

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2013

through

M M M / D D D / Y Y Y Y Y Y
02 28 2013

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2013

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

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
02 / 28 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 02 / 01 / 2013

To:

 M M / D D / 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

(i) Itemized (use Schedule A).....

147296.68

186321.68

(ii) Unitemized

63401.00

92727.73

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

210697.68

279049.41

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

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.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

210697.68

284049.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

210697.68

284049.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1225.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1225.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	81500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	61757.59	86757.59
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	108757.59	169483.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	108757.59	169483.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	210697.68	279049.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	210697.68	279049.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	1225.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	1225.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City

Oronoco

State

MN

Zip Code

55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

02 / 06 / 2013

Transaction ID : C1920785

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City

Oronoco

State

MN

Zip Code

55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922305

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Abdenour Abib M.D.

Mailing Address 1921 Calgary Trail

City

Little Rock

State

AR

Zip Code

72211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Depart of Veterans Affairs

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1923351

Amount of Each Receipt this Period

250.00

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

416.60

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

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

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

FOR LINE NUMBER: PAGE 7 OF 144

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janet C. Acarregui M.D.

Mailing Address 9631 Arlene Dr

City

Anchorage

State

AK

Zip Code

99502

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINN COUNTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C2275728

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory H Adkisson M.D.

Mailing Address 68 S Service Rd Ste 350

City

Melville

State

NY

Zip Code

11747-2358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westchester Medical Center Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2013

Transaction ID : C1920547

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bruce J. Aistrup M.D.

Mailing Address 10907 W 120th Ter

City

Overland Park

State

KS

Zip Code

66213-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

midwest anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C1977977

Amount of Each Receipt this Period

300.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 144

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rakesh T. Anand M.D.

Mailing Address 1905 Essex St

City State Zip Code
 Kinston NC 28501

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 27 2013

Transaction ID : C2292191

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph P. Annis M.D.

Mailing Address 3 Sundown Parkway

City State Zip Code
 Austin TX 78746

FEC ID number of contributing federal political committee.

C

Name of Employer

Dartmouth Hitchcock Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 13 2013

Transaction ID : C1924332

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark B. Atkinson M.D.

Mailing Address 5729 Stone Pine St

City State Zip Code
 Kalamazoo MI 49009-6742

FEC ID number of contributing federal political committee.

C

Name of Employer

kalamazoo anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 01 2013

Transaction ID : C1919661

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harvey S. Auerbach M.D., Ph.D

Mailing Address 62 Pine Tree Dr.

City

Centerville

State

MA

Zip Code

02632-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Cod Anesthesia Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2013

Transaction ID : C2292190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anne E. Baetzel M.D.

Mailing Address 1206 Orkney Dr

City

Ann Arbor

State

MI

Zip Code

48103-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2013

Transaction ID : C1921620

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Shilpa P. Bahethi M.D.

Mailing Address 43512 Stargell Ter.

City

Leesburg

State

VA

Zip Code

20176-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

Transaction ID : C1921896

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William P. Bailey M.D.

Mailing Address 6008 E. 106th St. South

City State Zip Code
Tulsa OK 74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922316

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Balser M.D.

Mailing Address 1532 westover lane

City State Zip Code
chattanooga TN 37405

FEC ID number of contributing
federal political committee.

C

Name of Employer

mednax

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922332

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James A. Baratta M.D.

Mailing Address 19 Thistle Ln.

City State Zip Code
Warren NJ 07059-5564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middlesex Surgery Center

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975590

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David K. Barclay M.D.

Mailing Address 8080 Barony Point

City

Mattawan

State

MI

Zip Code

49071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919662

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John R. Barnes M.D.

Mailing Address 10935 S 91st E Ave

City

Tulsa

State

OK

Zip Code

74133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922333

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Samuel M. Barst M.D.

Mailing Address 31 Murray Hill Rd.

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 24 / 2013

Transaction ID : C1976121

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 144

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard M. Barton M.D.

Mailing Address 3330 Sundance Dr.

City

Bozeman

State

MT

Zip Code

59715-9265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ballatin Valley Anesth Assoc

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1924356

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lawrence A. Bauss M.D.

Mailing Address 1122 Edgemoor Ave

City

Kalamazoo

State

MI

Zip Code

49008-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919663

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John F. Beauregard M.D., M.S.

Mailing Address 8812 Mayberry Ct

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Certified Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C1923472

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 144
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margaret D. Bell M.D.

Mailing Address 245 Anne St

City

Rutherfordton

State

NC

Zip Code

28139-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutherford Regional

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2013

Transaction ID : C1920774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joel A. Bennett M.D.

Mailing Address 3809 French Horn Ct

City

Richmond

State

VA

Zip Code

23233-7677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Anesthesia Assoc., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2013

Transaction ID : C1923389

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David A. Bergquist M.D.

Mailing Address 201 S Thurlow St

City

Hinsdale

State

IL

Zip Code

60521-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGIST LTD

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C1922942

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 14 OF 144

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric J. Bessonny M.D.

Mailing Address 914 Bridle Lane

City State Zip Code
 Cary IL 60013-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Barrington Anes. Assoc

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : C1919953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anil K. Bhardwaj M.D.

Mailing Address 29 Pinacle Mountain Rd.

City State Zip Code
 Simsbury CT 06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North American Partners in Anesthesia

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2013

Transaction ID : C1978146

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Manoj A. Bhatt M.D.

Mailing Address 1034 Woodburn Rd

City State Zip Code
 Spartanburg SC 29302-2863

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Crescent Anesthesia

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : C1925268

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John A. Billings M.D.

Mailing Address 1915 Luker Dr.

City

Casper

State

WY

Zip Code

82609-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1923361

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Aundie Bishop M.D.

Mailing Address 211 Connecticut Ave

City

Spartanburg

State

SC

Zip Code

29302-2050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University SOM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2013

Transaction ID : C1921891

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Timothy M. Bittenbinder M.D.

Mailing Address 2401 South 31st St., Dept. of Anes

MS - 20 - D304

City

Temple

State

TX

Zip Code

76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.20

Date of Receipt

02 / 15 / 2013

Transaction ID : C1924376

Amount of Each Receipt this Period

83.30

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

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

833.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy M. Bittenbinder M.D.

Mailing Address 2401 South 31st St., Dept. of Anes
MS - 20 - D304

City State Zip Code
Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2013

Transaction ID : C1976195

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. Sarah A. Blair M.D.

Mailing Address 403 Angel Way

City State Zip Code
Mancos CO 81328-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Independent contractor

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2013

Transaction ID : C1924357

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffrey A. Blalack M.D.

Mailing Address 3237 N Hartwell Ridge Dr

City State Zip Code
Collierville TN 38017-5530

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF TN MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2013

Transaction ID : C1977090

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City
Lafayette

State
IN

Zip Code
47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919956

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City
Lafayette

State
IN

Zip Code
47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976045

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lisa M. Bowe M.D.

Mailing Address 1098 Route 9W S

City
Nyack

State
NY

Zip Code
10960-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1925273

Amount of Each Receipt this Period

500.00

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

600.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa A. Bowers M.D.

Mailing Address 1470 Place Picardy

City

Winter Park

State

FL

Zip Code

32789-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2013

Transaction ID : C1923388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James R. Bradford M.D.

Mailing Address 900 Peeler Street
PO Box 4095

City

Kalamazoo

State

MI

Zip Code

49003-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919664

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey K. Broussard M.D.

Mailing Address 610 Cherokee Blvd

City

Knoxville

State

TN

Zip Code

37919-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Alliance of East Te

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2013

Transaction ID : C1923383

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claude Brunson M.D.

Mailing Address 2500 N State St

Univ of Mississippi Med Ctr

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Mississippi Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : C1978177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David E. Bryant M.D.

Mailing Address 13601 Preston Rd Ste 900W

City

Dallas

State

TX

Zip Code

75240-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anes. Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : C1975563

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. J. Michael Burdine M.D.

Mailing Address 2267 Cedardale Ave

City

Baton Rouge

State

LA

Zip Code

70808-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : C1922950

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick W. Burgess M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.60

Date of Receipt

02 / 14 / 2013

Transaction ID : C1924292

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Frederick W. Burgess M.D., Ph.D

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.60

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976192

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Brian M. Byer D.O.

Mailing Address 1890 Lester River Rd

City

Duluth

State

MN

Zip Code

55804-3030

FEC ID number of contributing
federal political committee.

C

Name of Employer

ESSENTIA HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 07 / 2013

Transaction ID : C1922263

Amount of Each Receipt this Period

1000.00

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

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

1183.30

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia L. Campbell M.D.

Mailing Address 4 Harvest Ln.

City State Zip Code
Colchester CT 06415-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer
North American Partners in Anesthesia

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 25 2013

Transaction ID : C1976612

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James W. Carlin M.D.

Mailing Address 7826 E Torin St

City State Zip Code
Long Beach CA 90808-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern California Permanente Med Gro

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 25 2013

Transaction ID : C1977079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Craig L. Carlson M.D.

Mailing Address 5500 S Spy Glass Cir

City State Zip Code
Sioux Falls SD 57108-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTH ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 14 2013

Transaction ID : C1924313

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alexander Carrasquillo D.O.

