each F	Receipt th	nis Period	ł
	EC ID number of contributing ederal political committee.	С				7	7	500	0.00
N	lame of Employer	Occupation							
	Chairman, Dept of Anesthesiology	Anesthesiol	ogist						
н	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00						
			7						
B	ull Name (Last, First, Middle Initial) Oliver Montoya M.D.			Date	∋ of F	Receipt			
_	Aailing Address PO BOX 826	State	Zip Code	C)2	/ 03		2013	Y
	leffersonville	IN	47131-0826				C192058 Receipt th	nis Perioc	ł
	EC ID number of contributing ederal political committee.	С				7			0.00
	lame of Employer nesthesiology Associates of Clark Cou	Occupation Physician							
R	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		250.00						
С	ull Name (Last, First, Middle Initial) Ross E. Moore M.D.			Date	e of F	Receipt			
_	Aailing Address 2600 Netherland Ave Apt 2120		7. 0.4	c)2	/ D I I		2013	Y
	Sity Bronx	State NY	Zip Code 10463-4825				C22922	64 nis Perioc	4
	EC ID number of contributing ederal political committee.	С							0.00
N	lame of Employer	Occupation		_					
	SELF-EMPLOYED	ANESTHES	SIOLOGIST						
н	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00						
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	y information copied from such Reports a for commercial purposes, other than using				or the		pose o	of solicitin	g contr	ibut	ions
	NAME OF COMMITTEE (In Full) American Society of Anesthe										
Α.	Mailing Address 5801 Spinnaker Pointe				Date o	_	eceipt 0		201:		Y
	City	State MO	Zip Code					: C19216			
	Parkville	MO	64152-6102	/	Amoun	t of	Each	Receipt t	his Per	iod	
	FEC ID number of contributing federal political committee.	C					7		2	250.	.00
	Name of Employer	Occupation									
	Ad Vivum Anesthesiology, P.C.	Anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)		500.00								
в.	Full Name (Last, First, Middle Initial) Mihai B. Murarescu M.D.	· · · · · · · · · · · · · · · · · · ·			Date o	f Re	eceipt				
	Mailing Address 3224 Palo Pkwy				м м 02	1	D 1	2	2013		Y
	City	State	Zip Code		Trans	sact	ion ID	: C19233	75		
	Boulder	CO	80301-3708	/	Amoun	t of	Each	Receipt t	his Per	iod	
	FEC ID number of contributing federal political committee.	C					7		Ę	500.	00
	Name of Employer	Occupation									
	SELF-EMPLOYED	ANESTHES	IOLOGIST								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		500.00	11.							
	Other (specify)		500.00	4							
c.	Full Name (Last, First, Middle Initial) John J. Murphy M.D.				Date o	f Re	eceipt				
	Mailing Address 481 Scarborough Road				м м 02	/	2		2013		Y
	City	State	Zip Code		Trans	sact	ion ID	: C19760)35		
	Valparaiso	IN	46385	A	Amoun	t of	Each	Receipt t	his Per	iod	
	FEC ID number of contributing federal political committee.	C					,			500.	.00
	Name of Employer	Occupation									
	SELF-EMPLOYED	ANESTHES	SIOLOGIST								
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	Primary General			1							
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Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
American Society of Anesthe	esiologists P	olitical Action Committ	tee							
Full Name (Last, First, Middle Initial) A. Steven K. Nakata M.D.				Date of	f Rec	ceipt				
Mailing Address 2080 S Cherrywood Ct				м м 02	/	10		2013		1
City	State	Zip Code		Trans	actio	on ID :	C192232	26		
New Berlin	WI	53151-2394		Amount	t of E	Each F	Receipt th	nis Peric	bd	
FEC ID number of contributing federal political committee.	С					,	7	25	50.00	0
Name of Employer	Occupation	1								
Steven K Nakata MD SC	Anesthesio	logist								
Receipt For:	Aaareaate	Year-to-Date ▼								
Primary General	33 - 3 - 4		11.							
Other (specify)		250.00								
Full Name (Last, First, Middle Initial)			_							
B. Richard E. Nelson M.D.				Date of	f Rec	ceipt				
Mailing Address 9233 Ward Pky., #230				M M	/	DI	D / Y	Y Y	Y	1.1
				02		05		2013		
City	State	Zip Code		Trans	actic	on ID :	C192102	25		
Kansas City	MO	64114-3301		Amount	t of E	Each F	Receipt th	is Peric	bd	
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Name of Employer	Occupation	1	_							
Westport Management	ANESTHE	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	, iggi oguto		- L.							
Other (specify)		1000.00								
Full Name (Last, First, Middle Initial) C. Jesse L. Neubarth M.D.				Date of	f Rec	ceipt				
Mailing Address 5711 Bayberry Ave.				м м 02	/	D 14		ү 2013	Y]
City	State	Zip Code		Trans	sactio	on ID :	: C229227	70		
Bakersfield	CA	93308-4071		Amount	t of E	Each F	Receipt th	is Peric	bd	
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Name of Employer	Occupation	1								
SELF-EMPLOYED	ANESTHE	SIOLOGIST								
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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(chec		y on	e)				
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	y information copied from such Reports and St for commercial purposes, other than using the			erson foi	the		ose of	f soliciting	g contrib	utions	. ,
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	plitical Action Committe	e							
A.	Full Name (Last, First, Middle Initial) Danny P. Ngo M.D.			Da	ate of	f Red	ceipt				
	Mailing Address 6647 Regents Park Dr.				02	/	19		ү ү 2013	Y	
	City Zionsville	State IN	Zip Code 46077					C19755 Receipt tl	68 his Perio	d	
	FEC ID number of contributing federal political committee.	С					,	7	25	0.00	
	Name of Employer Southeast Anesthesiologists Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼								
	Other (specify) ▼		250.00								
в.	Full Name (Last, First, Middle Initial) Luu Nguyen M.D.			Da	ate of	f Red	ceipt				
	Mailing Address 9024 Fort Craig Dr		7.0.1	4 6	02	/	13		2013	Y	
	City Burke	State VA	Zip Code 22015-2115					C19243 Receipt tl	19 his Perio	d	
	FEC ID number of contributing federal political committee.	С					,			0.00	
	Name of Employer Medical Faculty Associates	Occupation ANESTHES	IOLOGIST								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) v	L	250.00								
c.	Full Name (Last, First, Middle Initial) Robert M. Nicholson IV, M.D.			Da	ate of	f Red	ceipt				
	Mailing Address 311 Grandview Ave				02	/	D 01		2013	Y	
	City Kalamazoo	State MI	Zip Code 49001-3643					C19198	38 his Perio	4	
	FEC ID number of contributing federal political committee.	С					,	1000ipt 1		0.00	
	Name of Employer	Occupation									
	University of Virginia Health System Receipt For:	Resident		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
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	EMIZED RECEIPTS		Detailed Summary Page	X	-		11b	11c		12	
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	ny information copied from such Reports and S for commercial purposes, other than using the										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	American Society of Anesthesic	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) James D. Nowakowski M.D.				Date of	Re	eceipt				
	Mailing Address 3226 N CANYON WASH CIRC				м м 02	/	08) / Y) 13	Y
	City	State	Zip Code		Trans	acti	ion ID :	C192292	26		
	MESA	AZ	85207	A	Mount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	7		250.	00
	Name of Employer	Occupation									
	ARIZONA HEART ANESTHESIA, P.L.L.C.	anesthesiol	ogist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
В.	Full Name (Last, First, Middle Initial) Hoyt W. Nye M.D.				Date of	Re	eceipt				
	Mailing Address 2140 Charlton Rd.				м м 02	1	10	/ Y	ү 20) 13	Y
	City	State	Zip Code		Trans	acti	on ID :	C192231	9		
	Sunfish Lake	MN	55118	A	Mount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,	7		500.	00
	Name of Employer Associated Anesthesiologists, P.A.	Occupation Anesthesiol									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
с.	Full Name (Last, First, Middle Initial) Elmon Oliver Jr., M.D.				Date of	Re	eceipt				
	Mailing Address 5200 Swallow Ave.				м м 02	1	01) / Y)13	Y
	City	State	Zip Code					C191983			
	Portage	MI	49002	A	mount	of	Each R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	9		500	.00
	Name of Employer	Occupation		\neg							
	Self	Anesthesiol	logist								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
s	UBTOTAL of Receipts This Page (optional)						7	7		1250.	00
т	OTAL This Period (last page this line number	only)	····· •	. [,				

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	EMIZED RECEIPTS	Detailed Summary Page		K 11a		11b	11c		12			
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\setminus	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesic	Diogists P	olitical Action Commit	tee								
Α.	Full Name (Last, First, Middle Initial) Babatunji O. Omotoso M.D.				Date o	f Re	ceipt					
	Mailing Address 25 Dyne Rd.				м м 02	1	22)13	Y	
	City	State	Zip Code		Trans	sacti	on ID :	C197603	7			
	Ocean Township	NJ	07712		Amoun	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,		_	250	00	
	Name of Employer	Occupation										
	BABATUNJI OMOTOSO MD PC Receipt For:		SIOLOGIST									
	Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Frank J. Overdyk M.D.				Date o	f Re	ceipt					
	Mailing Address 100 Banks Ave Apt 1362				02	/	03		20	ү 13	Y	
	City	State	Zip Code		Trans	acti	on ID :	C192059				
	Rockville Centre	NY	11570-6215		Amoun	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		_	500.	00	
	Name of Employer North American Partners in Anesthesia	Occupation Anesthesiol										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
<u>с.</u>	Full Name (Last, First, Middle Initial) Scott Pacific M.D.				Date o	f Re	ceipt					_
	Mailing Address 37 Ellsworth Dr				02	/	13		y 20	ү 13	Y	
	City	State	Zip Code		Trans	sacti	on ID :	C192336	9			
	Warren	NJ	07059-7137		Amoun	t of	Each F	Receipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7	5	_	250	.00	
	Name of Employer	Occupation	1									
	SMG	PHYSICIAN	N									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		050.00	11.								
