

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
06 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 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
11 18 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
06 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 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		1619106.51
(b) Cash on Hand at Beginning of Reporting Period.....	1656880.61	
(c) Total Receipts (from Line 19)	73370.20	734244.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1730250.81	2353350.84
7. Total Disbursements (from Line 31)	105423.71	728523.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1624827.10	1624827.10
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
06	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	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).....

62241.76

549413.17

(ii) Unitemized

11128.44

175886.71

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

73370.20

725299.88

(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) ▶

73370.20

725299.88

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

1944.45

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7000.00

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))..... ▶

73370.20

734244.33

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

73370.20

734244.33

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	3174.01	10918.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3174.01	10918.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80500.00	434800.00
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	1249.70	3332.90
(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)).....	1249.70	3332.90
29. Other Disbursements	20500.00	279472.67
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)) ..	105423.71	728523.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105423.71	728523.74

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)	73370.20	725299.88
34. Total Contribution Refunds (from Line 28(d))	1249.70	3332.90
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72120.50	721966.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3174.01	10918.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1944.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3174.01	8973.72

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

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

FOR LINE NUMBER: PAGE 6 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Benjamin M. Aakre M.D.

Mailing Address 466 45th Manor Ln NW

City
Rochester

State
MN

Zip Code
55901-8483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2362591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Basem B. Abdelmalak M.D.

Mailing Address Dept of General Anesthesiology E-3
9500 Euclid Ave.

City
Cleveland

State
OH

Zip Code
44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352548

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. 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 ▼

999.60

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343132

Amount of Each Receipt this Period

83.30

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

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

374.90

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 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City State Zip Code
 Oronoco MN 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 ▼

999.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2013

Transaction ID : C2347854

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Amr E. Abouleish M.D., M.B.

Mailing Address 4303 Evergreen Elm Ct

City State Zip Code
 Houston TX 77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Texas Medical Branch

Occupation
 Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

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

Transaction ID : C2341122

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Charles K. Anderson M.D., M.B.

Mailing Address 60975 Billadeau Rd

City State Zip Code
 Bend OR 97702-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer
 TenetHealth

Occupation
 Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2013

Transaction ID : C2341651

Amount of Each Receipt this Period

83.30

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

249.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan C. Anderson M.D.

Mailing Address 151 Jossie Ln

City

Kalispell

State

MT

Zip Code

59901-6961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Rockies Anesthesia Consultant

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2013

Transaction ID : C2347624

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark D. Anderson M.D.

Mailing Address 291 Southhall Lane

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2344722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Kevin C. Angert M.D.

Mailing Address 1294 Richmond Rd.

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

jlr medical group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : C2343100

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 9 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Arellano-Kruse M.D.

Mailing Address Anesthesia Medical Group
3330 Lomita Blvd

City Torrance State CA Zip Code 90505-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Torrance Memorial Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362551

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joel W. Arney M.D.

Mailing Address 4 Windy Hill Ct

City Sunfish Lake State MN Zip Code 55077-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Ridges Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2013

Transaction ID : C2363292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Judith L. Aronsohn M.D.

Mailing Address 5 Mount Tom Rd

City Pelham State NY Zip Code 10803-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAPA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341173

Amount of Each Receipt this Period

83.34

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

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

666.68

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

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

FOR LINE NUMBER: PAGE 10 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett L. Arron M.D.

Mailing Address 52 Lake Street

City State Zip Code
Wakefield RI 02879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Narragansett Bay Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2013

Transaction ID : C2341168

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jennifer P. Aunspaugh M.D.

Mailing Address 1 CHILDRENS WAY

City State Zip Code
LITTLE ROCK AR 72202

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Assistant Professor Pediatric Anesthes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2013

Transaction ID : C2341656

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Craig T. Austin M.D.

Mailing Address 1000 E. Primrose, #520
Ozark Anesthesia Associates

City State Zip Code
Springfield MO 65807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : C2351744

Amount of Each Receipt this Period

83.34

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

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

216.64

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark S. Baker M.D.

Mailing Address 7308 Kings Mountain Cir

City

Vestavia

State

AL

Zip Code

35242-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARM, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2013

Transaction ID : C2359872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Alethia R. Baldwin Sellers M.D.

Mailing Address 619 S. 19th St. - J862

City

Birmingham

State

AL

Zip Code

35249-6810

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341132

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John T. Bautista M.D.

Mailing Address 9147 Saddlebow Dr

City

Brentwood

State

TN

Zip Code

37027-6060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group, P.C.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341779

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: PAGE 12 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles R. Beckenstein M.D.

Mailing Address 610 S Rome Ave Apt 602

City
TampaState
FLZip Code
33606-2589FEC ID number of contributing
federal political committee.

C

Name of Employer

UniCom Anesthesia Associates, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2013

Transaction ID : C2351438

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Timothy N. Beeson M.D.

Mailing Address 3715 Sapphire Dr.

City
MartinezState
GAZip Code
30907FEC ID number of contributing
federal political committee.

C

Name of Employer

BDT Anesthesia

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
06	/	04	/	2013

Transaction ID : C2341756

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Eileen V. Begin M.D.

Mailing Address 110 Irving St. NW #G-226

City
WashingtonState
DCZip Code
20010-3017FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2013

Transaction ID : C2360413

Amount of Each Receipt this Period

41.60

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

1083.20

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

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

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

FOR LINE NUMBER: PAGE 13 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy C. Benedikt M.D.