Mailing Address 2457 8th St

City

East Meadow

State

NY

Zip Code

11554-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2013

Transaction ID : C2292195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John B. Carter M.D.

Mailing Address 750 NE 13th St Ste 200

City

Oklahoma City

State

OK

Zip Code

73104-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : C1924465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John B. Carter M.D.

Mailing Address 750 NE 13th St Ste 200

City

Oklahoma City

State

OK

Zip Code

73104-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUHSC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : C1924466

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Cash M.D.

Mailing Address 1307 Legacy Dr

City

Birmingham

State

AL

Zip Code

35242-6094

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMBULATORY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : C1922931

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Herbert N. Chado M.D.

Mailing Address PO Box 3967

City

Evergreen

State

CO

Zip Code

80437-3967

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAE, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

Transaction ID : C1976034

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael D. Chafty M.D., J.D.Mailing Address 900 Peeler Street
P.O. Box 4095

City

Kalamazoo

State

MI

Zip Code

49003-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

Transaction ID : C1919665

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 144
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth B. Chapman M.D.

Mailing Address 8 Fort Hill Park

City

Staten Island

State

NY

Zip Code

10301-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976220

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward Chen M.D.

Mailing Address 430 Morton Plant St Ste 210

City

Clearwater

State

FL

Zip Code

33756-3396

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C2292201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Catherine W. Cheung M.D.

Mailing Address 925 Allison Mews Pl. NW

City

Concord

State

NC

Zip Code

28027-8203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Anesth and Pain Specialists

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2013

Transaction ID : C1976141

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Faisal M. Choudhry M.D.

Mailing Address 4612 OAK DR

City
EDINA

State Zip Code
MN 55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : C1924471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter G. Coles M.D.

Mailing Address 900 Peeler St.
P.O. Box 4095

City
Kalamazoo

State Zip Code
MI 49003-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919666

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Barbara B. Conard M.D.

Mailing Address 316 Wildwood Ln.

City
Lafayette

State Zip Code
IN 47905

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNITY HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2013

Transaction ID : C1975573

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David J. Conrad M.D.

Mailing Address 315 Spyglass Ct

City

Lebanon

State

IN

Zip Code

46052-8317

FEC ID number of contributing
federal political committee.

C

Name of Employer

IU School of Medicine

Occupation

ANESTHESIA RESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2013

Transaction ID : C2275722

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Corbett M.D.

Mailing Address 160 Rockwell St

City

Winfield

State

AL

Zip Code

35594-5980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anes Inc

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christine A Cullen M.D.

Mailing Address 328 Sycamore Ridge Rd NE

City

Concord

State

NC

Zip Code

28025-7806

FEC ID number of contributing
federal political committee.

C

Name of Employer

CMC-NE Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 26 / 2013

Transaction ID : C1977037

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David E. Cutting M.D.

Mailing Address 1889 Fish Hatchery Court

City

Palm Harbor

State

FL

Zip Code

34684-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAPC Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2013

Transaction ID : C2292203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William J. Daly Jr., M.D.

Mailing Address 5501 Cherlyn Dr

City

New Orleans

State

LA

Zip Code

70124-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Vi Dang M.D.

Mailing Address 1527 Kaneville Rd

City

Geneva

State

IL

Zip Code

60134-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer

united anesthesia associates

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 04 / 2013

Transaction ID : C1920692

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 28 OF 144
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian P. Daniel D.O.

Mailing Address 24 Hidden Harbor Dr

City State Zip Code
 Point Pleasant Boro NJ 08742-4839

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ocean Peri-Operative Consultants

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 17 / 2013

Transaction ID : C1924552

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sharon M. Darrow D.O.

Mailing Address 1115 Huntington Ave

City State Zip Code
 Nichols Hills OK 73116-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Anesthesia

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.60

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2013

Transaction ID : C1977904

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Sharon M. Darrow D.O.

Mailing Address 1115 Huntington Ave

City State Zip Code
 Nichols Hills OK 73116-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwest Anesthesia

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.60

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : C2292208

Amount of Each Receipt this Period

500.00

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

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

833.30

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas E. Daufenbach M.D.

Mailing Address 6618 Oleander Lane

City State Zip Code
 Portage MI 49024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : C1919748

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Maria A. De Castro M.D.

Mailing Address 1616 N Orange Grove Ave

City State Zip Code
 Los Angeles CA 90046-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : C2292212

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Meena S. Desai M.D.

Mailing Address 1501 Mount Pleasant Rd

City State Zip Code
 Villanova PA 19085-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Nova Anesthesia Professionals

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 10 / 2013

Transaction ID : C1922321

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William G. Devore M.D.

Mailing Address 363 Twin Oaks Dr.

City

Spartanburg

State

SC

Zip Code

29306-6639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foothill Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976602

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William A. Dombrowski M.D.

Mailing Address P.O. Box 245

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNT VALLEY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976040

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Greg R. Dragon M.D.

Mailing Address 18 Crestview Dr.

City

Ocean View

State

NJ

Zip Code

08230

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPE ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2013

Transaction ID : C2275719

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony L. Dragovich M.D.

Mailing Address 25 Bay Pt

City

Sanford

State

NC

Zip Code

27332-9667

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C2275727

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gary M. Druskovich M.D.

Mailing Address 5888 Rolling Pines Ct.

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919749

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Steven A. Dumbroff M.D.

Mailing Address 4 Pittsfield Ct.

City

Livingston

State

NJ

Zip Code

07039-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAHWAY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2013

Transaction ID : C1921969

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erik Eckman M.D.

Mailing Address 4963 Lilac Way N

City

Lake Elmo

State

MN

Zip Code

55042-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2013

Transaction ID : C1924813

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Egan M.D.

Mailing Address 13601 Preston Suite 900W

City

Dallas

State

TX

Zip Code

75240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 03 / 2013

Transaction ID : C1920570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James P. Eichman M.D.

Mailing Address 8658 Colony Ln.

City

Kalamazoo

State

MI

Zip Code

49009-4579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919750

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard B. Elf M.D.

Mailing Address 3131 NE 188th St Apt 1609

City State Zip Code
Aventura FL 33180-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Corp

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C1975623

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Miguel A. Eliza M.D.

Mailing Address P.O. Box 71325
Suite 212

City State Zip Code
San Juan PR 00936-8425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : C2275796

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lawrence Epstein M.D.

Mailing Address Dept. Of Anesthesiology Box 1192
One Gustave Levy Place

City State Zip Code
New York NY 10029-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.80

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : C1923061

Amount of Each Receipt this Period

83.30

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

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

833.30

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence Epstein M.D.

Mailing Address Dept. Of Anesthesiology Box 1192
 One Gustave Levy Place

City State Zip Code
 New York NY 10029-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 17 / 2013

Transaction ID : C1924515

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Duane L. Erbaugh M.D.

Mailing Address 18825 Gunn Hwy

City State Zip Code
 Odessa FL 33556-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : C2292211

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher T. Felling M.D.

Mailing Address 1855 Ironstone Rd.

City State Zip Code
 St. Louis MO 63131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : C1925267

Amount of Each Receipt this Period

250.00

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

1291.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher A. Fiedler M.D.

Mailing Address 2829 Pat Tillman Drive

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : C1976082

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jan H. Fisher M.D.

Mailing Address 2213 State Road, 225 East

City

Battle Ground

State

IN

Zip Code

47920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : C1976594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lisa M. Frison D.O.

Mailing Address 3925 Villa San Jose Dr

City

Jacksonville

State

FL

Zip Code

32217-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anes. Assoc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : C1922951

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Francisco A. Furtado M.D.

Mailing Address PO Box 387

City

Lewisburg

State

PA

Zip Code

17837-0387

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOVA ANES PROF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2013

Transaction ID : C1921966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Shailesh Gandhi M.D.

Mailing Address 36 W 14th St

City

Chicago

State

IL

Zip Code

60605-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C1923471

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gregory L. Gay M.D.

Mailing Address 1316 Comfort Rd.

City

Augusta

State

GA

Zip Code

30909-3096

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2013

Transaction ID : C1923145

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven I. Gayer M.D., M.B.

Mailing Address 90 Alton Road 2710

City

Miami Beach

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976048

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederick C. Gehrman M.D.

Mailing Address 800 E. Carpenter

City

Springfield

State

IL

Zip Code

62769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sagamon Assoc Anes

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 21 / 2013

Transaction ID : C1975666

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Alphonsa T. George M.D.

Mailing Address 6312 Martin Drive

City

Willowbrook

State

IL

Zip Code

60527-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C1923038

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom M. George M.D.

Mailing Address 8545 Old Oak Circle

City

Kalamazoo

State

MI

Zip Code

49009-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin Gibbs M.D.

Mailing Address 3817 E Cameron Ave

City

Bloomington

State

IN

Zip Code

47401-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C2292222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Noel Martin Giesecke M.D.

Mailing Address 6037 Llano Ave

City

Dallas

State

TX

Zip Code

75206-6321

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern Medical Center

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920623

Amount of Each Receipt this Period

1000.00

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

2000.00

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey N. Gladstein M.D.