	Other (specify)		250.00									
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SCHEDULE A (FEC Form 3X) _ _ _ _

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Т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(chec		y on	e)				
			Detailed Summary Page				11b	11c		2	
	y information copied from such Reports and S for commercial purposes, other than using the			erson foi					g cont		
$\left\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesic	logists P	olitical Action Committe	e							
A .	Full Name (Last, First, Middle Initial) Stephen B. Packer M.D. Mailing Address 1055 N Curtis Rd City Boise FEC ID number of contributing federal political committee. Name of Employer Boise Anesthesia Receipt For: Primary General	State ID C Occupation Anesthesiol Aggregate				/ acti	26 on ID :	/ Y C19770 leceipt ti	201 95 his Per		0
	Other (specify) ▼ Full Name (Last, First, Middle Initial)		250.00								
В.	Vijaya L. Para M.D. Mailing Address 5 American Way City Marlboro	State NJ	Zip Code 07746-2172			/ actio	28 0n ID :	/ Y C22758 leceipt tl			
	FEC ID number of contributing federal political committee. Name of Employer NAPA Receipt For:	C Occupation Anesthesiol Aggregate					9			250.0	0
C.	Full Name (Last, First, Middle Initial) Lance J. Parks D.O. Mailing Address 115 South Harwich Drive			_	ate of	f Re	ceipt 20) / Y	201		
	City Morgantown FEC ID number of contributing federal political committee. Name of Employer Ruby Memorial Hospital Receipt For: □ Primary □ General Other (specify) ▼	State WV C Occupation Anesthesiol Aggregate			Frans		on ID :	C19755	53		0
s	UBTOTAL of Receipts This Page (optional)		•••••				,			750.0	0
т	OTAL This Period (last page this line number	only)	••••••	. L		_	, .				

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	-	Use separate schedule(s)	(check only	one)		
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Any information copied from such Reports a or for commercial purposes, other than usir				ourpose of soli		
NAME OF COMMITTEE (In Full)	-					
American Society of Anesth	esiologists P	olitical Action Committ	ee			
Full Name (Last, First, Middle Initial) A. Timothy P. Pastore M.D.			Date of	Receipt		
Mailing Address 2183 Stopper Dr.			02	/ D D / 07	Y Y Y 2013	Y
City	State	Zip Code		action ID : C19		
Montoursville	PA	17754-9697	Amount	of Each Rece	ipt this Period	t
FEC ID number of contributing federal political committee.	С				25	0.00
Name of Employer	Occupation	l				
ANES ASSOC WMSPRT	ANESTHE	SIOLOGIST				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		250.00]			
Full Name (Last, First, Middle Initial) B. Mukesh Patel M.D.	I		Date of	Receipt		
Mailing Address 2727 W. Dr. M.L.K., Jr., Suite 310			02	/ D D /	2013	Y
City	State FL	Zip Code		action ID : C19		
Tampa	FL.	33607	Amount	of Each Rece	ipt this Period	t
FEC ID number of contributing federal political committee.	C				250	0.00
Name of Employer Millennium Anes. Care, P.A.	Occupation					
Receipt For:	ANESTHES					
Primary General	Aggregate	Year-to-Date ▼				
Other (specify)		250.00				
Full Name (Last, First, Middle Initial) C. Thales N. Pavlatos M.D.			Date of	Receipt		
Mailing Address 2790 Kilkenny Dr			M M 02	/ D D / 20	2013	Y
City Springfield	State OH	Zip Code 45503-1181		action ID : C22		
	OIT	45505-1161	Amount	of Each Rece	ipt this Period	1
FEC ID number of contributing federal political committee.	C			7	25	0.00
Name of Employer	Occupation					
SELF EMPLOYED		SIOLOGIST				
Receipt For:	Aggregate	Year-to-Date ▼	_			
Other (specify)		250.00				
SUBTOTAL of Receipts This Page (option	al)				, 750	0.00
TOTAL This Period (last page this line nur	mber only)				,	

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		Use separate schedule(s)	(check	only c	one)			
		for each category of the Detailed Summary Page	X 11	a	11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using t		ay not be sold or used by any p		he pu				
NAME OF COMMITTEE (In Full)				COILLI	IDULIONS	ITOITI SUCI	T COMMIN	
American Society of Anesthes	iologists P	olitical Action Committe	ee					
Full Name (Last, First, Middle Initial) A. Lisa A. Perez M.D.			Date	e of R	leceipt			
Mailing Address 6519 Province Ln.				^M 2	/ 27		2013	Y
City Baton Rouge	State LA	Zip Code 70808-3581				: C227573 Receipt th	32	
FEC ID number of contributing federal political committee.	С				7	7	250	.00
Name of Employer Information Requested	Occupation Anesthesio							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
Full Name (Last, First, Middle Initial) B. Luz Perez-Schwartz M.D.			Date	e of R	leceipt			
Mailing Address 1500 Chestnut St Apt 20 B			C C	2	/ 11		ү ү 2013	Y
City Philadelphia	State PA	Zip Code 19102-2747				: C192294 Receipt th		
FEC ID number of contributing federal political committee.	С				л. Л		250	.00
Name of Employer Information Requested	Occupation Anesthesiol							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1					
Full Name (Last, First, Middle Initial) C. Jeffrey S. Philip M.D.		, ,	Date	of B	leceipt			
Mailing Address 4549 Raynor Ct.			M	2	20		2013	Y
City Mason	State OH	Zip Code 45040-4629				: C197597 Receipt th		
FEC ID number of contributing federal political committee.	С				7	7	250	0.00
Name of Employer	Occupation	l						
PERIOP MED CONSULTS	ANESTHE	SIOLOGIST	_					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]					
SUBTOTAL of Receipts This Page (optional).					7 I	7	750.	.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the	purpose of		contribut	
NAME OF COMMITTEE (In Full)							
American Society of Anesthes	siologists P	olitical Action Committe	ee				
Full Name (Last, First, Middle Initial) A. Harvey Plosker M.D.			Date o	f Receipt			
Mailing Address 501 Glades Rd			02	/ D D) / Y	2013	Y
City	State	Zip Code	Trans	action ID :	C192338	1	
Boca Raton	FL	33432-1419	Amoun	t of Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С					500	.00
Name of Employer	Occupation	1					
Broad Anesthesia Associates	anesthesiol	logist					
Receipt For:	Aggregate	Year-to-Date V					
Other (specify)		500.00					
Full Name (Last, First, Middle Initial) B. Wayne V. Polek M.D.			Data a	f Receipt			
Mailing Address 6N 479 Splitrail Lane				•	/ Y	Y Y	Y
City	State	Zip Code	02	20		2013	_
Saint charles	IL	60175		action ID : t of Each R			
FEC ID number of contributing federal political committee.	С				,	250.	.00
Name of Employer	Occupation	1	_				
Kane Anesthesia Associates,S.C.	Anesthesiol	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		, 250.00					
Full Name (Last, First, Middle Initial) C. Marina Polianska M.D.			Date o	f Receipt			
Mailing Address 14880 Juneau Blvd			02	/ D D	/ Y	20 <u>1</u> 3	Y
City	State	Zip Code		saction ID :	C192292		
Elm Grove	WI	53122-1548	Amoun	t of Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С					275	.00
Name of Employer	Occupation	1	_				
Information Requested	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date V					
Other (specify)		275.00	1				
SUBTOTAL of Receipts This Page (optional).						1025.	00
TOTAL This Period (last page this line numb	er only)	······					

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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	ay not be sold or used by any p ddress of any political committee	erson for t e to solicit	he pu	14 Irpose of ibutions 1	15 soliciting from such	contribu	tions tee.