Mailing Address 501 Patterson Ave.

City State Zip Code
 San Antonio TX 78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351464

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City State Zip Code
 East Brunswick NJ 08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351455

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Joel L. Bez D.O.

Mailing Address 3806 Viceroy Dr

City State Zip Code
 Okemos MI 48864-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lansing Anesthesiologist P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 16 / 2013

Transaction ID : C2352575

Amount of Each Receipt this Period

41.60

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

166.57

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City

Chicago

State

IL

Zip Code

60614-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

university of chicago

Occupation

physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350632

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David J. Bishop M.D.

Mailing Address 16312 Lucille St

City

Baldwin City

State

KS

Zip Code

66006

FEC ID number of contributing
federal political committee.

C

Name of Employer

KU Medical Centre

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343142

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

Texas AM College of Medicine Scott an

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.70

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352544

Amount of Each Receipt this Period

83.30

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

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

416.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2013

Transaction ID : C2362596

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Srinivas S. Bollimpalli M.D.

Mailing Address 1850 N Central Ave Ste 1600

City
Phoenix

State
AZ

Zip Code
85004-4633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : C2344732

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jeremy M. Boucher M.D.

Mailing Address 3400 NW 65th St

City
Oklahoma City

State
OK

Zip Code
73116-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeremy M Boucher

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
06 / 14 / 2013

Transaction ID : C2351723

Amount of Each Receipt this Period

500.00

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

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

633.30

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)

PAGE 16 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. K P Branam M.D.

Mailing Address 160 Green Glades

City
Ridgeland

State Zip Code
MS 39157-8662

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.35

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350642

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Andrew J. Braun M.D.

Mailing Address 4731 N Cramer St

City
Whitefish Bay

State Zip Code
WI 53211-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343283

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lois L. Bready M.D.

Mailing Address 33 Sanctuary Drive

City
San Antonio

State Zip Code
TX 78248-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TX Hlth Sci Ctr Anes Dept

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341134

Amount of Each Receipt this Period

500.00

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

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

791.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1099.80

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351736

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 ▼

1099.80

Date of Receipt

06 / 25 / 2013

Transaction ID : C2360412

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Burkman M.D.

Mailing Address 601 Belmont Ave E Apt A12

City

Seattle

State

WA

Zip Code

98102-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351436

Amount of Each Receipt this Period

41.60

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

224.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott E. Burns M.D.

Mailing Address 675 W 77th Pl

City

Tulsa

State

OK

Zip Code

74132-2854

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

06 / 09 / 2013

Transaction ID : C2347837

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jane E. Caldwell M.D.

Mailing Address 1610 Thursby Ave.

City

Kirkwood

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2362595

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Nicholas Capone D.O.

Mailing Address 9146 Bay Point Drive

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 24 / 2013

Transaction ID : C2359920

Amount of Each Receipt this Period

41.60

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

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

1791.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City

New Orleans

State

LA

Zip Code

70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.61

Date of Receipt

06 / 21 / 2013

Transaction ID : C2359553

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City

New Orleans

State

LA

Zip Code

70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.61

Date of Receipt

06 / 30 / 2013

Transaction ID : C2362707

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Peter L. Castro M.D.

Mailing Address 2910 17th Street

City

Boulder

State

CO

Zip Code

80304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peter L. Castro, M.D., M.B.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 20 / 2013

Transaction ID : C2359503

Amount of Each Receipt this Period

41.67

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

124.94

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

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

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

FOR LINE NUMBER: PAGE 20 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City

Little Rock

State

AR

Zip Code

72223-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS Dept of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341645

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Claire L. Chandler A.A.-C

Mailing Address 1253 Citadel Dr NE

City

Atlanta

State

GA

Zip Code

30324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350634

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Bruce D. Chipkin M.D.

Mailing Address 6 Forrest Way

City

Poughkeepsie

State

NY

Zip Code

12603

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 ▼

416.70

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341127

Amount of Each Receipt this Period

83.34

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

208.24

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

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

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

FOR LINE NUMBER: PAGE 21 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wonjae E. Choi M.D.

Mailing Address 3939 J. Street, Suite 310

City State Zip Code
 Sacramento CA 95819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacramento Anesthesia Med. Gp.

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
 06 / 19 / 2013

Transaction ID : C2354473

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gary S. Christensen M.D.

Mailing Address PO 22233

City State Zip Code
 Flagstaff AZ 86001

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
healy care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : C2362590

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William Clay M.D.

Mailing Address Dept. Anesthesia
 468 Cadieux Rd.

City State Zip Code
 Grosse Pointe MI 48230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AA of Michigan

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
 06 / 10 / 2013

Transaction ID : C2347863

Amount of Each Receipt this Period

250.00

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

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

1300.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert G. Cline M.D.

Mailing Address 7423 Westwind Rd

City

Traverse City

State

MI

Zip Code

49686-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341120

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. David J. Cohen M.D.

Mailing Address 32630 Bingham Rd

City

Bingham Farms

State

MI

Zip Code

48025-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 17 / 2013

Transaction ID : C2352629

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Norman A. Cohen M.D.

Mailing Address 0841 SW Gaines St # 504

City

Portland

State

OR

Zip Code

97239-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science Univ. Anes.

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341167

Amount of Each Receipt this Period

83.30

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

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

166.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dominick Coleman M.D.

Mailing Address 100 Banks Ave Apt 1201

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia,

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341176

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Craig M. Combs M.D.