Mailing Address 4664 Meadow Bluff Ln.

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer

GAS

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1920523

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard P. Goldman M.D.

Mailing Address 55 Rombout Rd.

City

Poughkeepsie

State

NY

Zip Code

12603-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5		2	0	1	3		

Transaction ID : C1920764

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Sunil P. Gopal M.D.

Mailing Address 79 Laight St Ste 1C

City

New York

State

NY

Zip Code

10013-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6		2	0	1	3		

Transaction ID : C1921053

Amount of Each Receipt this Period

250.00

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Gordon M.D.

Mailing Address 64 St. James St. South

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med Ctr Dept of Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2013

Transaction ID : C1921572

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen T. Gott M.D.

Mailing Address 4643 McDonald Drive North

City

Stillwater

State

MN

Zip Code

55082-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1925257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Curt W. Gramlich M.D.

Mailing Address 8 Starview Ln

City

Westerly

State

RI

Zip Code

02891-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes Assoc Westerly

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976604

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gilbert J. Grant M.D.

Mailing Address 23 Rolling Ridge Rd

City

White Plains

State

NY

Zip Code

10605-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York University Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 07 / 2013

Transaction ID : C1922010

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy M. Grant M.D.

Mailing Address 722 Dunblane Dr

City

Macon

State

GA

Zip Code

31210-7438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nexus Medical Group Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976599

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Leslie M. Greenberg M.D.

Mailing Address 164 Moore St.

City

Princeton

State

NJ

Zip Code

08540-3359

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975612

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel G. Greenspan M.D.

Mailing Address 6 Oak Ridge Ct

City State Zip Code
Armonk NY 10504-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2013

Transaction ID : C1924334

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kathryn A. Grice M.D.

Mailing Address 9175 Old Southwick Pass

City State Zip Code
Alpharetta GA 30022-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ambulatory Anesthesia of Atlanta

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2013

Transaction ID : C1921041

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James F. Griffin D.O.

Mailing Address P.O. Box 230

City State Zip Code
Wakefield RI 02880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2013

Transaction ID : C1975594

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas C. Gunning M.D.

Mailing Address 6855 Lakeshore

City
Dallas

State
TX

Zip Code
75214

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE PARTNERS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 15 / 2013

Transaction ID : C2292224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Halim D. Haber M.D.

Mailing Address 19 Nantucket Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976620

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Shawn M. Hall D.O.

Mailing Address 900 Peeler St

City

Kalamazoo

State

MI

Zip Code

49008-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919833

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberley D. Haluski M.D.

Mailing Address 4565 Mystic Dr. NE

City
Atlanta

State
GA

Zip Code
30342-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anes., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 02 / 2013

Transaction ID : C1920549

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Malik A. Hamid M.D.

Mailing Address Anes Dept
3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C1975619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip R. Hanlon M.D.

Mailing Address PO Box 8365

City

Mobile

State

AL

Zip Code

36689-0365

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRH, P.C.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2013

Transaction ID : C2275794

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Hannan D.O.

Mailing Address 27307 S. 816 PR SE

City
 Kennewick

State
 WA

Zip Code
 99338

FEC ID number of contributing
 federal political committee.

C

Name of Employer

LOURDES HLTH NTWRK

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : C1924329

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Keith B. Hanni M.D.

Mailing Address 1724 N Winnebago Ave Apt N

City
 Chicago

State
 IL

Zip Code
 60647-5348

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Edward Hospital

Occupation

Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : C1923252

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ralph E. Harding D.O.

Mailing Address 203 Village Dr

City
 Dublin

State
 GA

Zip Code
 31021-2867

FEC ID number of contributing
 federal political committee.

C

Name of Employer

West Virginia University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : C2275817

Amount of Each Receipt this Period

1000.00

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

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

2375.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benjamin D. Harvey M.D.

Mailing Address 70 Manor Lake Estates Cir.

City
Spring

State
TX

Zip Code
77379-3774

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREATER HOUSTON ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C1924318

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John V. Hasewinkel M.D.

Mailing Address 11615 E. 100 N.

City
Sheridan

State
IN

Zip Code
46069

FEC ID number of contributing
federal political committee.

C

Name of Employer

WISHARD ANES GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C2292229

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Bradley N. Haugstad M.D.

Mailing Address 9623 42nd Ave

City
Pleasant Prairie

State
WI

Zip Code
53158-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2013

Transaction ID : C1923122

Amount of Each Receipt this Period

250.00

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradley N. Haugstad M.D.

Mailing Address 9623 42nd Ave

City

Pleasant Prairie

State

WI

Zip Code

53158-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C2275731

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David A. Heaton M.D.

Mailing Address 4694 N. Rocky Crest Place

City

Tucson

State

AZ

Zip Code

85750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : C1923047

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Kenneth S. Heeringa D.O.

Mailing Address 3333 Evergreen Dr., NE

City

Grand Rapids

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2013

Transaction ID : C1976136

Amount of Each Receipt this Period

250.00

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott K. Henderson M.D.

Mailing Address 325 Blandford Dr

City

Worthington

State

OH

Zip Code

43085-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST PHYS ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C2292230

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael A. Hensien M.D.

Mailing Address 11736 N Bridgewater Dr

City

Mequon

State

WI

Zip Code

53092-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2013

Transaction ID : C1924360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David P. Herrick M.D.

Mailing Address P.O. Box 241348

City

Montgomery

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Pain of Montgomery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1924336

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles F. Hewell M.D.

Mailing Address 519 Wing Ln

City

Saint Charles

State

IL

Zip Code

60174-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kane Anesthesia Associates, S.C.

Occupation

Physician-Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2013

Transaction ID : C1924592

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Heath D. Higgins M.D.

Mailing Address 12125 Cardinal Ln

City

Edmond

State

OK

Zip Code

73013-8609

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter G. Hild M.D.

Mailing Address 3901 Rainbow Blvd.
2467 Bell Mem. Hosp.

City

Kansas City

State

KS

Zip Code

66160-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Anesthesiology Found

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C1975621

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas C. Hill M.D.

Mailing Address 1776 E. Millcreek Way

City State Zip Code
 Salt Lake City UT 84106

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Millcreek Anesthesia, PC

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 02 / 2013

Transaction ID : C1920548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Hilliard M.D.

Mailing Address 900 Peeler St
 Kalamazoo Anesthesiology, PC

City State Zip Code
 Kalamazoo MI 49008-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kalamazoo Anesthesiology, PC

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 01 / 2013

Transaction ID : C1919834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bradley J. Hindman M.D.

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.

C

Name of Employer
 University of Iowa Hospitals & Clinics

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 07 / 2013

Transaction ID : C1921960

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Albert F Ho M.D.

Mailing Address 2033 Brandon Cir

City

Charlotte

State

NC

Zip Code

28211-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : C2275810

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Larry A. Hopkins M.D.

Mailing Address 16353 Valhalla Drive

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Anesthesia Services

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C1922920

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jian Hua M.D., Ph.D

Mailing Address 213 HAMPTON CT

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nexus Medical Group

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2013

Transaction ID : C1976605

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric M. Humphreys M.D.

Mailing Address 6035 Worthington Rd

City

Westerville

State

OH

Zip Code

43082-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer

COA Inc.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2013

Transaction ID : C1923386

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Robert P. Hunsaker M.D.

Mailing Address 736 Cambridge St CMP-2

City

Brighton

State

MA

Zip Code

02135-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeths Med Ctr Anes Dept

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2013

Transaction ID : C1924301

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth Imanaka M.D.

Mailing Address 1100 Black Wood Pl.

City

Modesto

State

CA

Zip Code

95355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gould Medical Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : C1976611

Amount of Each Receipt this Period

250.00

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

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

875.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey L. Jackson M.D.

Mailing Address 602 W. Second St.

City

Bloomington

State

IN

Zip Code

47403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bloomington Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2013

Transaction ID : C1976118

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Frederick C. Jacobson M.D.

Mailing Address PO Box 254

City

Yorba Linda

State

CA

Zip Code

92885-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : C1921977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael S. Jakubowski M.D.

Mailing Address 1350 Hawthorn Rd.

City

Schenectady

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schenectady Anesthesia Assoc., P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2013

Transaction ID : C1924495

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael S. Jakubowski M.D.

Mailing Address 1350 Hawthorn Rd.

City
Schenectady

State
NY

Zip Code
12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schenectady Anesthesia Assoc., P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2013

Transaction ID : C1924496

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael L. James M.D.

Mailing Address Department of Anesthesiology
Box 3094 DUMC

City
Durham

State
NC

Zip Code
27710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C1975968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John M. Jaworowicz M.D.

Mailing Address 728 Kristin Dr

City
Normal

State
IL

Zip Code
61761-9507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Normal Bloomington Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 02 / 2013

Transaction ID : C1920544

Amount of Each Receipt this Period

500.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Jez M.D.

Mailing Address 1305 Somerset Ct.

City
Colleyville

State
TX

Zip Code
76034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1920681

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anabel R. Jones M.D.

Mailing Address 3301 Cedar Ln.

City

Lafayette

State

IN

Zip Code

47905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Student

Occupation

STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C2292237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David A. Josephson M.D.