NAME OF COMMITTEE (In Full)								
American Society of Anesth	esiologists P	olitical Action Committ	ee					
Full Name (Last, First, Middle Initial) A. Wade R. Porterfield M.D.			Date	e of F	Receipt			
Mailing Address 3887 W. Branch Rd.)2	/ D C) / Y	2013	Y
City	State	Zip Code				C229227		
Allegany	NY	14706-9722	Amo	ount c	f Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				7		250	0.00
Name of Employer	Occupation							
SO TIER ANESTH	ANESTHES	GIOLOGIST						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		250.00]					
Full Name (Last, First, Middle Initial) B. Robert E. Powers M.D.			Date	e of F	Receipt			
Mailing Address P.O. Box 7288			М)2	/ 0 0) / Y	у у 2013	Y
City	State	Zip Code				C192336		
Little Rock	AR	72217-7288	Amo	ount c	of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				7		250	.00
Name of Employer	Occupation							
SELF	PHYSICIAN							
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		, 250.00						
Full Name (Last, First, Middle Initial) C. Christopher A. Prater M.D.			Date	e of F	Receipt			
Mailing Address 8175 Cindy Cir)2	/ D C) / Y	2013	Y
City	State	Zip Code	Tr	ansad	ction ID :	C192293	32	
Martinsville	IN	46151-9343	Amo	ount c	of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				7		500	0.00
Name of Employer	Occupation							
SELF-EMPLOYED	ANESTHES	SIOLOGIST						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		500.00]					
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		Detailed Summary Page	ļŕ	13	H	14	15		16	17
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NAME OF COMMITTEE (In Full)										
American Society of Anesthesic	logists P	olitical Action Committe	e							
Full Name (Last, First, Middle Initial) A. Jacob S. Pugsley M.D.				Date of	Red	ceipt				
Mailing Address 123 Second Ave # 901				м м 02	/	02) / Y) 13	Y
City	State	Zip Code		Trans	actio	on ID :	C19205	54		
Salt Lake City	UT	84103	_	Amount	of I	Each R	Receipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					,	7		500.	00
Name of Employer Mountain West Anesthesia	Occupation Physician									
Receipt For:	,	Vaar ta Data 🗮								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) B. Nawal E. Ragheb-Mueller D.O., Ph.	D			Date of	Red	ceipt				
Mailing Address 70 East 18th Street #4D				м м 02	/	05		20	13	Y
City	State	Zip Code		Transa	actio	on ID :	C192077			
Chicago	IL	60616		Amount	of I	Each R	Receipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					,			250.	00
Name of Employer North American Partners in Anesthesia	Occupation Anesthesiol									
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) C. Matthew Ragland M.D.				Date of	Red	ceipt				
Mailing Address 315 N Rollston Ave Apt 201				м м 02	/	22			ү 13	Y
City	State	Zip Code		Trans	acti	on ID :	C19760	44		_
Fayetteville	AR	72701-4131	_	Amount	of I	Each R	Receipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					,	7		250	.00
Name of Employer	Occupation									
Northwest Anesthesiology Associates	ANESTHES	SIOLOGIST								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
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NAME OF COMMITTEE (In Full)					unou				niee				
American Society of Anesthesi	ologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. Mark P. Ramirez M.D.			Da	ite of	Rec	ceipt							
Mailing Address PO Box 65959			N	02	/	06) / Y	ү ү 2013		1			
City Tucson	State AZ	Zip Code 85728-5959					C192104 Receipt th	47		_			
FEC ID number of contributing federal political committee.	С					,			50.00				
Name of Employer Santa Rita Anesthesia	Occupation PHYSICIAN												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
Full Name (Last, First, Middle Initial) B. Patrick R. Reddan M.D.	1		Da	ite of	Rec	ceipt							
Mailing Address 8499 Sierra Madre Trl			02 01 2013										
City Kalamazoo	State MI	Zip Code 49009-6946					C191984 Receipt th	-	d				
FEC ID number of contributing federal political committee.	C					,		50	0.00				
Name of Employer Self	Occupation Anesthesiol		_										
Receipt For:		Year-to-Date ▼	_										
Primary General Other (specify) ▼		500.00	1										
Full Name (Last, First, Middle Initial) C. John A. Reich M.D.	I		Da	ite of	Rec	ceipt							
Mailing Address 55 Station Lndg Apt 340			Ā	02	/	20		y y 2013	Y	1			
City Medford	State MA	Zip Code 02155-5029					C19759 Receipt th		d	_			
FEC ID number of contributing federal political committee.	С					,			50.00)			
Name of Employer	Occupation												
Tufts Med Ctr	Resident												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1										
SUBTOTAL of Receipts This Page (optional)						,		100	0.00				

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c		12						
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Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	y not be sold or used by any p ddress of any political committe	erson for e to solic	the t cor	purpose ntributior	of soliciting from su	ng co ch co	ontribut ommitt	tions :ee.					
NAME OF COMMITTEE (In Full)														
American Society of Anest	thesiologists Po	olitical Action Committ	ee											
Full Name (Last, First, Middle Initial) Jeff S. Reid D.O.			Da	ate of	Receip	t								
Mailing Address 16208 Clear Creek Dr			The second secon	02	/ D	13		2013	Y					
City	State	Zip Code	Т	Transaction ID : C1923347										
Edmond	OK	73013-1239	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C						_	250	.00					
Name of Employer Northwest Anesthesia	Occupation Anesthesiol	odist												
Receipt For:		-												
Primary General	Aggregate	Year-to-Date ▼												
Other (specify)		250.00												
Full Name (Last, First, Middle Initial) B. Tamara Rendulic M.D.			Da	ate of	Receip	t								
Mailing Address 472 Parkview Pl			T	02	/ D	D / 11		013	Y					
City	State	Zip Code				D : C1922		515						
Burr Ridge	IL	60527-8357				n Receipt		Period						
FEC ID number of contributing federal political committee.	C						_	500	_					
Name of Employer Westlake Hospital	Occupation physician													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]											
Full Name (Last, First, Middle Initial) C. Robert E. Rensch M.D.				ate of	Receip	ł								
Mailing Address 8151 Glenwynd Dr.				02	/ D	01		013	Y					
City	State	Zip Code		Frans	action I	D : C1919	841							
Kalamazoo	MI	49009	An	nount	of Eacl	n Receipt	this I	Period						
FEC ID number of contributing federal political committee.	С				,	,		500	.00					
Name of Employer	Occupation													
Kalamazoo Anesthesiology, P.C.	physician													
Receipt For:		Year-to-Date ▼												
Primary General			11											
Other (specify)		500.00												
SUBTOTAL of Receipts This Page (opti	, onal)				- 7	7	_	1250.	.00					
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of solicitir	ng contributions								
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	siologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial) A. Philip M. Rickman M.D.			Date of Receipt									
Mailing Address 57 Posada Dr			02 27 2013									
City	State CO	Zip Code	Transaction ID : C22922	-								
Pueblo	0	81005-2946	Amount of Each Receipt	this Period								
FEC ID number of contributing federal political committee.	С			250.00								
Name of Employer	Occupation	1										
Information Requested	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		250.00	1									
		7										
Full Name (Last, First, Middle Initial) B. Jay A. Rinehouse M.D.			Date of Receipt									
B. Jay A. RINENOUSE M.D. Mailing Address 10 Highland Dr				V V V V								
Maning Address To Highland Dr			02 04	_2013								
City	State	Zip Code	Transaction ID : C19207									
Chester	NJ	07930-3226	Amount of Each Receipt	this Period								
FEC ID number of contributing federal political committee.	С		7 7	250.00								
Name of Employer	Occupation	1										
Ambulatory Anesthesia Care	ANESTHES	SIOLOGIST										
Receipt For:	Aggregate	Year-to-Date V										
Other (specify) ▼		, 250.00]									
Full Name (Last, First, Middle Initial) C. Larry D. Robbins D.O.			Date of Receipt									
Mailing Address 2 Andrea Dr			02 06	2013								
City	State	Zip Code	Transaction ID : C1921									
Pittsfield	MA	01201-8436	Amount of Each Receipt	this Period								
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Name of Employer	Occupation	1										
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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	e				
/							
Full Name (Last, First, Middle Initial) A. Richard C. Romero M.D.			Date of Rece	eipt			
Mailing Address 1960 Ogden St Ste 525			M M / / 02	D D / Y 22	2013	Y	
City Denver	State CO	Zip Code 80218-3675		n ID : C197604 ach Receipt th			
FEC ID number of contributing federal political committee.	С			,	250.0	00	
Name of Employer	Occupation	1					
Pediatric Anes Consult	ANESTHE	SIOLOGIST					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		250.00					
Other (specify)		250.00					
Full Name (Last, First, Middle Initial) B. James F. Rosenbaum M.D.			Date of Rece	eipt			
Mailing Address 9140 El Dorado Ave			M M / 02	01 / Y	2013	Y	
City	State	Zip Code		n ID : C191993			
Kalamazoo	MI	49009	Amount of E	ach Receipt th	is Period		
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Name of Employer Kalamazoo Anesthesiology, P.C.	Occupation						
Receipt For:	Anesthesio	-					
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		500.00					
Full Name (Last, First, Middle Initial) C. Thea Rosenbaum M.D.			Date of Rece	eipt			
Mailing Address 260 River Ridge Pt			M M / / 02	р р / ү 15	2013	Y	
City	State	Zip Code		n ID : C192438			
Little Rock	AR	72227-1527	Amount of E	ach Receipt th	is Period		
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Name of Employer	Occupation	1	-				
University of Arkansas for Medical Sci	Anesthesio	logist					
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			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists P	olitical Action Committe	ee										
Full Name (Last, First, Middle Initial) A. Kirk N. Rossiter M.D.			Date of Receipt										
Mailing Address 3117 39th St			02 14 _ 2013 _										
City Metairie	State LA	Zip Code 70001-2932	Transaction ID : C2292284 Amount of Each Receipt this Period										
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Name of Employer Anesthesiology and Perioperative Medic Receipt For: Primary General Other (specify) ▼	Anesthesio		1										
Full Name (Last, First, Middle Initial) B. Stephen A. Rubin D.O. Mailing Address 4997 Oakhurst Lane			Date of Receipt										
City Frisco	State TX	Zip Code 75034	02 24 2013 Transaction ID : C1976142										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer Pinnacle Partners in Medicine	Occupation Anesthesiol												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
Full Name (Last, First, Middle Initial) C. Winnie Y. Ruo M.D.			Date of Receipt										
Mailing Address 326 Hambletonian Dr.			02 19 2013										
City Oak Brook	State IL	Zip Code 60523	Transaction ID : C1975562 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		250.00										
Name of Employer	Occupation	1											
Elmhurst Anes. Receipt For:	Anesthesio	-											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1										