Mailing Address 1924 Alcoa Hwy # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of TN Medical Center Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341639

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John A. Cooley M.D.

Mailing Address 48 Fox Hedge Rd

City

Saddle River

State

NJ

Zip Code

07458-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351742

Amount of Each Receipt this Period

83.30

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

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

666.64

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

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

FOR LINE NUMBER: PAGE 24 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert M. Coon M.D.

Mailing Address 5339 S. Toledo

City State Zip Code
Tulsa OK 74135-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAI Tulsa

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
06 / 21 / 2013

Transaction ID : C2359700

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David A Cross M.D.

Mailing Address Department of Anesthesiology
2401 South 31st Street

City State Zip Code
Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

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

Transaction ID : C2343131

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Candra A. Cummings M.D.

Mailing Address 2901 Maiden Creek Ct

City State Zip Code
Davidsonville MD 21035-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dimensions Health Care

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2013

Transaction ID : C2362556

Amount of Each Receipt this Period

83.34

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

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

1166.64

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

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

FOR LINE NUMBER: PAGE 25 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edwin D. Cunningham Jr., M.D.

Mailing Address 4098 Raleigh Millington Rd

City State Zip Code
 Memphis TN 38128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2013

Transaction ID : C2361408

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jay D. Cunningham D.O.

Mailing Address 18808 Saddle River Dr

City State Zip Code
 Edmond OK 73012-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Anesthesiologist

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351739

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephan R. Curry M.D.

Mailing Address 292 Cumberland Head Rd

City State Zip Code
 Plattsburgh NY 12901-6708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Physicians Hospital M

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341245

Amount of Each Receipt this Period

41.60

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

374.90

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

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

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

FOR LINE NUMBER: PAGE 26 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert A. Daniel M.D.

Mailing Address 2216 Terranova Ct

City

Lexington

State

KY

Zip Code

40513

FEC ID number of contributing
federal political committee.

C

Name of Employer

bluegrass anesthesia services

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : C2359497

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Anand S. Dash M.D.

Mailing Address 1915 Wrocklage Ave Unit 306
Unit 306

City

Louisville

State

KY

Zip Code

40205-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Valley Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2013

Transaction ID : C2362680

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Kraig S. de Lanza M.D.

Mailing Address 12 Tara Pl

City

Metairie

State

LA

Zip Code

70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slidell Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2013

Transaction ID : C2351456

Amount of Each Receipt this Period

83.30

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

166.50

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

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

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

FOR LINE NUMBER: PAGE 27 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward H. Dench Jr., M.D.

Mailing Address 945 Outer Drive

City

State

Zip Code

State College

PA

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pocono Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350631

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City

State

Zip Code

Longmeadow

MA

01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341100

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City

State

Zip Code

Longmeadow

MA

01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

06 / 20 / 2013

Transaction ID : C2359501

Amount of Each Receipt this Period

41.60

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

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

124.80

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 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert P. Devine M.D.

Mailing Address 3901 Rainbow Blvd
Mail Stop 1034

City State Zip Code
Kansas City KS 66160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University

Occupation

Anesthesiologis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2013

Transaction ID : C2350731

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Laura I. Dew M.D.

Mailing Address 3009 Cason St

City State Zip Code
Houston TX 77005-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

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

Transaction ID : C2341123

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City State Zip Code
Armonk NY 10504-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore University Hospital Anesth

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2013

Transaction ID : C2359876

Amount of Each Receipt this Period

83.30

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

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

416.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christina D. Diaz M.D.

Mailing Address 2433 N Lefebvre Ave

City

Milwaukee

State

WI

Zip Code

53213-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin Children

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 17 / 2013

Transaction ID : C2352628

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City

Miami

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 16 / 2013

Transaction ID : C2352566

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jonathan R. Doherty M.D.

Mailing Address 211 Walnut Trace Ct.

City

Simpsonville

State

SC

Zip Code

29681

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

06 / 03 / 2013

Transaction ID : C2341636

Amount of Each Receipt this Period

500.00

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

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

624.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Donovan M.D.

Mailing Address 3333 Evergreen Drive N.E.

Anesthesia Practice Consultants, P

City State Zip Code
 Grand Rapids MI 49525-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 24 / 2013

Transaction ID : C2359917

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Craig M. Doschadis M.D.

Mailing Address 3601 Fairmeadow Rd S

City State Zip Code
 Saint Cloud MN 56301-6234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of St. Cloud, LTD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2013

Transaction ID : C2352632

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City State Zip Code
 Grand Rapids MI 49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 22 / 2013

Transaction ID : C2359875

Amount of Each Receipt this Period

83.30

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

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

624.90

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

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

FOR LINE NUMBER: PAGE 31 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sean L. Elliott D.O.

Mailing Address 1129 Surrey Hills Road

City State Zip Code
 Saint Louis MO 63117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2361627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard L. Ellison M.D.

Mailing Address 5501 Winchester Ct

City State Zip Code
 Midland MI 48642-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2013

Transaction ID : C2354467

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City State Zip Code
 East Lansing MI 48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingham Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341095

Amount of Each Receipt this Period

83.30

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

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

583.30

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)

PAGE 32 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Emil D. Engels M.D., M.B.