Mailing Address 805 Golf View Ct.

City

Dacula

State

GA

Zip Code

30019

FEC ID number of contributing
federal political committee.

C

Name of Employer

GWINNETT ANES SER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C2292238

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel G. Judge M.D.

Mailing Address 11869 Range Line Rd

City

Berrien Springs

State

MI

Zip Code

49103-9205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eden Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920630

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ariel Isaac Jurmann M.D.

Mailing Address 13 Turret Ln

City

Woodbury

State

NY

Zip Code

11797-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920694

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gary Kalan M.D.

Mailing Address P.O. Box 772

City

Greenwich

State

CT

Zip Code

06836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenwich Anesthesiology Assoc., PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : C1923112

Amount of Each Receipt this Period

250.00

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kay F. Karasek M.D.

Mailing Address 2310 Bent Tree Court

City

St. Joseph

State

MO

Zip Code

64506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heartland Regional Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2013

Transaction ID : C1921619

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bradley P. Katz M.D.

Mailing Address 2169 Allendale Rd..

City

Montgomery

State

AL

Zip Code

36111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : C1976222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marc A. Kaufman M.D.

Mailing Address 2401 S. Dundee St. Ste. 310

City

Tampa

State

FL

Zip Code

33629-6408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Office Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2013

Transaction ID : C1925263

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric R. Kelhoffer M.D.

Mailing Address 250 E 53rd St Apt 504

City
New York

State Zip Code
NY 10022-5247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sloan-Kettering Cancer Center Anes. De

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919536

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas E. Kelly M.D.

Mailing Address 35216 Overfalls Dr N

City
Lewes

State Zip Code
DE 19958-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beebe Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2013

Transaction ID : C1920551

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward A. Kent M.D.

Mailing Address 992 Oxford Dr

City
Saint Augustine

State Zip Code
FL 32084-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2013

Transaction ID : C1923323

Amount of Each Receipt this Period

199.00

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

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

699.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zachary J. Kerwin D.O.

Mailing Address 10308 Paw Paw Lake Dr.

City

Mattawan

State

MI

Zip Code

49071-9462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1919835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Millicent Khaw M.D.

Mailing Address 4572 Aukai Ave.

City

Honolulu

State

HI

Zip Code

96816-4949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millicent Khaw,MD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2013

Transaction ID : C1920585

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Lawrence C. Kilinski Jr., M.D.

Mailing Address 9098 Stonecreek Circle

City

Newburgh

State

IN

Zip Code

47630

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEACONESS HLTH SYS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : C1922256

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly N. Kimmel M.D.

Mailing Address 2861 Coconut Ave

City
Miami

State Zip Code
FL 33133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Childrens Hospital

Occupation
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C1922940

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. R. Ben King Jr., M.D.

Mailing Address 520 Azalea Ln

City
Florence

State Zip Code
SC 29501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2013

Transaction ID : C1922266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jerome M. Klafta M.D.

Mailing Address 4123 Harvey Ave.

City
Western Springs

State Zip Code
IL 60558-1245

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Chicago

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2013

Transaction ID : C1976145

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James G. Klamik M.D.

Mailing Address 1225 Orchard Ln.

City State Zip Code
 Elm Grove WI 53122

FEC ID number of contributing
federal political committee.

C

Name of Employer

James G Klamik MD SC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 12 2013

Transaction ID : C1923380

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David J. Kliever M.D.

Mailing Address 136 McGuire Rd

City State Zip Code
 Winchester VA 22603-4351

FEC ID number of contributing
federal political committee.

C

Name of Employer

WINCHESTER ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 08 2013

Transaction ID : C1922904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas Kornreich M.D.

Mailing Address 1704 Regent Dr

City State Zip Code
 Mount Kisco NY 10549-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 13 2013

Transaction ID : C1924352

Amount of Each Receipt this Period

250.00

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Oleg V. Korolev M.D.

Mailing Address 530 Stratford Ave.

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2013

Transaction ID : C1921574

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Adam Kovac M.D.

Mailing Address 1147 W Ohio St Ste 305

City

Chicago

State

IL

Zip Code

60642-6488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesiology Associates

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : C1920695

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David A. Kraftsow M.D.

Mailing Address 1301 Anglewood Dr

City

Birmingham

State

AL

Zip Code

35216-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN PERIOPERATIVE SVC's

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : C1975976

Amount of Each Receipt this Period

250.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard J. Krauss M.D.

Mailing Address 38 Capri Dr.

City State Zip Code
 Roslyn NY 11576

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North American Partners Anesthesia

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : C1925274

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Usha Krishnamurthy M.D.

Mailing Address 57 Viola Dr

City State Zip Code
 Glen Cove NY 11542-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2013

Transaction ID : C1922253

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donna A. Kucharski M.D.

Mailing Address 180 Read Street

City State Zip Code
 Seekonk MA 02771

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAI, LLC

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 26 / 2013

Transaction ID : C1977864

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lina Kulkarni M.B.,B.S.

Mailing Address 119 Falata Cir

City

Little Rock

State

AR

Zip Code

72223-5084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976607

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Janey L. Kunkle M.D.

Mailing Address 12830 Skyline Blvd.

City

Oakland

State

CA

Zip Code

94619-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGHLAND HOSP ACMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1977076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jon Kuzmic M.D.

Mailing Address 1001 W 10th St # FM400

City

Indianapolis

State

IN

Zip Code

46202-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer

IN Univ Med Ctr-Wishard Mem Hosp

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976080

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City State Zip Code
Hampton Cove AL 35763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Anes. of Huntsville, LLC

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : C1924361

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Randy A. Lance M.D.

Mailing Address 6433 Pebble Pointe Ct.

City State Zip Code
Newburgh IN 47630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Group Associates

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2013

Transaction ID : C1975602

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Kathryn M. Lang Smock M.D.

Mailing Address 15610 County Road 344

City State Zip Code
Savannah MO 64485-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas University Medical Center

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C2292243

Amount of Each Receipt this Period

250.00

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

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

675.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven M. Langer M.D.

Mailing Address 3 NE Lofting Way

City
Stuart

State
FL

Zip Code
34996-6512

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST LUCIE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975607

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven J. Lansing M.D.

Mailing Address 5215 N. County Rd. 775 W

City
Muncie

State
IN

Zip Code
47304-9751

FEC ID number of contributing
federal political committee.

C

Name of Employer

DELAWARE CTY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1977082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Lapinel M.D.

Mailing Address 300 Allen Road

City
Salt Point

State
NY

Zip Code
12578

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 03 / 2013

Transaction ID : C1920599

Amount of Each Receipt this Period

500.00

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christian J. Larsen D.O.

Mailing Address 6978 S.E. 12th Circle

City

Ocala

State

FL

Zip Code

34480-6653

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : C1975975

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Denise LaRue M.D.

Mailing Address 10 Myrtle Ave

City

South Portland

State

ME

Zip Code

04106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : C1975625

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Phyllis J. Lashley M.D.

Mailing Address 525 S. Burdick St., #5000

City

Kalamazoo

State

MI

Zip Code

49007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1919836

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth W. Lau M.D.

Mailing Address 6911 Van Dorn St Ste 2

City
Lincoln

State
NE

Zip Code
68506-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : C1920693

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Juliane H. Lee M.D.

Mailing Address 1 Childrens Way Lot 203

Arkansas Children's Hospital Anes.

City

Little Rock

State

AR

Zip Code

72202-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Children's Hospital Anes. Dep

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : C1976596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason A. Lemons M.D.

Mailing Address 4650 Grandview Pkwy

City

Flowery Branch

State

GA

Zip Code

30542-3590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Gainesville

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : C1975606

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan E. Lesh M.D.

Mailing Address 7423 S Broadway

City

Red Hook

State

NY

Zip Code

12571-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Medical Center Anesthe

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

Transaction ID : C1920624

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael A. Less M.D.

Mailing Address 15W316 60th St.

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Anesthesiologists, P.C.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : C1920770

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Mark Liang D.O.

Mailing Address 115 96th Street, Apt 7B

City

Brooklyn

State

NY

Zip Code

11209

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Methodist Hospital Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2013

Transaction ID : C1976138

Amount of Each Receipt this Period

250.00

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

1125.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Lichtenstein M.D.

Mailing Address 9411 Silverthorn Rd.

City

Largo

State

FL

Zip Code

33777-3166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayfront Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 21 / 2013

Transaction ID : C1976014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Drew E. Lieberman M.D.

Mailing Address 179 Bal Cross Dr.

City

Bal Harbour

State

FL

Zip Code

33154-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc of Broward County

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2013

Transaction ID : C1924478

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rebecca A. Lim M.D.

Mailing Address 2619 N Greenview Ave

City

Chicago

State

IL

Zip Code

60614-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Napa

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 09 / 2013

Transaction ID : C1922286

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis S. Lin M.D.

Mailing Address 100 Exeter St.

City

West Newton

State

MA

Zip Code

02465-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 04 / 2013

Transaction ID : C1920699

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John L. Lindsey III, M.D.

Mailing Address 3216 N 161st St

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia West PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 09 / 2013

Transaction ID : C1922287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John E. Lindsey Jr., M.D.