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NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Patrick J. Sandell M.D. Mailing Address 15849 Kane Rd City Plainwell FEC ID number of contributing federal political committee.	State Zip Code MI 49080-9050	Date of Receipt 02 01 2013 Transaction ID : C1919931 Amount of Each Receipt this Period 500.00
Name of Employer KALAMAZOO ANESTH Receipt For: Primary General Other (specify) ▼	Occupation ANESTHESIOLOGIST Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Thomas C. Sanneman M.D. Mailing Address 3578 Cherry Ln City Woodbury FEC ID number of contributing federal political committee. Name of Employer Associated Anesthesiologists, PA Receipt For: Primary General Other (specify) ▼	State Zip Code MN 55129-8789 C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) C. Mahesh P. Sardesai M.D. Mailing Address 1304 Fairstead Lane City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer UPMC Shadyside Receipt For: Primary General Other (specify) ▼	State Zip Code PA 15217 Occupation Anesthesiologist Aggregate Year-to-Date ▼ 333.28	Date of Receipt 02 12 2013 Transaction ID : C1923064 Amount of Each Receipt this Period 83.34
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NAME OF COMMITTEE (In Full)													
American Society of Anest	hesiologists Po	olitical Action Committ	ee										
Full Name (Last, First, Middle Initial) A. Mahesh P. Sardesai M.D.			C	Date of	f Re	ceipt							
Mailing Address 1304 Fairstead Lane			02 18 2013										
City	State	Zip Code		Trans	acti	ion ID	: C′	192458	34				
Pittsburgh	PA	15217	A	mount	t of	Each	Rec	ceipt th	is Per	iod			
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Primary General	Aggregate	Year-to-Date ▼											
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Full Name (Last, First, Middle Initial) B. John M. Satterfield M.D.				Date of	f Re	ceipt							
Mailing Address 125 White Sail Dr.				м м 02	/	07		/ Y	2013		Y		
City	State	Zip Code			acti			192173					
Southington	СТ	06489-3854	A	mount	t of	Each	Rec	eipt th	is Per	iod			
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Full Name (Last, First, Middle Initial) C. Andrew K. Satz M.D.		, , , , , , , , , , , , , , , , , , ,		Date of	f Re	ceipt							
Mailing Address 8611 Key Harbour Dr.				м м 02		D		/ Y	y 2013		Y		
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Indianapolis	IN	46236	A	mount	t of	Each	Rec	ceipt th	is Per	iod			
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	AME OF COMMITTEE (In Full)											
	American Society of Anesthesic	Diogists P	olitical Action Committe	ee								
A	ull Name (Last, First, Middle Initial) Cristy M. Schade M.D.				Date of	f Re	ece	eipt				
_	lailing Address PO Box 850069				м м 02	/	E	D D D	/ Y) 013	Y
	ity	State TX	Zip Code		Trans	acti	ior	n ID : C	19243	41		
_	Mesquite		75185-0069	_	Amoun	t of	Ea	ach Re	ceipt th	nis F	eriod	
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	ull Name (Last, First, Middle Initial) Brian C. Schander M.D.				Date of	f Re	ece	eipt				
N	lailing Address 2624 Winter Park Dr.				02	/	ľ	D D D 14	/ Y)13	Y
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	ame of Employer UPAGE VALLEY ANES	Occupation ANESTHES										
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	ull Name (Last, First, Middle Initial) Stephen F. Scharf M.D.				Date of	f Re	ece	eipt				
N	lailing Address 103 Lee Cir.				02	/	ľ	D D 10	/ Y)13	Y
	ity _ynchburg	State VA	Zip Code 24503-1336						19223		ariad	
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	ynchburg Anesthesia Associates	Anesthesio	ogist									
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	NAME OF COMMITTEE (In Full) American Society of Anesthesid	ologists P	olitical Action Committ	ee										
Α.	Full Name (Last, First, Middle Initial) Catherine C. Schmidt M.D. Mailing Address 117 Sunset Rim									V				
	City	State	Zip Code	02 05 2013										
	Cody	WY	82414-9635	A							d			
	FEC ID number of contributing federal political committee.	C					3							
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	Full Name (Last, First, Middle Initial) Kevin J. Schmidt M.D.				Date o	f Re	eceipt							
	Mailing Address 12 Hampton Dr				м м 02	/		D 08	/ Y	2013	Y			
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	Full Name (Last, First, Middle Initial) David M. Schneider M.D.				Date o	f Re	eceipt							
	Mailing Address 7015 Yellowstone Place				м м 02	/		D 11	/ Y	y y 2013	Y			
	City Billings	State MT	Zip Code 59106-2001						229228 ceipt th	33 iis Period	d			
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Full Name (Last, First, Middle Initial) Date of Receipt A. Catherine L. Scholl M.D. TX Mailing Address 2007 Robinhood Tri Ctiy City State Zip Code Austin TX 78/03/2131 FEC ID number of contributing tederal political committee. Occupation mount of Each Receipt this Period Preceipt For: Aggregate Year-to-Date ▼ Interview Interview Phill Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 14106 Waterview Ctip Other (specify) ▼ Date of Receipt City State Zip Code Transaction ID: C1919932 Austin Austrice Schermer M.D. Milling Address 14106 Waterview Ctip City State Zip Code Transaction ID: C1919932 Automation of Contributing federal political committee. Ccupation AustriteStoColSist T Receipt For: Aggregate Year-to-Date ▼ So0.00 Date of Receipt Primary General Ccupation So0.00 Transaction ID: C1919933 Automation Milling Address 7966 Bent Tree Rd. Citig So0.00 Transactic ID													
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Α.	Full Name (Last, First, Middle Initial) David G. Schultz M.D. Mailing Address 1819 N Halifax Ave				Date of	Re	D I I			Ŷ	Y	
	City Daytona Beach	State FL	Zip Code 32118-3438	_				C229228	86	013		
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В.	Full Name (Last, First, Middle Initial) Larry M. Segers M.D. Mailing Address 215 Asphodel Dr.			_	Date of	Re	D I I			12	Y	
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C.	Full Name (Last, First, Middle Initial) Lopa S. Shah M.B.,B.S.				Date of	Re	ceipt					
	Mailing Address 4 Warhol Way				^M M 02	/	D 12)13	Y	
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Full Name (Last, First, Middle Initial) A. Ronald A. Shore D.O.			Date of F	Receipt									
Mailing Address 551 Overlook Drive			м м 02	02 06 Y Y Y Y Y Y 02 06 2013									
City	State NJ	Zip Code 07481	Transaction ID : C1921894										
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Full Name (Last, First, Middle Initial) B. Linda Shore-Lesserson M.D.			Date of F	Receipt									
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Full Name (Last, First, Middle Initial) C. David G. Shores D.O.			Date of F	Receipt									
Mailing Address 202 Muirfield Ct			02		2013	Y							
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Full Name (Last, First, Middle Initial) A. Chetan R. Shukla M.D. Mailing Address 7312 Palais Cir. City Indianapolis FEC ID number of contributing federal political committee. Name of Employer ACI Receipt For: Primary General Other (specify) ▼			/ acti	12 ion ID		3149	2013 Period 250.	00]		
Full Name (Last, First, Middle Initial) Karen S. Sibert M.D. Mailing Address 4146 Sunnyslope Ave. City Sherman Oaks FEC ID number of contributing federal political committee. Name of Employer Cedars-Sinai Medical Center Anes. Dept Receipt For: Primary General Other (specify) ▼			/ acti	ion ID		745	Period 83.	ч 34]		
Full Name (Last, First, Middle Initial) Richard Siegenfeld M.D. Mailing Address 9 Montrose Place City Melville FEC ID number of contributing federal political committee. Name of Employer North Shore-Long Island Jewish Medical Receipt For: Primary General Other (specify)	State NY C Occupation physician Aggregate	Zip Code 11747 Year-to-Date ▼ 500.00			/ act	ion ID		2 0 697	2013 Period 500.	.00]
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\setminus	NAME OF COMMITTEE (In Full)														
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Α.	Full Name (Last, First, Middle Initial) John A. Sikora M.D.				Date of	Re	eceipt								
	Mailing Address 900 Peeler St				M M	/	DD	/ Y	Y	Y	Y				
	Kalamazoo Anesthesiology, City	PC State	Zip Code	_	02		01	040400		013					
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в.	Full Name (Last, First, Middle Initial) John P. Simons D.O.				Date of	Re	ceipt								
	Mailing Address 26 Thistlewood Ln				M M	/	D D	/ Y	Y	Y	Y				
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	Medstream Anesthesia	Anesthesio	ogist												
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С.	Full Name (Last, First, Middle Initial) Jean A. Simonson M.D.				Date of	Re	eceipt								
	Mailing Address 924 20th Ave. Cir.				м м 02	/	D D	/ Y)13	Y				
	City	State	Zip Code		Trans	act	ion ID :	C19245	29						
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Α.	Full Name (Last, First, Middle Initial) Jasbir Singh M.D. Mailing Address 8 S 274 Hampton Circle			Date of Receipt
	City Naperville	State IL	Zip Code 60540	Transaction ID : C1920766 Amount of Each Receipt this Period
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	Name of Employer North Western University Receipt For: Primary General Other (specify) ▼	Occupation Resident Aggregate	Year-to-Date ▼ 250.00	
B.	Full Name (Last, First, Middle Initial) Linda B. Sirugo M.D. Mailing Address 1420 Indiana Avenue			Date of Receipt
	City La Porte FEC ID number of contributing	State IN	Zip Code 46350	02 12 2013 Transaction ID : C1923393 Amount of Each Receipt this Period
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C.	Full Name (Last, First, Middle Initial) David J. Smith A.AC Mailing Address 4 Erica Ct			Date of Receipt
	City Pueblo	State CO	Zip Code 81001-1074	02 19 2013 Transaction ID : C1975578 Amount of Each Receipt this Period
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$\Big\rangle$	American Society of Anesthesi	ologists P	olitical Action Commit	ee											
Α.	Full Name (Last, First, Middle Initial) Joel D. Smith D.O.				Date of	Re	eceipt								
	Mailing Address 60 Tukey Rd.				м м 02	1	D D 19	/ Y		013	Y				
	City	State	Zip Code		Trans	acti	ion ID :	C19756)9						
	Oakland	ME	04963	/	Amount	t of	Each R	eceipt th	is P	Period					
	FEC ID number of contributing federal political committee.	С			250.00										
	Name of Employer	Occupation													
	Maine General Medical Center	Anesthesio	ogist												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) V		250.00												
в.	Full Name (Last, First, Middle Initial) Gregory M. Somerville M.D.				Date of	Re	eceipt								
	Mailing Address 6208 Devils Hollow Rd.				м м 02	/	04	/ Y	Y 20)13	Y				
	City	State	Zip Code		Trans	acti	ion ID : (C192076	30						
	Fort Wayne	IN	46814-9401	/	Amount	t of	Each R	eceipt th	nis P	Period					
	FEC ID number of contributing federal political committee.	С						7	_	500.	00				
	Name of Employer Associated Anesthesiologists of Fort W	Occupation Anesthesiol													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		500.00												
с.	Full Name (Last, First, Middle Initial) Richard A. Stark M.D.	1			Date of	Re	eceipt								
	Mailing Address 915 E. Eagle Lake Dr.				м м 02	/	D D 01	/ Y) 13	Y				
	City	State	Zip Code		Trans	act	ion ID :	C19199	35						
	Kalamazoo	MI	49009-8426	/	Amount	t of	Each R	eceipt th	is P	Period					
	FEC ID number of contributing federal political committee.	С					,		_	500	.00				
	Name of Employer	Occupation													
	Kalamazoo Anesthesiology, PC	Physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		500.00	11.											