Mailing Address 3127 Windsong Dr

City

Oakton

State

VA

Zip Code

22124-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342554

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Jesse Epps M.D., Ph.D

Mailing Address 2341 McCallie Ave., #402

Anesthesiologists Associated

City

Chattanooga

State

TN

Zip Code

37404-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Associated

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341166

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City

New York

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.40

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350636

Amount of Each Receipt this Period

83.30

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

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

208.20

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy Pl Dept Ofanesthe

City State Zip Code
 New York NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.40

Date of Receipt

06 / 17 / 2013

Transaction ID : C2352627

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Christopher R. Erkmann M.D.

Mailing Address 1500 Timberbluff Ct

City State Zip Code
 Chesterfield MO 63017-5570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2013

Transaction ID : C2359911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
 Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2362597

Amount of Each Receipt this Period

85.00

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

626.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Forest L. Evans Jr., M.D.

Mailing Address PO Box 1928

City
Columbia

State
SC

Zip Code
29202-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Columbia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343304

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Joel D. Farmer M.D.

Mailing Address 2804 E Old Orchard Trl

City
Sioux Falls

State
SD

Zip Code
57103-4371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343138

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City
Seal Beach

State
CA

Zip Code
90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.48

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352542

Amount of Each Receipt this Period

83.30

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

224.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.48

Date of Receipt

06 / 27 / 2013

Transaction ID : C2361680

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Marco A. Fernandez M.D.

Mailing Address 24181 N Grandview

City

Lake Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Suburban Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 25 / 2013

Transaction ID : C2360416

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Juan Firnhaber M.D.

Mailing Address 936 Nottingham Rd

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing
federal political committee.

C

Name of Employer

ECAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2013

Transaction ID : C2363281

Amount of Each Receipt this Period

500.00

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

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

624.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen A. Fischer M.D.

Mailing Address 154 Boynton Ave

City

St Johnsbury

State

VT

Zip Code

05819-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer

NVRH, St Johnsbury, VT

Occupation

MD Director, Department of Anesthesia

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2013

Transaction ID : C2352573

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Gerhard W. Flacke M.D.

Mailing Address 3947 E Ina Rd

City

Tucson

State

AZ

Zip Code

85718-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : C2361418

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Glenn Fleischhacker D.O.

Mailing Address 30 Village Hill Dr.

City

Dix Hills

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesiol

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2013

Transaction ID : C2341658

Amount of Each Receipt this Period

41.67

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

166.57

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City

Falmouth

State

ME

Zip Code

04105-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.18

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341179

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael R. Flynn M.D.

Mailing Address 6808 Stone Mill Dr

City

Knoxville

State

TN

Zip Code

37919-7496

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 11 / 2013

Transaction ID : C2348912

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Barry G. Foley M.D.

Mailing Address P.O. Box 940127

City

Maitland

State

FL

Zip Code

32794

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2013

Transaction ID : C2360407

Amount of Each Receipt this Period

500.00

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

666.68

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

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

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

FOR LINE NUMBER: PAGE 38 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William A. Frame M.D.

Mailing Address 2300 N Edward St

City

Decatur

State

IL

Zip Code

62526-4163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decatur Mem Hosp Anes Dept

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351446

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.82

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343130

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City

Muskegon

State

MI

Zip Code

49445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes. of Muskegon

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.82

Date of Receipt

06 / 11 / 2013

Transaction ID : C2348913

Amount of Each Receipt this Period

83.34

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

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

249.94

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles J. Garrett M.D.

Mailing Address 1617 Kansas Ave

City

San Angelo

State

TX

Zip Code

76904-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Anesthesiolo

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 29 / 2013

Transaction ID : C2362679

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Madalina Gecui M.D.

Mailing Address 249 Birch Dr.

City

Roslyn

State

NY

Zip Code

11576-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ. Hosp., Manhasset Ane

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343137

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Patrick Giam M.D.

Mailing Address Greater Houston Anesthesiology
 2411 Fountain View, Suite 200

City

Houston

State

TX

Zip Code

77057-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341649

Amount of Each Receipt this Period

83.30

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

249.94

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert T. Gibbons M.D.

Mailing Address 5725 State Line Rd

City

Kansas City

State

MO

Zip Code

64113-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2362296

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas D. Gillock M.D.

Mailing Address 6839 S. Canton

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated anesthesiologists, Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2013

Transaction ID : C2347830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David F. Gloyna M.D.

Mailing Address 2401 S 31st
2401 South 31st

City

Tempe

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White, Dept. of Anes.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351738

Amount of Each Receipt this Period

100.00

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

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

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marilyn J. Goldstein M.D.

Mailing Address 412 Ridgpoint Court

City	State	Zip Code
Piney Flats	TN	37686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician- Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2013

Transaction ID : C2362554

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael C. Gosney M.D.

Mailing Address 108 Chase Dr

City	State	Zip Code
Muscle Shoals	AL	35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2013

Transaction ID : C2342557

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Stefan J. Grenvik M.D.Mailing Address 350 Blountville Hwy
Suite 207

City	State	Zip Code
Bristol	TN	37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2013

Transaction ID : C2342980

Amount of Each Receipt this Period

83.34

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

249.98

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nelson V. Guevara M.D.

Mailing Address 6880 Northwest 109 Ct.

City

Doral

State

FL

Zip Code

33178

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico Anes Dept

Occupation

Medical Doctor Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2013

Transaction ID : C2360414

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City

Chicago

State

IL

Zip Code

60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Department of An

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2344689

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Melanie J. Guthrie A.A.-C, M.

Mailing Address 2411 Holmes Street
MG-200

City

Kansas City

State

MO

Zip Code

64108

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri - Kansas City

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

374.40

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351737

Amount of Each Receipt this Period

41.60

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

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

141.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick P. Gutt M.D.