Mailing Address 2502 S. 186th Circle

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Anesthesia Specialists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

02 / 13 / 2013

Transaction ID : C1923161

Amount of Each Receipt this Period

83.30

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

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

833.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John E. Lindsey Jr., M.D.

Mailing Address 2502 S. 186th Circle

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Anesthesia Specialists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : C1924373

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Michael J. Lisch M.D.

Mailing Address 6711 E. Stonegate Dr.

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : C2292253

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Wei Liu M.D.

Mailing Address 4031 Blue Bonnet Blvd

City

Houston

State

TX

Zip Code

77025-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf Anesthesia Associates, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : C1975596

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard C. Lodise M.D.

Mailing Address 1780 W Wesley Rd NW

City State Zip Code
Atlanta GA 30327-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverdale Anes. Assoc.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2013

Transaction ID : C1921976

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nancy L. Loeffler M.D.

Mailing Address 3726 Lakeview Dr.

City State Zip Code
Tallahassee FL 32310-6348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesiology Assoc. of Tallahassee

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C2292252

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael A. Loiacono D.O.

Mailing Address 14 Palisade Ter

City State Zip Code
Glastonbury CT 06033-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAPA Connecticut.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2013

Transaction ID : C1920789

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cresenciano C. Lopez M.D.

Mailing Address 205 Shadow Glen Court

City

Gaithersburg

State

MD

Zip Code

20878-7417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : C1976218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Louy M.D., Ph.D

Mailing Address 742 23rd St

City

Santa Monica

State

CA

Zip Code

90402-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : C1922906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark A. Lovich M.D.

Mailing Address 30 Griggs Rd

City

Brookline

State

MA

Zip Code

02446-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tufts University School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2013

Transaction ID : C1924302

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher H. Lowe M.D.

Mailing Address 800 E Dawson St

City

State

Zip Code

Tyler

TX

75701-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mother Frances Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2013

Transaction ID : C1920676

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen R. Lowry M.D.

Mailing Address 3436 Beltway Rd. S.

City

State

Zip Code

Abilene

TX

79606-5607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendrick Health Systems

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C1922352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rick S. Lozon M.D.

Mailing Address 6080 Rothbury

City

State

Zip Code

Portage

MI

49024-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919837

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Luke M.D.

Mailing Address 3404 Hightimber

City

Grapevine

State

TX

Zip Code

76051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2013

Transaction ID : C1922282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Adele S. Lynagh M.D.

Mailing Address 113 Green Leaf Ln.

City

Easley

State

SC

Zip Code

29642-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAA

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2013

Transaction ID : C1923349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas K. Mandel M.D.

Mailing Address 15395 Prospect Dr.

City

Redding

State

CA

Zip Code

96001-9558

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C2292256

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Mandelberg M.D.

Mailing Address 336 Forest St.

City State Zip Code
Oakland CA 94618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C2292257

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Julius Mapalad M.D.

Mailing Address 8418 N College Ave

City State Zip Code
Indianapolis IN 46240-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2013

Transaction ID : C1924578

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donald H. Marcus M.D.

Mailing Address 16837 Calahan

City State Zip Code
Sepulveda CA 91343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C1922949

Amount of Each Receipt this Period

315.00

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

815.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Marino M.D.

Mailing Address 1 Grace Ct

City State Zip Code
 Greenlawn NY 11740-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huntington Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2013

Transaction ID : C1921731

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City State Zip Code
 Fort Myers FL 33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAPMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2013

Transaction ID : C1920634

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City State Zip Code
 Fort Myers FL 33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAPMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : C1923162

Amount of Each Receipt this Period

83.30

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

1166.60

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen F. Martin M.D.

Mailing Address 816 Baytree Ln

City

Ponte Vedra Beach

State

FL

Zip Code

32082-4162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Anesthesia Corporation, I

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Antonio J. Mattei M.D.

Mailing Address Carrion Court St 6 Apt 704

City

San Juan

State

PR

Zip Code

00911-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

AJMP ANESTH SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C1924311

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles G. McAdams M.D.

Mailing Address 200 E Lamar Blvd Ste 400

City

Arlington

State

TX

Zip Code

76006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975564

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John E. McCall M.D.

Mailing Address 3229 Burnet Ave

Shriners Hosp. For Children

City

Cincinnati

State

OH

Zip Code

45229-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Cincinnati

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2013

Transaction ID : C1922314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy E. McCall M.D.

Mailing Address 4130 Burlingame Rd

City

Cazenovia

State

NY

Zip Code

13035-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNY Anesthesia Group PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2013

Transaction ID : C1923251

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Deidre A. McCann M.D.

Mailing Address 541 Dawson Rd

City

Roseburg

State

OR

Zip Code

97470-8412

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2013

Transaction ID : C1921900

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 144
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim W. McChristian M.D.

Mailing Address 8720 Low Chaparrel Rd

City	State	Zip Code
Rogers	AR	72756-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2013

Transaction ID : C1921965

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian A. McConnell M.D.Mailing Address 3300 Gallows Rd.
Department of Anesthesiology

City	State	Zip Code
Falls Church	VA	22042

FEC ID number of contributing
federal political committee.

C

Name of Employer

INOVA Fairfax Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2013

Transaction ID : C1976113

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Steven A. McCord M.D.

Mailing Address 4601 Westbury Dr

City	State	Zip Code
Colleyville	TX	76034-4267

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : C1922927

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicole B. McDermott M.D.

Mailing Address 226 County Road 126

City

Glenwood Springs

State

CO

Zip Code

81601-9284

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975557

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James K. McDonald Jr., M.D.

Mailing Address 130 Heritage Ct

City

Macon

State

GA

Zip Code

31210-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Georgia Anes Serv

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976606

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frederick McKibben M.D.

Mailing Address 1711 Homewood Dr.

City

Altadena

State

CA

Zip Code

91001

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 03 / 2013

Transaction ID : C1920595

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory R. Mehaffey M.D.

Mailing Address 2000 Glenn Arbor Ct

City
Sherwood

State Zip Code
AR 72120

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C1922413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roy D. Mellor M.D.

Mailing Address 5114 Sherwood Road

City
Little Rock

State Zip Code
AR 72207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Health Group - Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 16 / 2013

Transaction ID : C1924500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Melville M. Mercer Jr., M.D.

Mailing Address 3020 S. Wheeling

City
Tulsa

State Zip Code
OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922313

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith M. Metz M.D.

Mailing Address 963 Puritan

City

Birmingham

State

MI

Zip Code

48009-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2013

Transaction ID : C1977088

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thor Milland M.D.

Mailing Address 525 E 13th St Apt 1E
Apt 1E

City

New York

State

NY

Zip Code

10009-3580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham Womens Hospital Dept of Anest

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2013

Transaction ID : C1924315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City

Westfield

State

IN

Zip Code

46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACI-LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2013

Transaction ID : C1922289

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe E. Monk M.D.

Mailing Address 6713 Lakewood

City State Zip Code
 Dallas TX 75214

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Chairman, Dept of Anesthesiology

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : C2275812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Oliver Montoya M.D.

Mailing Address PO BOX 826

City State Zip Code
 Jeffersonville IN 47131-0826

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesiology Associates of Clark Cou

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 03 / 2013

Transaction ID : C1920589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ross E. Moore M.D.

Mailing Address 2600 Netherland Ave Apt 2120

City State Zip Code
 Bronx NY 10463-4825

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : C2292264

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert R. Morrison M.D.

Mailing Address 5801 Spinnaker Pointe

City State Zip Code
 Parkville MO 64152-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 07 / 2013

Transaction ID : C1921612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mihai B. Murarescu M.D.

Mailing Address 3224 Palo Pkwy

City State Zip Code
 Boulder CO 80301-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 12 / 2013

Transaction ID : C1923375

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John J. Murphy M.D.

Mailing Address 481 Scarborough Road

City State Zip Code
 Valparaiso IN 46385

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 22 / 2013

Transaction ID : C1976035

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven K. Nakata M.D.

Mailing Address 2080 S Cherrywood Ct

City

New Berlin

State

WI

Zip Code

53151-2394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steven K Nakata MD SC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard E. Nelson M.D.

Mailing Address 9233 Ward Pky., #230

City

Kansas City

State

MO

Zip Code

64114-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westport Management

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 05 / 2013

Transaction ID : C1921025

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jesse L. Neubarth M.D.

Mailing Address 5711 Bayberry Ave.

City

Bakersfield

State

CA

Zip Code

93308-4071

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C2292270

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Danny P. Ngo M.D.

Mailing Address 6647 Regents Park Dr.

City State Zip Code
 Zionsville IN 46077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 19 / 2013

Transaction ID : C1975568

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Luu Nguyen M.D.

Mailing Address 9024 Fort Craig Dr

City State Zip Code
 Burke VA 22015-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Faculty Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2013

Transaction ID : C1924319

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert M. Nicholson IV, M.D.

Mailing Address 311 Grandview Ave

City State Zip Code
 Kalamazoo MI 49001-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia Health System

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 01 / 2013

Transaction ID : C1919838

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James D. Nowakowski M.D.