	Other (specify)		500.00												
s	UBTOTAL of Receipts This Page (optional)						7	7	_	1250.	00				
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	y information copied from such Reports and Sta for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) American Society of Anesthesiol													
		Ugists I												
Α.	Full Name (Last, First, Middle Initial) Anna M. Staudt M.D.				Date of	Re	eceipt							
	Mailing Address 5601 Riverbluff Dr.			02 13 2013 Transaction ID : C1923371										
	City Suffolk	State VA	Zip Code 23435-1629				-							
	FEC ID number of contributing	C		_ A	mount	tof	Each F	Receipt th	nis P	'eriod 250.	.00			
	federal political committee.			1.1			7	7						
	Name of Employer	Occupation												
	STAUDT INC Receipt For:	ANESTHES		_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)	L	250.00											
в.	Full Name (Last, First, Middle Initial) Hans E. Steine M.D.				Date of	Re	eceipt							
	Mailing Address 660 13th Ave SW			02 14 _2013)13	Y			
	City	State	Zip Code		Trans	acti	ion ID :	C192431						
	Mount Vernon	IA	52314-9586	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer Linn County Anesthesiologists, P.C.	Occupation ANESTHES												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00											
с.	Full Name (Last, First, Middle Initial) John Stephenson M.D.				Date of	Re	eceipt							
	Mailing Address 5671 Peachtree Dunwoody Ro Suite 530	ad			м м 02	/	02)13	Y			
	City	State	Zip Code		Trans	act	ion ID :	C19205	36					
	Atlanta	GA	30342	A	mount	t of	Each F	Receipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С				_	7	7		83	.30			
	Name of Employer	Occupation												
	Physician Specialists in Anesthesia, P	Anesthesio	ogist											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 333.20											
s	UBTOTAL of Receipts This Page (optional)						1			833.	30			
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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using the		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
American Society of Anesthesic	blogists Political Action Comm	nittee
A. Full Name (Last, First, Middle Initial) John Stephenson M.D. Mailing Address 5671 Peachtree Dunwoody R Suite 530	oad	Date of Receipt
City	State Zip Code	Transaction ID : C1924285
Atlanta	GA 30342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Physician Specialists in Anesthesia, P Receipt For:	Anesthesiologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	
Full Name (Last, First, Middle Initial) B. John Steriti M.D.		Date of Receipt
Mailing Address 90 Emerald Dr		02 24 2013
City	State Zip Code MA 01904-1255	Transaction ID : C1976122
Lynn FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Anaesthesia Associates of Massachusett	Occupation Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Andrew L. Sternlicht M.D.		Date of Receipt
Mailing Address 533 Hammond St.		02 14 2013
City Newton	State Zip Code MA 02467	Transaction ID : C1924300 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
CAP Anesthesia PC Anestesiology	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		> 583.30
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NAME OF COMMITTE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
American Socie	ty of Anesthesic	logists Po	olitical Action Committe	ee										
Full Name (Last, First, Paul H. Stevensor				Date of Receipt										
Mailing Address Kalam	azoo Anes. P.C. ox 4095				02 01 2013 Transaction ID : C1919937 Amount of Each Receipt this Period									
City Kalamazoo		State MI	Zip Code 49003-4095	_										
FEC ID number of con federal political commit	0	С					7	· ·	500	0.00				
Name of Employer KALAMAZOO ANESTH		Occupation ANESTHES												
Receipt For:			Year-to-Date ▼	_										
Primary Other (specify)	General	Aggregate	500.00											
Full Name (Last, First,														
B. Kenneth R. Stone				_	Date of	Re	ceipt							
Mailing Address 317 La	aurelwood Rd				м м 02	/	20		2013	Y				
City		State	Zip Code			acti		C197562						
Orange		СТ	06477-1654		Amount	of	Each F	Receipt th	nis Period					
FEC ID number of con federal political commit	0	C					7	7	500	.00				
Name of Employer Bridgeport Anesthesia A	ISSOC.	Occupation Physician												
Receipt For:		Aggregate	Year-to-Date ▼											
Primary Other (specify)	General		500.00											
Full Name (Last, First, C. Volker I. Striepe					Date of	Re	ceipt							
Mailing Address 621 P	ost Oak Circle				м м 02	/	10		2013	Y				
City Brentwood		State TN	Zip Code 37027				-	C19223	-					
FEC ID number of con federal political commit	0	С			Amount	or	Each F	receipt tr	nis Period 250	0.00				
Name of Employer		Occupation		_										
Nashville Anethesia Se	rvices	Anesthesiol	ogist											
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 250.00											
SUBTOTAL of Receipts	,		Þ	 -			7 <u>1</u>		1250	.00				

SCHEDULE A (FEC Form 3X) _ _ _ _ _ _

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	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Po	olitical Action Committe	ee										
Α.	Full Name (Last, First, Middle Initial) Matthew D. Sunderlin M.D.			Date of Receipt										
	Mailing Address 16099 Surrey Way				M M 02	1	D D D 25	/ Y	ү 201		Y			
	City Spring Lake	State MI	Zip Code 49456-8830	Transaction ID : C1977080 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7			250.0	00			
	Name of Employer Lakeshore Anes.Services Receipt For:	Occupation Anesthesiol	ogist											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
B.	Full Name (Last, First, Middle Initial) Kazimierz M. Szczech M.D.	·			Date of	f Re	eceipt							
	Mailing Address 19 Kristen Ct		7.0.1		M M 02	/	07	/ Y	2013		ſ			
	City Wayne	State NJ	Zip Code 07470-5061					C192225 eceipt th		riod				
	FEC ID number of contributing federal political committee.	С					7			250.0	0			
	Name of Employer SELF-EMPLOYED	Occupation ANESTHES												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
<u></u> с.	Full Name (Last, First, Middle Initial) Michael A. Tahir M.D.				Date of	f Re	eceipt							
	Mailing Address 5831 Wright Rd				м м 02		D D 11	/ Y	2013		Ŷ			
	City New Orleans	State LA	Zip Code 70128-2711					C229229 eceipt th		riod				
	FEC ID number of contributing federal political committee.	С					1	, j		250.0	00			
	Name of Employer	Occupation												
	Tulane University Anesthesiology Receipt For:	Anesthesio	-											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1										
s	UBTOTAL of Receipts This Page (optional)			•			5		7	750.0	0			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial) A. Lance A. Talmage Jr., M.D. Mailing Address 3644 Forest Oaks Dr City Fairlawn FEC ID number of contributing federal political committee	State OH	Zip Code 44333	Date of Receipt 02 04 2013 Transaction ID : C1920678 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Anesthesiology Associates of Akron, In Receipt For: □ Primary □ General Other (specify) ▼	Occupation Anesthesio		
Full Name (Last, First, Middle Initial) B. Sanjiwan V. Tarabadkar M.B. Mailing Address 5055 Wellington Dr City Macon FEC ID number of contributing federal political committee. Name of Employer	State GA C	Zip Code 31210-4429	Date of Receipt 02 25 2013 Transaction ID : C1976597 Amount of Each Receipt this Period 500.00
NEXUS MEDICAL GROUP Receipt For: Primary General Other (specify) ▼	ANESTHES	SIOLOGIST Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark D. Tasch M.D. Mailing Address 235 Redding Ct City Zionsville FEC ID number of contributing federal political committee. Name of Employer IUAA Receipt For: Primary General Other (specify)	State IN C Occupation Physician Aggregate	Zip Code 46077-1037 Year-to-Date ▼ 500.00	Date of Receipt 02 13 2013 Transaction ID : C1924343 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional).		•••••	1250.00
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IT.			Use separate schedule(s) (c for each category of the			(check only one)							
	EMIZED RECEIPTS			✓ 11a 13		11b 14	11c	12		17			
	y information copied from such Reports and St for commercial purposes, other than using the				for the			soliciting	g contribu				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	olitical Action Committe	e									
Α.	Full Name (Last, First, Middle Initial) David A. Tavares Jr., M.D.				Date of	Re	ceipt						
	Mailing Address 3528 Crossbow Drive			02 04 2013									
	City Frisco	State TX	Zip Code 75033					C19206					
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each R	eceipt tr	nis Perioc 500	1 D.00			
	Name of Employer	Occupation											
	Ascendant Anesthesia	Anesthesiol	ogist										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
			, , , , , , , , , , , , , , , , , , , ,	<u> </u>									
B.	Full Name (Last, First, Middle Initial) Carol S. Taylor M.D.				Date of	Re	ceipt						
	Mailing Address 2426 E Avenida De Posada	-		02 11 / Y Y Y Y Y 02 11 2013									
	City Tucson	State AZ	Zip Code 85718-3057	-				C22922		J			
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period							
	Name of Employer Oro Valley Anesthesia	Occupation ANESTHES	IOLOGIST										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 500.00										
с.	Full Name (Last, First, Middle Initial) Steven Teplitz M.D.				Date of	Re	ceipt						
	Mailing Address 383 Astor Dr.				м м 02	/	D D 19	/ Y	2013	Y			
	City	State	Zip Code			acti		C19755					
	Sayville	NY	11782	_	Amoun	of	Each R	eceipt th	nis Perioc	ł	_		
	FEC ID number of contributing federal political committee.	С					,	- 7	25	0.00			
	Name of Employer	Occupation											
	Self-Employed Receipt For:	PHYSICIAN		_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)		•				,		1250	0.00			
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			Detailed Summary Page		-		11b		; [12	<u> </u>	_			
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or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to sol	icit cor	ntrib	outions	from s	uch c	ommit	tee.				