Mailing Address 28 Deer Trail Dr

City

Mahopac

State

NY

Zip Code

10541-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341659

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Sara Guzman-Reyes M.D.

Mailing Address 6431 Fannin Msb 5.020

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSC at Houston

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362559

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Aaron Hammond D.O.

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

City

Tucson

State

AZ

Zip Code

85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343302

Amount of Each Receipt this Period

83.30

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

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

416.64

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

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

FOR LINE NUMBER: PAGE 44 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William E. Harris M.D.

Mailing Address 3120 Legacy Trace

City State Zip Code
 Amberley Village OH 45237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia GROUP PRACTICE, INC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341248

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Steven Hattamer M.D.

Mailing Address 8 Prospect St
 Nashua Anesthesia Partners

City State Zip Code
 Nashua NH 03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashua Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341126

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. David A. Heaton M.D.

Mailing Address 4694 N. Rocky Crest Place

City State Zip Code
 Tucson AZ 85750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350626

Amount of Each Receipt this Period

300.00

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

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

424.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott J. Henderson M.D.

Mailing Address 3304 W 121st Ter

City

Leawood

State

KS

Zip Code

66209-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 12 / 2013

Transaction ID : C2351430

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gina Hendren M.D.

Mailing Address 3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of KS Hosp Dept Anes

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350730

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 08 / 2013

Transaction ID : C2347630

Amount of Each Receipt this Period

83.30

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

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

1333.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard L. Henry M.D.

Mailing Address 3046 Obrien Dr

City

Tallahassee

State

FL

Zip Code

32309-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Tallahass

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

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

Transaction ID : C2343306

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. David L. Hepner M.D.Mailing Address Department of Anesthesiology
75 Francis St L1

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hosp - Harvard Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	3		

Transaction ID : C2360424

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Andrew Herlich M.D.

Mailing Address 116 Haverford Cir

City

Pittsburgh

State

PA

Zip Code

15228-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh School of Med

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

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

Transaction ID : C2341121

Amount of Each Receipt this Period

83.30

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

208.24

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

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

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

FOR LINE NUMBER: PAGE 47 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City State Zip Code
 Fresno CA 93711

FEC ID number of contributing federal political committee.

C

Name of Employer

Linda B Hertzberg MD Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

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

Transaction ID : C2341124

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Gregory S. Hondorp M.D.

Mailing Address 2931 Pioneer Club, S.E.

City State Zip Code
 Grand Rapids MI 49506

FEC ID number of contributing federal political committee.

C

Name of Employer

APC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 26 / 2013

Transaction ID : C2361420

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City State Zip Code
 Fairhope AL 36533-1025

FEC ID number of contributing federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 18 / 2013

Transaction ID : C2353313

Amount of Each Receipt this Period

83.30

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

208.20

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

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

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

FOR LINE NUMBER: PAGE 48 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : C2359552

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Lewis A. Hunt M.D.

Mailing Address 36 Foxchase

City

Dothan

State

AL

Zip Code

36305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group,

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2013

Transaction ID : C2352586

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Robert W. Hurley M.D., Ph.D

Mailing Address PO Box 100254- Hurley

City

Gainesville

State

FL

Zip Code

32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL Med Ctr Anes Dept

Occupation

Pain Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2013

Transaction ID : C2347855

Amount of Each Receipt this Period

41.60

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

1124.90

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

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

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

FOR LINE NUMBER: PAGE 49 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City State Zip Code
Hopewell Junction NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352555

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Michael T Ingoglia M.D.

Mailing Address 1014 Sterling Ridge Dr

City State Zip Code
Rensselaer NY 12144-8460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 25 / 2013

Transaction ID : C2360423

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City State Zip Code
Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342555

Amount of Each Receipt this Period

83.30

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

249.94

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aliraza G. Jaffer M.D.

Mailing Address 5070 Brookdale Road

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351454

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Sarah R. James M.D.

Mailing Address 565 Oak Grove Road

City

Chesapeake

State

VA

Zip Code

23320-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOAA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 07 / 2013

Transaction ID : C2344735

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351444

Amount of Each Receipt this Period

83.30

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

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

208.27

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

PAGE 51 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia L. Jenson M.D.

Mailing Address 434 Main St.

City

Waterville

State

ME

Zip Code

04901-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2013

Transaction ID : C2341246

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Thomas G. Johans M.D.

Mailing Address 12335 Ironstone Rd

City

Saint Louis

State

MO

Zip Code

63131-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

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
06	/	07	/	2013

Transaction ID : C2346822

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donald K. Jones M.D.

Mailing Address 2043 Alaqua Lakes Blvd.

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : C2351740

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary P. Jones A.A.

Mailing Address 6410 Fannin St
Suite 480

City Houston State TX Zip Code 77030-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Case Western Reserve University

Occupation
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351449

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Stacy L. Jones M.D.

Mailing Address 8700 Tallwood Dr

City Austin State TX Zip Code 78759-7530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Anesthesiology Association

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351461

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Vilma A. Joseph M.D.

Mailing Address 682 Frick St

City Elmont State NY Zip Code 11003-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monetefiore Medical Center Albert Eins

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362541

Amount of Each Receipt this Period

41.60

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

208.20

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanjoy Joshi M.B.,B.S.