Mailing Address 3226 N CANYON WASH CIRCLE

City State Zip Code
MESA AZ 85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARIZONA HEART ANESTHESIA, P.L.L.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : C1922926

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hoyt W. Nye M.D.

Mailing Address 2140 Charlton Rd.

City State Zip Code
Sunfish Lake MN 55118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2013

Transaction ID : C1922319

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elmon Oliver Jr., M.D.

Mailing Address 5200 Swallow Ave.

City State Zip Code
Portage MI 49002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1919839

Amount of Each Receipt this Period

500.00

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Babatunji O. Omotoso M.D.

Mailing Address 25 Dyne Rd.

City State Zip Code
 Ocean Township NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BABATUNJI OMOTOSO MD PC

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976037

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank J. Overdyk M.D.

Mailing Address 100 Banks Ave Apt 1362

City State Zip Code
 Rockville Centre NY 11570-6215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North American Partners in Anesthesia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 03 / 2013

Transaction ID : C1920590

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott Pacific M.D.

Mailing Address 37 Ellsworth Dr

City State Zip Code
 Warren NJ 07059-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMG

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1923369

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen B. Packer M.D.

Mailing Address 1055 N Curtis Rd

City

Boise

State

ID

Zip Code

83706-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boise Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2013

Transaction ID : C1977095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Vijaya L. Para M.D.

Mailing Address 5 American Way

City

Marlboro

State

NJ

Zip Code

07746-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

Transaction ID : C2275811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lance J. Parks D.O.

Mailing Address 115 South Harwich Drive

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ruby Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C1975553

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy P. Pastore M.D.

Mailing Address 2183 Stopper Dr.

City

Montoursville

State

PA

Zip Code

17754-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANES ASSOC WMSPT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2013

Transaction ID : C1921968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mukesh Patel M.D.

Mailing Address 2727 W. Dr. M.L.K., Jr., Blvd.
Suite 310

City

Tampa

State

FL

Zip Code

33607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millennium Anes. Care, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C1924309

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thales N. Pavlatos M.D.

Mailing Address 2790 Kilkenny Dr

City

Springfield

State

OH

Zip Code

45503-1181

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C2292273

Amount of Each Receipt this Period

250.00

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa A. Perez M.D.

Mailing Address 6519 Province Ln.

City

Baton Rouge

State

LA

Zip Code

70808-3581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C2275732

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Luz Perez-Schwartz M.D.

Mailing Address 1500 Chestnut St Apt 20 B

City

Philadelphia

State

PA

Zip Code

19102-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C1922947

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffrey S. Philip M.D.

Mailing Address 4549 Raynor Ct.

City

Mason

State

OH

Zip Code

45040-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer

PERIOP MED CONSULTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C1975972

Amount of Each Receipt this Period

250.00

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harvey Plosker M.D.

Mailing Address 501 Glades Rd

City

Boca Raton

State

FL

Zip Code

33432-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broad Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2013

Transaction ID : C1923381

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wayne V. Polek M.D.

Mailing Address 6N 479 Splitrail Lane

City

Saint charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kane Anesthesia Associates,S.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C2292272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marina Polianska M.D.

Mailing Address 14880 Juneau Blvd

City

Elm Grove

State

WI

Zip Code

53122-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922923

Amount of Each Receipt this Period

275.00

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

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

1025.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wade R. Porterfield M.D.

Mailing Address 3887 W. Branch Rd.

City

State

Zip Code

Allegany

NY

14706-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SO TIER ANESTH

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2013

Transaction ID : C2292277

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert E. Powers M.D.

Mailing Address P.O. Box 7288

City

State

Zip Code

Little Rock

AR

72217-7288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2013

Transaction ID : C1923366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher A. Prater M.D.

Mailing Address 8175 Cindy Cir

City

State

Zip Code

Martinsville

IN

46151-9343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C1922932

Amount of Each Receipt this Period

500.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacob S. Pugsley M.D.

Mailing Address 123 Second Ave # 901

City State Zip Code
 Salt Lake City UT 84103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 02 / 2013

Transaction ID : C1920554

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nawal E. Ragheb-Mueller D.O., Ph.D

Mailing Address 70 East 18th Street
 #4D

City State Zip Code
 Chicago IL 60616

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 05 / 2013

Transaction ID : C1920771

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Matthew Ragland M.D.

Mailing Address 315 N Rollston Ave Apt 201

City State Zip Code
 Fayetteville AR 72701-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesiology Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976044

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark P. Ramirez M.D.

Mailing Address PO Box 65959

City

Tucson

State

AZ

Zip Code

85728-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Rita Anesthesia

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2013

Transaction ID : C1921047

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patrick R. Reddan M.D.

Mailing Address 8499 Sierra Madre Trl

City

Kalamazoo

State

MI

Zip Code

49009-6946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919840

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John A. Reich M.D.

Mailing Address 55 Station Lndg Apt 340

City

Medford

State

MA

Zip Code

02155-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tufts Med Ctr

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C1975962

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff S. Reid D.O.

Mailing Address 16208 Clear Creek Dr

City State Zip Code
 Edmond OK 73013-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2013

Transaction ID : C1923347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tamara Rendulic M.D.

Mailing Address 472 Parkview Pl

City State Zip Code
 Burr Ridge IL 60527-8357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westlake Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 11 / 2013

Transaction ID : C1922988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert E. Rensch M.D.

Mailing Address 8151 Glenwynd Dr.

City State Zip Code
 Kalamazoo MI 49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 02 / 01 / 2013

Transaction ID : C1919841

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip M. Rickman M.D.

Mailing Address 57 Posada Dr

City State Zip Code
Pueblo CO 81005-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C2292282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jay A. Rinehouse M.D.

Mailing Address 10 Highland Dr

City State Zip Code
Chester NJ 07930-3226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ambulatory Anesthesia Care

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920757

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Larry D. Robbins D.O.

Mailing Address 2 Andrea Dr

City State Zip Code
Pittsfield MA 01201-8436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Berkshire Faculty Services

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2013

Transaction ID : C1921898

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary T. Robelen M.D.

Mailing Address 61 Sunset Rd.

City

Weston

State

MA

Zip Code

02193-1636

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAP ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C1922410

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laurence C Roberts M.D.

Mailing Address 6226 Mimosa Lane

City

Dallas

State

TX

Zip Code

75230-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976226

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Trevor Robison M.D.

Mailing Address 1629 N. Winchester Av #2

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1920525

Amount of Each Receipt this Period

500.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard C. Romero M.D.

Mailing Address 1960 Ogden St Ste 525

City

Denver

State

CO

Zip Code

80218-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anes Consult

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : C1976042

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James F. Rosenbaum M.D.

Mailing Address 9140 El Dorado Ave

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1919930

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thea Rosenbaum M.D.

Mailing Address 260 River Ridge Pt

City

Little Rock

State

AR

Zip Code

72227-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : C1924385

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kirk N. Rossiter M.D.

Mailing Address 3117 39th St

City

Metairie

State

LA

Zip Code

70001-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology and Perioperative Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C2292284

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen A. Rubin D.O.

Mailing Address 4997 Oakhurst Lane

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Partners in Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2013

Transaction ID : C1976142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Winnie Y. Ruo M.D.

Mailing Address 326 Hambletonian Dr.

City

Oak Brook

State

IL

Zip Code

60523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Anes.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975562

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick J. Sandell M.D.

Mailing Address 15849 Kane Rd

City
Plainwell

State Zip Code
MI 49080-9050

FEC ID number of contributing
federal political committee.

C

Name of Employer
KALAMAZOO ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919931

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas C. Sanneman M.D.

Mailing Address 3578 Cherry Ln

City
Woodbury

State Zip Code
MN 55129-8789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Anesthesiologists, PA

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920698

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Mahesh P. Sardesai M.D.

Mailing Address 1304 Fairstead Lane

City
Pittsburgh

State Zip Code
PA 15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC Shadyside

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : C1923064

Amount of Each Receipt this Period

83.34

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

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

1333.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mahesh P. Sardesai M.D.

Mailing Address 1304 Fairstead Lane

City
Pittsburgh

State Zip Code
PA 15217

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC Shadyside

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : C1924584

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. John M. Satterfield M.D.

Mailing Address 125 White Sail Dr.

City
Southington

State Zip Code
CT 06489-3854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2013

Transaction ID : C1921730

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew K. Satz M.D.

Mailing Address 8611 Key Harbour Dr.

City
Indianapolis

State Zip Code
IN 46236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C2292285

Amount of Each Receipt this Period

250.00

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

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

833.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cristy M. Schade M.D.

Mailing Address PO Box 850069

City

Mesquite

State

TX

Zip Code

75185-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1924341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brian C. Schander M.D.

Mailing Address 2624 Winter Park Dr.

City

Naperville

State

IL

Zip Code

60565

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUPAGE VALLEY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C1924312

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stephen F. Scharf M.D.

Mailing Address 103 Lee Cir.

City

Lynchburg

State

VA

Zip Code

24503-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lynchburg Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922328

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine C. Schmidt M.D.

Mailing Address 117 Sunset Rim

City

State

Zip Code

Cody

WY

82414-9635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 05 / 2013

Transaction ID : C1921024

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin J. Schmidt M.D.