\backslash	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	logiste D	olitical Action Committe	20											
				ee											
Α.	Full Name (Last, First, Middle Initial) Gary J. Theisen M.D.				Date of	Re	eceipt								
	Mailing Address 3818 E Gull Lake Dr				M M	/	D	D /	Y	(Y	Y				
					02		01			2013					
	City	State MI	Zip Code 49060-9503				ion ID :								
	Hickory Corners	IVII	49000-9505	A	Amount	of	Each F	Receipt	t this	Perioc					
	FEC ID number of contributing federal political committee.	С			_	_	,			500	0.00	1			
	Name of Employer	Occupation													
	KALAMAZOO ANESTH	ANESTHES	SIOLOGIST												
		Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		500.00												
B	Full Name (Last, First, Middle Initial) Mack A. Thomas M.D.			Г	Date of	Re	ceint								
	Mailing Address 244 Beverly Dr.				M M	/	D	D /	Y	Y	Y				
					02		08	;	2	013					
	City	State LA	Zip Code				on ID :								
	Metairie	LA	70001	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7	7		250	.00	I,			
	Name of Employer	Occupation													
	Ochsner Health Systems	Physician													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		250.00												
C.	Full Name (Last, First, Middle Initial) Robert D Thornton, II II, M.D.				Date of	Re	eceipt	_			_	_			
	Mailing Address 5628 Double Oak Lane				M M	/	D	D /	Y	/ Y	Y				
	City	Ctata	Zin Code	4	02		21			013					
	City Birmingham	State AL	Zip Code 35242				ion ID			Porios	1				
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	federal political committee.	С				-	7	7		25	0.00	I,			
	Name of Employer	Occupation													
	Anes. Assoc. PC	Physician													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		250.00												
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$\overline{\}$	NAME OF COMMITTEE (In Full)			10 001							0.
\rangle	American Society of Anesthesio	logists P	olitical Action Committe	e							
Α.	Full Name (Last, First, Middle Initial) Jeffrey C. Thue M.D.			C	Date o	f Re	eceipt				
	Mailing Address 120 33rd Street				м м 02	/	D 04		201	13	Y
	City Manhattan Beach	State CA	Zip Code 90266					: C19207 Receipt t		riod	
	FEC ID number of contributing federal political committee.	С					,			500.0	00
	Name of Employer Self	Occupation PHYSICIAN	l								
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
в.	Full Name (Last, First, Middle Initial) Thomas M. Toal M.D.)ate o	f Re	ceint				
2.	Mailing Address PO Box 4497				M M 02	/	25		201	3	
	City	State	Zip Code		Trans	acti	on ID :	C19766			_
	Ithaca	NY	14852-4497	A	moun	t of	Each F	Receipt t	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	7		250.0	0
	Name of Employer Information Requested	Occupation									
	Receipt For:	Anesthesiol	0	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)	L	250.00								
с.	Full Name (Last, First, Middle Initial) Steven A. Topfer D.O.			C)ate o	f Re	eceipt				
	Mailing Address 140 Prospect Ave., Suite 8				м м	/	05		_201		ſ
	City	State	Zip Code			sact		: C19207			
	Hackensack	NJ	07601	A	moun	t of	Each F	Receipt t	his Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	7		250.0	00
	Name of Employer	Occupation									
	Hackensack Anesthesiology Associates	Anesthesiol	ogist	_							
	Receipt For:	Aggregate	Year-to-Date ▼								
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	ormation copied from such Reports and St commercial purposes, other than using the				for the		pose of	soliciting	g contrib		ıs
	NE OF COMMITTEE (In Full) nerican Society of Anesthesio	logists Po	olitical Action Committe	e							
A. Fre	Name (Last, First, Middle Initial) ederick K. Torres M.D.				Date o	f Re	ceipt				
	ing Address 2218 Campestre Terr.				м – м 02	/	03	/ Y	2013	Y	
City Nap		State FL	Zip Code 34119					C19205 eceipt th	71 his Period	d	
	CID number of contributing and political committee.	С					,			0.00	
Ane	ne of Employer sthesia Associates of Naples	Occupation Anesthesiol	ogist								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
B. Jo	Name (Last, First, Middle Initial) hn N. Trobaugh M.D.				Date o	f Re	· ·				_
City	ing Address 1050 Borghese Ln Apt 1706	State	Zip Code	_	02	acti	08	C19229:	2013	Y	
Nap		FL	34114-7930						nis Perio	d	
	D ID number of contributing bral political committee.	С					,			0.00	
	ne of Employer sicians Regional Medical Center	Occupation Physician									
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
	Name (Last, First, Middle Initial) aul G. Turk M.D.				Date o	f Re	ceipt				
	ing Address 770 Pine Street, Suite L40				м м 02	/	25	/ Y	2013	Y	1
City Mae		State GA	Zip Code 31201	_				C19765	98 nis Perio	d	-
	D number of contributing political committee.	С					,			0.00)
Nam	ne of Employer	Occupation									
	rmation Requested	Anesthesiol	ogist								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11b 14		11c 15	12	17			
Any information copied from such Reports and or for commercial purposes, other than using th				or the		oose o		oliciting	contribu	tions		
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	эе									
Full Name (Last, First, Middle Initial) Katherine Turner M.D. Mailing Address 1023 Spectacular Bid Dr				Date of	Re	ceipt		/ Y	ү 2013	Y		
City	State	Zip Code	Transaction ID : C1920641									
Union	KY	41091-8069	A	mount	of	Each	Rec	eipt thi	s Period			
FEC ID number of contributing federal political committee.	С					,		7	250	.00		
Name of Employer	Occupation	1										
Independent Anesthesiologists, PSC	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		250.00										
Full Name (Last, First, Middle Initial) B. Mark J. Uggeri M.D.	1			Date of	Re	ceipt						
Mailing Address 8727 2nd Street				м = м 02	1	D 01		/ Y	ү ү 2013	Y		
City	State	Zip Code						91993				
Mattawan	MI	49071	A	mount	of	Each	Rec	eipt thi	s Period			
FEC ID number of contributing federal political committee.	С					,	_	7	500	.00		
Name of Employer Self	Occupation ANESTHES											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
Full Name (Last, First, Middle Initial) C. Bruce A. Van Dop D.O., M.S.	1			Date of	Re	ceipt						
Mailing Address 6466 Terravita				м м 02	/	D 19		/ Y	ү ү 2013	Y		
City Whitehall	State MI	Zip Code 49461						229224				
		וטדטד		mount	of	∟ach	Rec	eipt thi	s Period			
FEC ID number of contributing federal political committee.	С					,	_	7	250	0.00		
Name of Employer	Occupation	l										
Delaware County Anesthesiologists	physician											
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		250.00										
SUBTOTAL of Receipts This Page (optional)		•				7	l	7	1000	.00		
TOTAL This Period (last page this line number	r only)					,		7				

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	eck onl	y or	ne)					
			for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c	12	Г	17	7
	y information copied from such Reports and St for commercial purposes, other than using the											
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Po	blitical Action Committe	e								
Α.	Full Name (Last, First, Middle Initial) Karin H. Vangura M.D. Mailing Address 62 Jefferson Avenue				Date o		ceipt		- Y - Y	Y Y		
	City Ponte Vedra Beach	State FL	Zip Code 32082	_			-	C19243				
	FEC ID number of contributing federal political committee.	С			Amoun	t of		Receipt t		oa 600.0	0	
	Name of Employer self	Occupation physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
B.	Full Name (Last, First, Middle Initial) David Varlotta D.O.				Date o	f Re	ceipt					
	Mailing Address 1303 Bayshore Blvd.				м м 02	/	05		2013	Y Y		
	City Tampa	State FL	Zip Code 33606-2911					C19207 Receipt t		od		
	FEC ID number of contributing federal political committee.	С					,			83.3	0	
	Name of Employer Greater Florida Anesthesiologists	Occupation anesthesiolo	gist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90									
<u></u> с.	Full Name (Last, First, Middle Initial) David Varlotta D.O.				Date o	f Re	ceipt					
	Mailing Address 1303 Bayshore Blvd.				м м 02	1	D 16		2013			
	City Tampa	State FL	Zip Code 33606-2911	_				: C19244 Receipt t		od		
	FEC ID number of contributing federal political committee.	С					7			83.3	0	
	Name of Employer	Occupation										
	Greater Florida Anesthesiologists	anesthesiol	ogist									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90									
s	UBTOTAL of Receipts This Page (optional)		••••••				7	7	61	66.60)	
т	OTAL This Period (last page this line number c	only)	•••••				,					ĺ

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17			Use separate schedule(s)	(cheo	ck only	/ on	e)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	Г	
	y information copied from such Reports and S for commercial purposes, other than using the									ibutic	
\setminus	NAME OF COMMITTEE (In Full)										
	American Society of Anesthesic	ologists P	olitical Action Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Christopher J. Vasil M.D.			D	ate of	Re	ceipt				
	Mailing Address 15500 Shannon Hts.			11	м м 02	/	D D D 11	/ Y	201:	Y ■ Y 3	1
	City	State	Zip Code			acti		C22922			