Mailing Address 40 Kettlepond Rd

City

Jericho

State

NY

Zip Code

11753-1158

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 ▼

208.35

Date of Receipt

06 / 08 / 2013

Transaction ID : C2347631

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Geetha Kannan M.D.

Mailing Address 249 Maison Ct

City

Altamonte Springs

State

FL

Zip Code

32714-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362544

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Suresh Kannan M.D.

Mailing Address 249 Maison Ct

City

Altamonte Springs

State

FL

Zip Code

32714-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2013

Transaction ID : C2359554

Amount of Each Receipt this Period

50.00

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

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

133.27

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Olga Y. Kaslow M.D., Ph.D

Mailing Address Froedtert-East Hospital, Anesthes.
9200 W. Wisconsin Ave.

City Milwaukee State WI Zip Code 53226-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2362594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City Chicago State IL Zip Code 60606-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 10 / 2013

Transaction ID : C2347857

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. James K. Kerr III, M.D.

Mailing Address 2165 Herschel St

City Jacksonville State FL Zip Code 32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida anesthesia Consultants,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362547

Amount of Each Receipt this Period

83.34

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

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

416.64

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

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

FOR LINE NUMBER: PAGE 55 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rubin Kesner D.O.

Mailing Address 35 Hearthstone Dr

City State Zip Code
 Gansevoort NY 12831-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : C2351437

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Talal Khan M.D.

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

City State Zip Code
 Kansas City KS 66160-7415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Univ Medical Center

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : C2344731

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Harold Kim M.D.

Mailing Address 68 South Service Road
 Suite 350

City State Zip Code
 Melville NY 11747

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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : C2341174

Amount of Each Receipt this Period

83.34

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

208.24

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hyon Kim M.D.

Mailing Address 285 Davidson Ave Suite 204

City
Somerset

State
NJ

Zip Code
08873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey,

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2013

Transaction ID : C2348638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael S. Kincaid M.D.

Mailing Address 13029 NE 144th Pl

City
Kirkland

State
WA

Zip Code
98034-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matrix Anesthesia - Evergreen Medical

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 22 / 2013

Transaction ID : C2359877

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Jeffrey G. King M.D.

Mailing Address 2763 Meeting Pl

City
Orlando

State
FL

Zip Code
32814-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 25 / 2013

Transaction ID : C2360417

Amount of Each Receipt this Period

41.60

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

391.60

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

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

PAGE 57 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John W. Kinsinger M.D.

Mailing Address 11912 Gwendolyn Ln

City

Oklahoma City

State

OK

Zip Code

73131-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
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
0	6		2	5		2	0	1	3		

Transaction ID : C2360504

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew A Klopman M.D.

Mailing Address 930 Edgewater Ct.

City

Sandy Springs

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University Hospital Department oOccupation
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
0	6		0	7		2	0	1	3		

Transaction ID : C2347614

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Eun-Kyu Koh M.D.

Mailing Address 2323 Thornwood Ave

City

Wilmette

State

IL

Zip Code

60091-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northshore University Health SystemOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : C2347859

Amount of Each Receipt this Period

200.00

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

2200.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Koveleskie M.D.

Mailing Address 5500 Prytania St # 435

City

New Orleans

State

LA

Zip Code

70115-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351460

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341097

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. James C. Ku M.D.

Mailing Address 726 River Rd.

City

Hillsborough

State

NJ

Zip Code

08844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2013

Transaction ID : C2348844

Amount of Each Receipt this Period

500.00

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

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

666.60

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

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

FOR LINE NUMBER: PAGE 59 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine M. Kuhn M.D.

Mailing Address 14 Kendall Drive

Duke University Medical School

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical School

Occupation

Associate Professor of Anesthesiology R

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2013

Transaction ID : C2351441

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Shaun S. Kunnavatana M.D.

Mailing Address 1783 El Camino Real

City

Burlingame

State

CA

Zip Code

94010-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia and Analgesia Med. Group In

Occupation

Resident

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

MM / DD / YYYY
06 / 20 / 2013

Transaction ID : C2359499

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

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 ▼

875.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2013

Transaction ID : C2352539

Amount of Each Receipt this Period

175.00

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

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

316.60

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

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

FOR LINE NUMBER: PAGE 60 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 16 / 2013

Transaction ID : C2352569

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert F. LaPorta M.D., Ph.D

Mailing Address 20 Swarthmore Ln

City

Dix Hills

State

NY

Zip Code

11746-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2013

Transaction ID : C2353318

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Mark T. Lau M.D.

Mailing Address 1111 N Lee Ave Ste 236

Anesthesia Scheduling Services, PC

City

Oklahoma City

State

OK

Zip Code

73103-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Scheduling Services, PC

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350639

Amount of Each Receipt this Period

50.00

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

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

183.30

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

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

FOR LINE NUMBER: PAGE 61 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carlos-Nicholas L. Lee M.D.

Mailing Address 6715 Windrift Way Apt 24

City
AustinState
TXZip Code
78745-3853FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology Association

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2013

Transaction ID : C2341647

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jay B. Lee M.D.

Mailing Address 20 Oakwood Circle

City
RoslynState
NYZip Code
11030-3816FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2013

Transaction ID : C2341660

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City
Winter GardenState
FLZip Code
34787-6229FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2013

Transaction ID : C2348910

Amount of Each Receipt this Period

41.60

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

249.94

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

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

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

FOR LINE NUMBER: PAGE 62 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abhijit V. Lele M.B.,B.S.