Mailing Address 12 Hampton Dr

City

State

Zip Code

Oak Brook

IL

60523-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922910

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David M. Schneider M.D.

Mailing Address 7015 Yellowstone Place

City

State

Zip Code

Billings

MT

59106-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANES PART OF MT

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C2292283

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine L. Scholl M.D.

Mailing Address 2007 Robinhood Trl

City

Austin

State

TX

Zip Code

78703-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

private practice

Occupation

m.d.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2013

Transaction ID : C1920542

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paula A. Schriemer M.D.

Mailing Address 14105 Waterview

City

Vicksburg

State

MI

Zip Code

49097

FEC ID number of contributing
federal political committee.

C

Name of Employer

KALAMAZOO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1919932

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory D. Schrock M.D.

Mailing Address 7956 Bent Tree Rd.

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1919933

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David G. Schultz M.D.

Mailing Address 1819 N Halifax Ave

City

Daytona Beach

State

FL

Zip Code

32118-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : C2292286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Larry M. Segers M.D.

Mailing Address 215 Asphodel Dr.

City

Dothan

State

AL

Zip Code

36303-2984

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2013

Transaction ID : C1921961

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Lopa S. Shah M.B.,B.S.

Mailing Address 4 Warhol Way

City

Marlboro

State

NJ

Zip Code

07746-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA NJ

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2013

Transaction ID : C1923109

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald A. Shore D.O.

Mailing Address 551 Overlook Drive

City

Wyckoff

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2013

Transaction ID : C1921894

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Linda Shore-Lesserson M.D.

Mailing Address 550 Faletti Way

City

River Vale

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 18 / 2013

Transaction ID : C1924815

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David G. Shores D.O.

Mailing Address 202 Muirfield Ct

City

Dublin

State

GA

Zip Code

31021-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDDLE GA ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C1975980

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chetan R. Shukla M.D.

Mailing Address 7312 Palais Cir.

City
Indianapolis

State
IN

Zip Code
46278-1598

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2013

Transaction ID : C1923149

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City

Sherman Oaks

State

CA

Zip Code

91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anes. Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.94

Date of Receipt

02 / 05 / 2013

Transaction ID : C1920745

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Richard Siegenfeld M.D.

Mailing Address 9 Montrose Place

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore-Long Island Jewish Medical

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 04 / 2013

Transaction ID : C1920697

Amount of Each Receipt this Period

500.00

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

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

833.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John A. Sikora M.D.

Mailing Address 900 Peeler St

Kalamazoo Anesthesiology, PC

City

Kalamazoo

State

MI

Zip Code

49008-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

Transaction ID : C1919934

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John P. Simons D.O.

Mailing Address 26 Thistlewood Ln

City

Hendersonville

State

NC

Zip Code

28791-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstream Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2013

Transaction ID : C2292287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jean A. Simonson M.D.

Mailing Address 924 20th Ave. Cir.

City

Blair

State

NE

Zip Code

68008-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2013

Transaction ID : C1924529

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jasbir Singh M.D.

Mailing Address 8 S 274 Hampton Circle

City
Naperville

State Zip Code
IL 60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Western University

Occupation
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 05 / 2013

Transaction ID : C1920766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Linda B. Sirugo M.D.

Mailing Address 1420 Indiana Avenue

City
La Porte

State Zip Code
IN 46350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2013

Transaction ID : C1923393

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David J. Smith A.A.-C

Mailing Address 4 Erica Ct

City
Pueblo

State Zip Code
CO 81001-1074

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975578

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel D. Smith D.O.

Mailing Address 60 Tukey Rd.

City

Oakland

State

ME

Zip Code

04963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine General Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975609

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory M. Somerville M.D.

Mailing Address 6208 Devils Hollow Rd.

City

Fort Wayne

State

IN

Zip Code

46814-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists of Fort W

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 04 / 2013

Transaction ID : C1920760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard A. Stark M.D.

Mailing Address 915 E. Eagle Lake Dr.

City

Kalamazoo

State

MI

Zip Code

49009-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919935

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna M. Staudt M.D.

Mailing Address 5601 Riverbluff Dr.

City
Suffolk

State
VA

Zip Code
23435-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer

STAUDT INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1923371

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hans E. Steine M.D.

Mailing Address 660 13th Ave SW

City

Mount Vernon

State

IA

Zip Code

52314-9586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 14 / 2013

Transaction ID : C1924310

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

02 / 02 / 2013

Transaction ID : C1920536

Amount of Each Receipt this Period

83.30

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

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

833.30

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2013

Transaction ID : C1924285

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John Steriti M.D.

Mailing Address 90 Emerald Dr

City State Zip Code
Lynn MA 01904-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anaesthesia Associates of Massachusett

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2013

Transaction ID : C1976122

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew L. Sternlicht M.D.

Mailing Address 533 Hammond St.

City State Zip Code
Newton MA 02467

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAP Anesthesia PC Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2013

Transaction ID : C1924300

Amount of Each Receipt this Period

250.00

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

583.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul H. Stevenson M.D.

Mailing Address Kalamazoo Anes. P.C.
P.O. Box 4095

City Kalamazoo State MI Zip Code 49003-4095

FEC ID number of contributing
federal political committee.

C

Name of Employer
KALAMAZOO ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1919937

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth R. Stone M.D.

Mailing Address 317 Laurelwood Rd

City Orange State CT Zip Code 06477-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgeport Anesthesia Assoc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : C1975629

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Volker I. Striepe M.D.

Mailing Address 621 Post Oak Circle

City Brentwood State TN Zip Code 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nashville Anesthesia Services

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2013

Transaction ID : C1922320

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew D. Sunderlin M.D.

Mailing Address 16099 Surrey Way

City

Spring Lake

State

MI

Zip Code

49456-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes.Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2013

Transaction ID : C1977080

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kazimierz M. Szczech M.D.

Mailing Address 19 Kristen Ct

City

Wayne

State

NJ

Zip Code

07470-5061

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : C1922250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael A. Tahir M.D.

Mailing Address 5831 Wright Rd

City

New Orleans

State

LA

Zip Code

70128-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : C2292293

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lance A. Talmage Jr., M.D.

Mailing Address 3644 Forest Oaks Dr

City State Zip Code
 Fairlawn OH 44333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Akron, In

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2013

Transaction ID : C1920678

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sanjiwan V. Tarabadkar M.B.

Mailing Address 5055 Wellington Dr

City State Zip Code
 Macon GA 31210-4429

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEXUS MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 25 / 2013

Transaction ID : C1976597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark D. Tasch M.D.

Mailing Address 235 Redding Ct

City State Zip Code
 Zionsville IN 46077-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer

IUAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : C1924343

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A. Tavares Jr., M.D.

Mailing Address 3528 Crossbow Drive

City
Frisco

State
TX

Zip Code
75033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ascendant Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : C1920643

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carol S. Taylor M.D.

Mailing Address 2426 E Avenida De Posada

City
Tucson

State
AZ

Zip Code
85718-3057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oro Valley Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : C2292290

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Steven Teplitz M.D.

Mailing Address 383 Astor Dr.

City
Sayville

State
NY

Zip Code
11782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : C1975593

Amount of Each Receipt this Period

250.00

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary J. Theisen M.D.

Mailing Address 3818 E Gull Lake Dr

City

Hickory Corners

State

MI

Zip Code

49060-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer

KALAMAZOO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

Transaction ID : C1919938

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mack A. Thomas M.D.

Mailing Address 244 Beverly Dr.

City

Metairie

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health Systems

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : C1922911

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert D Thornton, II II, M.D.

Mailing Address 5628 Double Oak Lane

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. PC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : C1975953

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey C. Thue M.D.

Mailing Address 120 33rd Street

City State Zip Code
 Manhattan Beach CA 90266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2013

Transaction ID : C1920748

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas M. Toal M.D.

Mailing Address PO Box 4497

City State Zip Code
 Ithaca NY 14852-4497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 25 / 2013

Transaction ID : C1976601

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Steven A. Topfer D.O.

Mailing Address 140 Prospect Ave., Suite 8

City State Zip Code
 Hackensack NJ 07601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hackensack Anesthesiology Associates

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 05 / 2013

Transaction ID : C1920744

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick K. Torres M.D.

Mailing Address 2218 Campestre Terr.

City State Zip Code
 Naples FL 34119

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Associates of Naples

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 03 / 2013

Transaction ID : C1920571

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John N. Trobaugh M.D.

Mailing Address 1050 Borghese Ln Apt 1706

City State Zip Code
 Naples FL 34114-7930

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Physicians Regional Medical Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : C1922933

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul G. Turk M.D.

Mailing Address 770 Pine Street, Suite L40

City State Zip Code
 Macon GA 31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Information Requested

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 25 / 2013

Transaction ID : C1976598

Amount of Each Receipt this Period

500.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katherine Turner M.D.

Mailing Address 1023 Spectacular Bid Dr

City State Zip Code
 Union KY 41091-8069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Independent Anesthesiologists, PSC

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 04 2013

Transaction ID : C1920641

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark J. Uggeri M.D.