	Los Gatos	CA	95032-5700	A	mount	of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					7		3	375.0	0
	Name of Employer	Occupation									
	GROUP ANES SERV	PHYSICIAN	l								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		375.00								
в.	Full Name (Last, First, Middle Initial) Thomas E. Verdone M.D.			D	ate of	Re	ceipt				
	Mailing Address 27 Crystal Ridge Rd				м м 02	/	13	/ Y	y 2013		1
	City	State	Zip Code		Transa	actio	on ID :	C192432			
	South Glastonbury	СТ	06073-3545	A	mount	of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					,		2	250.0	0
	Name of Employer Milford Anesthesia associates	Occupation Physician									
	Receipt For:	,	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
с.	Full Name (Last, First, Middle Initial) Sally J. Vetter M.D.				ate of	Re	ceipt				
	Mailing Address 9535 N Placita Roca De Bron	се			м м 02	/	D D D	/ Y	2013		1
	City	State	Zip Code	1.		acti		C19755			
	Tucson	AZ	85704-8610	A	mount	of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С					,		ę	500.0	0
	Name of Employer	Occupation		-							
	Oro Valley Anesth	PHYSICIAN	١								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7	7	11	25.00	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committe	e
Full Name (Last, First, Middle Initial) A. David H. Vickers M.D. Mailing Address 216 Cheekwood Ct			Date of Receipt
	Otata	Zin Onda	02 17 _ 2013 _
City Franklin	State TN	Zip Code 37069-6524	Transaction ID : C1924575 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Nashville Anesthesia Services	Occupation Anesthesio		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Prem K. Vindhya M.D.	1		Date of Receipt
Mailing Address 6409 San Mateo Ln			02 06 2013
City Odessa	State TX	Zip Code 79762-5215	Transaction ID : C1921895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Surgery Center Texas	Occupation ANESTHES		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Matthew Vo M.D.	1		Date of Receipt
Mailing Address P.O. Box 14767			02 20 2013
City Long Beach	State CA	Zip Code 90803	Transaction ID : C1975960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	
Matthew Vo, MD, Inc	Physician		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check onl	y one)	L		
		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than us							
NAME OF COMMITTEE (In Full)							
American Society of Anest	hesiologists P	olitical Action Committ	ee				
Full Name (Last, First, Middle Initial) Gerald Wade M.D.			Date o	f Receipt			
Mailing Address 816 South Street			02	/ D D 13	/ Y	ү ү 2013	Y
City	State	Zip Code		saction ID : (C192435		
Yreka	CA	96097	Amoun	t of Each Re	eceipt thi	s Period	
FEC ID number of contributing federal political committee.	C				y	250.	00
Name of Employer	Occupation						
Self	ANESTHES	SIOLOGIST					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		250.00]				
Full Name (Last, First, Middle Initial) B. J. M. Wagner M.D.			Date o	f Receipt			
Mailing Address 6634 Klein St. NW				•	/ Y	y y 2013	Y
City	State	Zip Code		action ID : 0	C1975604		
Olympia	WA	98502	Amoun	t of Each Re	eceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				7	250.	00
Name of Employer	Occupation						
Olympia Anesthesia Associates	ANESTHES	SIOLOGIST					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) V		250.00]				
Full Name (Last, First, Middle Initial) C. Mark A. Wahl M.D.			Date o	f Receipt			
Mailing Address 4339 Monterey Pine A	ve.		02	/ D D 01	/ Y	y y 2013	Y
City	State	Zip Code	Trans	saction ID : (C191994	0	
Portage	MI	49024	Amoun	t of Each Re	eceipt thi	s Period	
FEC ID number of contributing federal political committee.	C				7	500	.00
Name of Employer	Occupation						
Kalamazoo Anesthesiology, PC	Anesthesio	logist					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		500.00]				
SUBTOTAL of Receipts This Page (option	,			· · · ·	5	1000.	00
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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists P	olitical Action Committe	e
Α.	Full Name (Last, First, Middle Initial) James J. Walsh M.D. Mailing Address 166 83rd St.			Date of Receipt
	City Brooklyn	State NY	Zip Code 11209	02 03 2013 Transaction ID : C1920568 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer NAPA Receipt For: Primary General Other (specify) ▼		n nesthesiologist Year-to-Date ▼ 500.00	
B.	Full Name (Last, First, Middle Initial) Harper R. Ward M.D. Mailing Address 2300 Belleview Ter			Date of Receipt
	City Oklahoma City FEC ID number of contributing	State OK	Zip Code 73112-7741	02 16 2013 Transaction ID : C1924492 Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer Harper R Ward MD PLLC	Occupation Attending		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) Marvin L. Warren M.D.			Date of Receipt
	Mailing Address 3023 Mactavish	State	Zip Code	02 04 2013 Transaction ID : C1920638
	Billings	MT	59101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	_
	Billings Anesthesiology, P.C. Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
	DTAL This Period (last page this line number of			

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	FIJ		Detailed Summery Read		11a		11b		11c		12	
			Detailed Summary Page		13		14		15	H	16	17
			ay not be sold or used by any p ddress of any political committe									
/		iologists P	olitical Action Committ	ee								
Full Name (Last, First, Timothy B. Watso	n M.D.			(Date of	Re	ceipt					
Mailing Address 1224	Trotwood Ave				м м 02	/	D 15		/ Y)13	Y
City		State TN	Zip Code 38401-4802						192444			
Columbia		IIN	30401-4002	_ /	Amount	of	Each	Red	ceipt th	is P	eriod	
FEC ID number of cor federal political commi	0	С				_	,	_	7	_	500.	00
Name of Employer Self		Occupation Anesthesiol										
Receipt For:			-									
Primary	General	Aggregate	Year-to-Date ▼									
Other (specify)	•		500.00									
Full Name (Last, First, B. Martin B. Wehlag					Date of	Re	ceipt					
Mailing Address 7810					M M	/	08		/ Y	Y 20	13	Y
City		State	Zip Code			acti			192291		15	
Indianapolis		IN	46240						ceipt th		eriod	
FEC ID number of cor federal political commi	-	C					,		7	_	250.	00
Name of Employer Information Requested		Occupation Anesthesiol										
Receipt For:			Year-to-Date ▼									
Primary Other (specify)	General		250.00]								
Full Name (Last, First, C. Alan Weiss M.D					Date of	Re	ceipt					
Mailing Address 960 F	Royal Arms Dr.				м м 02	/	D 12		/ Y) 13	Y
City Girard		State OH	Zip Code 44420-1652						192305 ceipt th		eriod	_
FEC ID number of cor federal political commi	0	С					7		7	_		.30
Name of Employer		Occupation										
Bel-Park Anes. Assoc.	Inc.	anesthesiol	ogist									
Receipt For:		Aggregate	Year-to-Date ▼									
Primary	General			11.								
Other (specify)	7		333.20									
SUBTOTAL of Receipts	This Page (optional)						,		7		833.	30
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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	and Statements may not be sold or used by any g the name and address of any political commit	13 14 15 16 17 person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	esiologists Political Action Commi	
Full Name (Last, First, Middle Initial) A. Alan Weiss M.D.		Date of Receipt
Mailing Address 960 Royal Arms Dr.	State Zip Code	02 15 2013 Transaction ID : C1924366
Girard	OH 44420-1652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	
Full Name (Last, First, Middle Initial) B. Jason B. Wells M.D.		Date of Receipt
Mailing Address 66 Westgate Blvd		02 10 Y Y Y Y Y 02 10 2013
City Manhasset	StateZip CodeNY11030-1453	Transaction ID : C1922318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NY Cardiovascular Anesthesiologists, P	Occupation Physician Anesthesiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Blake E. Wendelburg M.D., Pl	h.D	Date of Receipt
Mailing Address 7326 Oakview		02 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Shawnee	StateZip CodeKS66216	Transaction ID : C1977863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Midwest Anesthesia ASSOCIATES	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	833.30
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ITEMIZED RECEIPTS			Use separate schedule(s)				(check only one)							
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	Γ	17			
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any p ddress of any political committe	erson for	r the	purı ntrib	pose of	soliciting	g contrib	outior ittee.	ıs			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists P	olitical Action Committ	ee										
Α.	Full Name (Last, First, Middle Initial) Janet L. Wendeln M.D. Mailing Address 13739 Foxdale Lake Drive				ate of		ceipt		- Y - Y	- Y				
		01-1-1	7. 0.1.	_ L	02		19	J L	2013					
	City Carmel	State IN	Zip Code 46032-8558					C19755 eceipt th		d				
	FEC ID number of contributing federal political committee.	C					5		27	75.00				
	Name of Employer	Occupation												
	Anesthesia Consultants of Indianapolis Receipt For:													
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 275.00	1										
_	Full Name (Last, First, Middle Initial) Robert M. Whitcomb M.D.													