Mailing Address 9663 Cailler Dr

City

Lenexa

State

KS

Zip Code

66220-2655

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Medical Center

Occupation

NEURO-INTENSIVIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : C2343123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael C. Lewis M.D.

Mailing Address 655 W 8th St

Professor Chair Anesthesiology

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida College of Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342553

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City

New York

State

NY

Zip Code

10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342552

Amount of Each Receipt this Period

41.60

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

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

374.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City
New York

State
NY

Zip Code
10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

06 / 18 / 2013

Transaction ID : C2353312

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City
Little Rock

State
AR

Zip Code
72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341657

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Jeff D. Lindsay M.D.

Mailing Address 5402 E 118th St

City
Tulsa

State
OK

Zip Code
74137-8434

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

06 / 09 / 2013

Transaction ID : C2347845

Amount of Each Receipt this Period

500.00

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

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

624.94

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Asa C. Lockhart M.D.

Mailing Address 2106 Kennebunk Ln.

City State Zip Code
 Tyler TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341653

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jason Lok M.D.

Mailing Address 5496 East Taft Road

City State Zip Code
 North Syracuse NY 13212

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Spine And Wellness Center

Occupation

Anesthesiology And Pain Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350630

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Robert A. London M.D.

Mailing Address 1252 Wellington Ter

City State Zip Code
 Maitland FL 32751-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2344037

Amount of Each Receipt this Period

500.00

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

624.90

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

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

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

FOR LINE NUMBER: PAGE 65 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Long M.D.

Mailing Address 3941 Foxfire Ln

City
Kingsport

State
TN

Zip Code
37664-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362555

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Peter C. Loux D.O.

Mailing Address 1606 DRAKE AVE SE

City

Huntsville

State

AL

Zip Code

35802-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer

na

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2013

Transaction ID : C2359534

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Deborah A. Lowery M.D.

Mailing Address 6258 Memorial Dr

City

Dublin

State

OH

Zip Code

43017-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351450

Amount of Each Receipt this Period

83.30

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

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

418.30

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)

PAGE 66 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Lu M.D.

Mailing Address 30 North 1900 East

City

Salt Lake City

State

UT

Zip Code

84132-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Utah, Anes Dept., 3C-444 SOM

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2013

Transaction ID : C2360579

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave
 N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341648

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Claudio Lumermann M.D.

Mailing Address Dept. of Anesthesia
 270-75 76 Ave,

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med. Ctr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 09 / 2013

Transaction ID : C2347651

Amount of Each Receipt this Period

83.34

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

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

374.94

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert I. Macfarlane M.D.

Mailing Address 350 Blountville Highway
Suite 207

City Bristol State TN Zip Code 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342982

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kathleen A. MacNaughton M.D.

Mailing Address 3524 W 97th PI

City Leawood State KS Zip Code 66206-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF KANSAS PHYSICIANS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2013

Transaction ID : C2345599

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Mandabach M.D.

Mailing Address Dept of Anesthesiology
619 S. 19th St., JT845

City Birmingham State AL Zip Code 35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Department of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351463

Amount of Each Receipt this Period

83.34

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

666.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

166.60

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341672

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John Martin M.D.

Mailing Address 116 Hidden Cove Ct

City

Seneca

State

SC

Zip Code

29672-9139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of the Upstate

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350629

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Timothy Martin M.D.

Mailing Address Arkansas Childrens Hospital
 #1 Childrens Way, S-203

City

Little Rock

State

AR

Zip Code

72202-3591

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351453

Amount of Each Receipt this Period

100.00

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

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

224.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Mascia M.D.

Mailing Address 45 Reade Pl

City

Poughkeepsie

State

NY

Zip Code

12601-3947

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343134

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Donald M. Mathews M.D.

Mailing Address 340 S Willard St

City

Burlington

State

VT

Zip Code

05401-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Vermont

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 18 / 2013

Transaction ID : C2353319

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Maria E. Matuszczak M.D.

Mailing Address 6431 Fannin St Msb 5.020

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical School

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352557

Amount of Each Receipt this Period

300.00

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

466.68

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven J. Maxwell D.O.

Mailing Address 90 Rapp Rd

City

State

Zip Code

Valatie

NY

12184-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologist Care, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 07 / 2013

Transaction ID : C2347611

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Robert C. Mayer M.D.

Mailing Address 3473 Dauphine Ave.

City

State

Zip Code

Northbrook

IL

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2013

Transaction ID : C2360135

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bradley J. McAllister M.D.

Mailing Address 6608 Old Mill Cir.

City

State

Zip Code

Salt Lake City

UT

84121

FEC ID number of contributing
federal political committee.

C

Name of Employer

MWA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2013

Transaction ID : C2347615

Amount of Each Receipt this Period

500.00

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

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

1800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne P. McConville M.D.

Mailing Address 5347 Coliseum St

City

New Orleans

State

LA

Zip Code

70115-3052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane School of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341091

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. William A. McDade M.D., Ph.D

Mailing Address 5801 S Ellis Ave, RM 514

Dept of Anes & Critical Care

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 27 / 2013

Transaction ID : C2361671

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City

Rochester

State

MN

Zip Code

55906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anesthesiology

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352553

Amount of Each Receipt this Period

83.30

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

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

166.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert D. McKay M.D.

Mailing Address 350 Blountville Hwy Ste 207

City State Zip Code
 Bristol TN 37620-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bristol Anesthesia Services

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351467

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kevin J. McKeown M.D.