Mailing Address 8727 2nd Street

City State Zip Code
 Mattawan MI 49071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 01 2013

Transaction ID : C1919939

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bruce A. Van Dop D.O., M.S.

Mailing Address 6466 Terravita

City State Zip Code
 Whitehall MI 49461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaware County Anesthesiologists

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 19 2013

Transaction ID : C2292249

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karin H. Vangura M.D.

Mailing Address 62 Jefferson Avenue

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2013

Transaction ID : C1924308

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City

Tampa

State

FL

Zip Code

33606-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Florida Anesthesiologists

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2013

Transaction ID : C1920718

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City

Tampa

State

FL

Zip Code

33606-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Florida Anesthesiologists

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2013

Transaction ID : C1924481

Amount of Each Receipt this Period

83.30

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

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

666.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher J. Vasil M.D.

Mailing Address 15500 Shannon Hts.

City

Los Gatos

State

CA

Zip Code

95032-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer

GROUP ANES SERV

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C2292298

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Thomas E. Verdone M.D.

Mailing Address 27 Crystal Ridge Rd

City

South Glastonbury

State

CT

Zip Code

06073-3545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1924325

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Sally J. Vetter M.D.

Mailing Address 9535 N Placita Roca De Bronce

City

Tucson

State

AZ

Zip Code

85704-8610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oro Valley Anesth

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975587

Amount of Each Receipt this Period

500.00

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

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

1125.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David H. Vickers M.D.

Mailing Address 216 Cheekwood Ct

City

Franklin

State

TN

Zip Code

37069-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashville Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 17 / 2013

Transaction ID : C1924575

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Prem K. Vindhya M.D.

Mailing Address 6409 San Mateo Ln

City

Odessa

State

TX

Zip Code

79762-5215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgery Center Texas

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2013

Transaction ID : C1921895

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew Vo M.D.

Mailing Address P.O. Box 14767

City

Long Beach

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matthew Vo, MD, Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C1975960

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald Wade M.D.

Mailing Address 816 South Street

City
Yreka

State
CA

Zip Code
96097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1924351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J. M. Wagner M.D.

Mailing Address 6634 Klein St. NW

City
Olympia

State
WA

Zip Code
98502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olympia Anesthesia Associates

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2013

Transaction ID : C1975604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark A. Wahl M.D.

Mailing Address 4339 Monterey Pine Ave.

City
Portage

State
MI

Zip Code
49024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1919940

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James J. Walsh M.D.

Mailing Address 166 83rd St.

City State Zip Code
Brooklyn NY 11209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2013

Transaction ID : C1920568

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Harper R. Ward M.D.

Mailing Address 2300 Belleview Ter

City State Zip Code
Oklahoma City OK 73112-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harper R Ward MD PLLC

Occupation

Attending

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 16 2013

Transaction ID : C1924492

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marvin L. Warren M.D.

Mailing Address 3023 Mactavish

City State Zip Code
Billings MT 59101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billings Anesthesiology, P.C.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 04 2013

Transaction ID : C1920638

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy B. Watson M.D.

Mailing Address 1224 Trotwood Ave

City
ColumbiaState
TNZip Code
38401-4802FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : C1924448

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Martin B. Wehlage M.D.

Mailing Address 7810 Holly Creek Ln.

City
IndianapolisState
INZip Code
46240FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : C1922918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr.

City
GirardState
OHZip Code
44420-1652FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : C1923058

Amount of Each Receipt this Period

83.30

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

833.30

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr.

City
Girard

State
OH

Zip Code
44420-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : C1924366

Amount of Each Receipt this Period

833.30

Full Name (Last, First, Middle Initial)

B. Jason B. Wells M.D.

Mailing Address 66 Westgate Blvd

City

Manhasset

State

NY

Zip Code

11030-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Cardiovascular Anesthesiologists, P

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2013

Transaction ID : C1922318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Blake E. Wendelburg M.D., Ph.D

Mailing Address 7326 Oakview

City

Shawnee

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2013

Transaction ID : C1977863

Amount of Each Receipt this Period

500.00

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

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

833.30

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janet L. Wendeln M.D.

Mailing Address 13739 Foxdale Lake Drive

City

Carmel

State

IN

Zip Code

46032-8558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Indianapolis

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2013

Transaction ID : C1975599

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Robert M. Whitcomb M.D.

Mailing Address 221 Church Rd.

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : C1921729

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City

Albuquerque

State

NM

Zip Code

87122-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. of New Mexico, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2013

Transaction ID : C1978037

Amount of Each Receipt this Period

250.00

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

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

775.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Courtney G. Williams M.D.

Mailing Address 300 Lago Vista St

City
Kemah

State
TX

Zip Code
77565-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Texas Medical Branch - Galvest

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2013

Transaction ID : C1922264

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gordon S. Williford M.D.

Mailing Address 3300 Wheeler Rd.

City
Augusta

State
GA

Zip Code
30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 07 / 2013

Transaction ID : C1922249

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jon T. Willis M.D.

Mailing Address 516 N.W. 148th St.

City
Edmond

State
OK

Zip Code
73013-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2013

Transaction ID : C1976591

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David K. Wineinger M.D.

Mailing Address 12357 N Friar Dr

City

Hayden

State

ID

Zip Code

83835-7512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Coeur d Alene

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2013

Transaction ID : C1923322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jung S. Wirsing M.D.

Mailing Address 3413 Wheeler Rd.

City

Augusta

State

GA

Zip Code

30909

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2013

Transaction ID : C1921978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kent A. Woolard M.D.

Mailing Address 8919 S. Gary Ave.

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1922330

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. H. Kendle Yates M.D.

Mailing Address 1249 Concord Hunt Dr

City State Zip Code
 Brentwood TN 37027-8760

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Medical Group, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 10 / 2013

Transaction ID : C1922295

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen Yeich M.D.

Mailing Address 3048 SW 89th St Ste A

City State Zip Code
 Oklahoma City OK 73159-6359

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF-EMPLOYED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : C1975574

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jill S. Young D.O.

Mailing Address 20 E 9th St Apt 14K

City State Zip Code
 New York NY 10003-5944

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Morris Anesthesia Group

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 20 / 2013

Transaction ID : C1975969

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Song Y. Yu M.D.

Mailing Address 14A Quaker Ridge Rd

City

Glen Head

State

NY

Zip Code

11545-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nassaul Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2013

Transaction ID : C1921050

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dawn E. Zablocki M.D.

Mailing Address 1753 W. Camino Ln.

City

Springfield

State

MO

Zip Code

65810-2171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Professional Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2013

Transaction ID : C1920737

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip J. Zitello M.D.

Mailing Address 26 Timber Marsh Ln

City

Hilton Head Island

State

SC

Zip Code

29926-2787

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALMELTO ANES PAIN

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2013

Transaction ID : C1976603

Amount of Each Receipt this Period

250.00

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

1000.00

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

147296.68

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

**A. COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC
(CHC BOLD PAC)**

Mailing Address PO BOX 70980

City
WashingtonState
DCZip Code
20024Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : D144604

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City
RichmondState
VAZip Code
23219Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

Transaction ID : D140358

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : D144610

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE	State CA	Zip Code 95758
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Ami Bera M.D.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : D144613

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

City SPRINGFIELD	State MO	Zip Code 65804
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Billy LongCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : D144605

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MURPHY

Mailing Address P.O. Box 127

City Cheshire	State CT	Zip Code 06410
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Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Rep. Christopher S. MurphyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : D140513

Amount of Each Disbursement this Period

2500.00

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

7000.00

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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Anesthesiologists Political Action Committee

3000.00

Three digital displays showing the date in MM/DD/YYYY format: 02/06/2013.

2500.00

6500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Frank Pallone Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D144599

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City	State	Zip Code
ST. JOSEPH	MI	49085

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Fred UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D144607

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Gus BilirakisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D144601

Amount of Each Disbursement this Period

2000.00

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

9500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA	State SC	Zip Code 29211
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. James E. Clyburn

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2013

Transaction ID : D144611

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JO BONNER FOR CONGRESS COMMITTEE

Mailing Address P.O.Box 851232

City Mobile	State AL	Zip Code 36685
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Jo Bonner

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2013

Transaction ID : D144603

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City Las Vegas	State NV	Zip Code 89136
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Joe Heck

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2013

Transaction ID : D144615

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JUDY CHU FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD # 1612

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Rep. Judy ChuCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : D144602

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Kevin BradyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : D140511

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Michael C. BurgessCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

Transaction ID : D144612

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SHELLEY MOORE CAPITO FOR SENATE

Mailing Address P.O. Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Shelley Moore CapitoCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D144606

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Sen. Max BaucusCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2013

Transaction ID : D140509

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. UDALL FOR US ALL

Mailing Address PO BOX 25766

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Sen. Tom UdallCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D144609

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City	State	Zip Code
Hagerstown	MD	21741

Purpose of Disbursement
Credit Card Merchant Fees

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Credit Card Merchant

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Transaction ID : D144616

Amount of Each Disbursement this Period

1757.59

Full Name (Last, First, Middle Initial)

B. Republican State Leadership CommitteeMailing Address 1800 Diagnole Rd
Suite 230

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

Transaction ID : D140357

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

61757.59

61757.59