в.	Mailing Address 221 Church Rd.				ate of	r Re		/ Y	Y Y	Y	1			
	<u></u>	Ctoto	Zin Codo	_ L	02		07	1 1	2013					
	City Winnetka	State IL	Zip Code 60093					C192172 eceipt th		nd				
	FEC ID number of contributing federal political committee.	С			liouin		1			50.00				
	Name of Employer Elmhurst Anesthesiologists	Occupation physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
С.	Full Name (Last, First, Middle Initial) John S. Whittington M.D.			Da	ate of	f Re	ceipt							
	Mailing Address 23 Circle Dr NE			Г	м м 02	/	27	/ Y	2013	Y	1			
	City	State NM	Zip Code 87122-2109		Trans		ion ID :	C19780	37	-	1			
	Albuquerque	INIVI	87122-2109	Ar	nount	t of	Each R	eceipt th	nis Perio	od	_			
	FEC ID number of contributing federal political committee.	С					7		2	50.00)			
	Name of Employer	Occupation												
	Anes. Assoc. of New Mexico, P.C. Receipt For:	Anesthesio	-											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]										
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Detailed Summary Page X 11a 11b 11c 12 13 11b 11c 12 14 11c 12 15 11c 12 15 11c	IT.			Use separate schedule(s) (c			(check only one)							
my information copied from such Reports and Statements may not be oadd or used by any person for the purpose, other has using the name and address of any pelical committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Accorting V, Silliter B, Sillite S, Silliter B, Silliter	ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		-		- F	-		[17		
American Society of Anesthesiologists Political Action Committee American Society of Anesthesiologists Political Action Committee A. Courney G. Williams M.D. Mailing Address 300 Lago Visa St City State FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) B. Gordon S. Williford M.D. Mailing Address 3300 Wheeler Rd. City State Pull Name (Last, First, Middle Initial) B. Gordon S. Williford M.D. Mailing Address 3300 Wheeler Rd. City State Primary General Other (specify) ▼ Potencel Occupation Mailing Address 3300 Wheeler Rd. City State Aggregate Year-to-Date ▼ Potion Transaction D: C1922249 Amount of Each Receipt IIIs Period City State Aggregate Year-to-Date ▼ Potion Contributing C Intervelower Cocupation Name of Employer Cocupation Aggregate Year-to-Date ▼ 500,00 Full Name (Last, First, Middle Initial) C						for the		ose of	soliciting	g contribu				
A. Courthey G. Williams M.D. Date of Receipt Mailing Address 300 Lago Vista St City State Zip Code City Tasaction D: C1922284 Amount of Each Receipt IIIs Period FEC: ID number of contributing federal political committee. Occupation Physician Name of Employer Aggregate Year-to-Date ▼ Option Driner (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) B. Goding Address 3300 Wheeler Rd. Transaction D: C192228 City State Zip Code Transaction D: C192229 Augusta GA 30909 Transaction D: C192229 Aurount of Each Receipt Ihis Period Soo.00 Transaction D: C192229 Augusta GA 30909 Transaction D: C192259 Augusta Cocupation Ansethesiologist Transaction D: C192259 Auguregate Year-to-Date ▼ Occupation Soo.00 Transaction D: C1925691			ologists P	olitical Action Committe	ee									
City State Zp Code Transaction ID: C1922264 Amount of Employer C Amount of Each Recept this Period Univ of Texas Medical Branch - Gelvest PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ C B. Gordon S. Willford M.D. Mailing Address 3300 Wheeler Rd. City State Augusta GA Self Ansent of Employer Augusta GA Self Ansent of Employer Other (specify) ▼ C City State Zip Code Transaction ID: C1922249 Augusta GA Self Ansenthesiologist Receipt For: Gocupation Primary General Other (specify) ▼ C Self Ansenthesiologist Receipt For: Other (specify) ▼ Other (specify) ▼ Sou.00 Full Name (Last, First, Middle Initial) C C. Jon T. Willis M.D. Date of Receipt this Period Mailing Address 516 N.W.148th St. C City State Zip Code Mailing Address 516 N.W.148th St. C City State Zip Code Receipt Tho	Α.	Courtney G. Williams M.D.				Date of	f Red	ceipt						
Kemah TX 77565-2177 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ 250.00 Primary General 0ther (specify) ▼ Date of Receipt M B. Gordon S. Williford M.D. Date of Receipt M Malling Address 3300 Wheeler Rd. C 07 2013 City State Zip Code Aggregate Year-to-Date ▼ Period Malling Address 3300 Wheeler Rd. C 02 07 2013 City State Zip Code Aggregate Year-to-Date ▼ Period Receipt For: Occupation Aggregate Year-to-Date ▼ 02 203 Receipt For: Aggregate Year-to-Date ▼ 500.00 500.00 04 Full Name (Last, First, Middle Initial) C Jon T. Willis M.D. Date of Receipt M 02 25 2013 Transaction ID : C 1975591 Maling Address 516 N.W. 148th St. C So0.00 73013-1836 FEC ID number of contributing federal political committee. <td< th=""><td></td><td>Mailing Address 300 Lago Vista St</td><td></td><td></td><td></td><td></td><td>/</td><td></td><td>/ Y</td><td></td><td>Y</td><td></td></td<>		Mailing Address 300 Lago Vista St					/		/ Y		Y			
federal political committee. C 2000 Name of Employer Occupation Univ of Texas Medical Branch - Galvest PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Differ (specify) 260.00 Full Name (Last, First, Middle Initial) B. Gordon S. Williford M.D. Mailing Address 3300 Wheeler Rd. 0 City State Zip Code Augusta GA 30909 FEC ID number of contributing federal political committee. C Primary Ceneral 500.00 Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ C 2013 City State Zip Code Aggregate Year-to-Date ▼ 500.00 72013 Full Name (Last, First, Middle Initial) C 2010 2013 City State Zip Code 2013 713-1836 FeC ID number of contributing federal political committee. C 2013 713-2013 Mailing Address 516 N.W, 148th St. C 2013		-									d			
Univ of Texas Medical Branch - Galvest PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 250.00 B. Gordon S. Williford M.D. Date of Receipt Mailing Address 3300 Wheeler Rd. 02 07 City State Zip Code Augusta GA 30909 FEC ID number of contributing C Amount of Each Receipt this Period Fec ID number of contributing C 500.00 Name of Employer Occupation 500.00 Self Anesthesiologist Fec ID number of contributing Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ State Zip Code City State Zip Code City State Zip Code City State Zip Code Edmond OK 73013-1836 FEC ID number of contributing C 25 City State Zip Code City State Zip Code Edmond OK 73013-1836 FEC ID number of contributing		8	С					,		25	0.00			
Receipt For: Aggregate Year-to-Date ▼ Primary General B. Gordon M.D. Date of Receipt Mailing Address 3300 Wheeler Rd. City City State Zip Code Augusta GA 30909 FEC ID number of contributing C Transaction ID : C1922249 Anount of Employer Occupation Self Ansethesiologist Receipt For: Occupation Other (specify) ▼ State Zip Code C. Jon T. Willis M.D. Date of Receipt Mailing Address 516 N.W. 148th St. C C City State Zip Code Edmond OK 73013-1836 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Self-Employed PHYSICIAN Receipt For: Occupation Primary General Other (specify) ▼ State Self-Employed Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ Stote		1 5												
Primary General Aggregate team 0-bate ♥ Primary General 250.00 B. Gordon S. Williford M.D. Date of Receipt Mailing Address 3300 Wheeler Rd. 02 07 City State Zip Code Augusta GA 30909 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Primary General 500.00 Transaction ID : C1922249 Amount of Each Receipt this Period Full Name of Employer Occupation Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) C C. Jon T. Willis M.D. Date of Receipt Mailing Address 516 N.W. 148th St. Transaction ID : C1976591 City State Zip Code PEC ID number of contributing federal policial committee. C Name of Employer Occupation PHYNSICIAN Subtront of Each Receipt this Period Souto of this Period 500.00 SubtrotAL of Receipts This Page (optional)					_									
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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	siologists Political Action Comm	
Full Name (Last, First, Middle Initial) A. David K. Wineinger M.D.		Date of Receipt
Mailing Address 12357 N Friar Dr		02 13 _ 2013 _
City Hayden	StateZip CodeID83835-7512	Transaction ID : C1923322 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anesthesia Assoc. of Coeur d Alene Receipt For: Primary General	Occupation MD Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) B. Jung S. Wirsing M.D. Mailing Address 3413 Wheeler Rd.		Date of Receipt
City Augusta	State Zip Code GA 30909	Transaction ID : C1921978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer SELF-EMPLOYED	Occupation ANESTHESIOLOGIST	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Kent A. Woolard M.D.		Date of Receipt
Mailing Address 8919 S. Gary Ave.		02 10 / Y Y Y Y 02 10 2013
City Tulsa	State Zip Code OK 74137	Transaction ID : C1922330 Amount of Each Receipt this Period
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Name of Employer	Occupation	
Associated Anesthesiologists, Inc Receipt For:	Anesthesiologist	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
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\backslash	NAME OF COMMITTEE (In Full)											
	American Society of Anesthesi	ologists P	olitical Action Committ	ee								
Α.	Full Name (Last, First, Middle Initial) H. Kendle Yates M.D.				Date o	f Re	eceipt					
	Mailing Address 1249 Concord Hunt Dr				м м 02	/	10) / Y		013	Y	
	City	State	Zip Code		Trans	sact	ion ID :	C192229	95			
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B	Full Name (Last, First, Middle Initial) Stephen Yeich M.D.				Date o	f Re	eceipt					
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с.	Full Name (Last, First, Middle Initial) JIII S. Young D.O.				Date o	f Re	eceipt					
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American Society of Anesthes	iologists P	olitical Action Committ	ee								
Full Name (Last, First, Middle Initial) A. Song Y. Yu M.D.				Date of	Re	eceipt					
Mailing Address 14A Quaker Ridge Rd				м м 02	/	06) / Y) 13	Y	
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Full Name (Last, First, Middle Initial) B. Dawn E. Zablocki M.D.	1			Date of	Re	eceipt					
Mailing Address 1753 W. Camino Ln.				м м 02	/	05	/ Y		13	Y	
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Full Name (Last, First, Middle Initial) C. Philip J. Zitello M.D.	1			Date of	Re	eceipt					
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City	State	Zip Code		Trans	act	ion ID :	C197660	13			
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В.			Date of Disbursement										
Mailing Address													
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Purpose of Disbursement		· · · ·]	Amount of Each Disbursement this Period										
Candidate Name		Category/ Type											
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\backslash	NAME OF COMMITTEE (In Full)												
	American Society of Anesthesiolog	gists Political Act	tion C	Com	imi	ttee							
	Full Name (Last, First, Middle Initial) First Data								isburse				_
	Mailing Address P.O. Box 6600						M 02		2	28	201		
	Hagerstown	StateZip CodeMD21741					Tra	nsac	tion ID) : D1446	16		
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	State: District:	Credit Card	I Mercha	ant									
	Full Name (Last, First, Middle Initial) Republican State Leadership Com	mittee					Date		isburse		V	Y Y	
	Mailing Address 1800 Diagnole Rd Suite 230						0			06	201		
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