Mailing Address 6839 South Canton

City State Zip Code
 Tulsa OK 74136-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Associated Anesthesiologists, Inc.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 09 / 2013

Transaction ID : C2347823

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donnie L. McMickle M.D.

Mailing Address 770 Pine St., Ste. L-40

City State Zip Code
 Macon GA 31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Albany Anesthesia Associates

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2362592

Amount of Each Receipt this Period

500.00

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

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

1583.34

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

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

FOR LINE NUMBER: PAGE 73 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City State Zip Code
Miami FL 33196

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami Dept of Anesthesio

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : C2362701

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Timothy E. Mercer M.D.

Mailing Address 1670 Enterprise Rd.

City State Zip Code
Piney Flats TN 37686-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Anesthesia Services

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2013

Transaction ID : C2361679

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109
Anes. Dept.

City State Zip Code
Knoxville TN 37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2013

Transaction ID : C2347858

Amount of Each Receipt this Period

100.00

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

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

266.64

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352554

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Beth H. Minzter M.D., M.S.

Mailing Address 17291 Red Fox Trail

City

Chagrin Falls

State

OH

Zip Code

44023

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCF

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Mitchell M.D.

Mailing Address 3710 SW US Veterans Hospital Rd

City

Portland

State

OR

Zip Code

97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portland VA Medical Center P3- ANES

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351459

Amount of Each Receipt this Period

41.60

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

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

374.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen P. Mitchell M.D.

Mailing Address 3838 N Braeswood Blvd Apt 112

City State Zip Code
Houston TX 77025-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 27 / 2013

Transaction ID : C2361677

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Avery C. Mittman M.D.

Mailing Address 12610 Prescott Ave.

City State Zip Code
Tustin CA 92782-1066

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

06 / 17 / 2013

Transaction ID : C2361688

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

c. Stephen C. Mnookin M.D.

Mailing Address 5976 Miller Landing Cv

City State Zip Code
Tallahassee FL 32312-9674

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 ▼

1000.00

Date of Receipt

06 / 16 / 2013

Transaction ID : C2352582

Amount of Each Receipt this Period

1000.00

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

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

1083.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard C. Month M.D.

Mailing Address 2001 Hamilton St Apt 2307

City

Philadelphia

State

PA

Zip Code

19130

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania Dept. of An

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2013

Transaction ID : C2350635

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Raul R. Montague M.D.

Mailing Address 7803 Railyard Dr SW

City

Byron Center

State

MI

Zip Code

49315-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2013

Transaction ID : C2362681

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. James Moore M.D.Mailing Address Ronald Reagan UCLA Medical Center
757 Westwood Plaza, Suite 3325

City

Los Angeles

State

CA

Zip Code

90095-7403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2013

Transaction ID : C2341650

Amount of Each Receipt this Period

83.30

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

208.20

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

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

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

FOR LINE NUMBER: PAGE 77 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arun V. Moorjani M.D.

Mailing Address 291 Southhall Ln

Dept of Anesthesia

City

State

Zip Code

Maitland

FL

32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

JLR Medical Group

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2344042

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George A. Moresea M.D.

Mailing Address 1232 Ashwood Rd

City

State

Zip Code

Akron

OH

44312-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Stark County Anesthesia, Inc.

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 30 / 2013

Transaction ID : C2362695

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Samuel A. Morgos M.B.,B.S.

Mailing Address 12707 Crestmoor Cir

City

State

Zip Code

Prospect

KY

40059-9182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Jewish Physician Group

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 25 / 2013

Transaction ID : C2360425

Amount of Each Receipt this Period

41.67

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

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

624.97

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

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

FOR LINE NUMBER: PAGE 78 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Caroline Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City State Zip Code
 Germantown TN 38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Anesthesia Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 29 2013

Transaction ID : C2362683

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jason E. Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City State Zip Code
 Germantown TN 38138-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Anesthesia Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 29 2013

Transaction ID : C2362682

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. 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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 07 2013

Transaction ID : C2344730

Amount of Each Receipt this Period

250.00

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

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

416.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott C. Morrow M.D.

Mailing Address 8252 Tivoli Drive

City

Orlando

State

FL

Zip Code

32836-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2013

Transaction ID : C2363280

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Murray M.D.

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

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 18 / 2013

Transaction ID : C2353314

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Robert F. Murray III, M.D.

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351458

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**

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

FOR LINE NUMBER: PAGE 80 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter A. Nagi M.D.

Mailing Address 3924 Forest Ave

City

Mountain Brk

State

AL

Zip Code

35213-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham Dept of

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 30 / 2013

Transaction ID : C2362700

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Jobin Nash M.D.

Mailing Address 200 East Avenue #1304

City

Rochester

State

NY

Zip Code

14604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medcenter One

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 26 / 2013

Transaction ID : C2361417

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Allison W. Nassif D.O.

Mailing Address 2107 Companero Ave

City

Orlando

State

FL

Zip Code

32804-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR medical group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 18 / 2013

Transaction ID : C2353317

Amount of Each Receipt this Period

41.60

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

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

183.20

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

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew E. Neice M.D.

Mailing Address 3181 SW Sam Jackson Park Rd
UHS-2

City State Zip Code
Portland OR 97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health Science University, Depa

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341159

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sheldon B. Newman M.D.

Mailing Address 60 Thadford St.

City State Zip Code
East Northport NY 11731

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341175

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Melissa O Nikolaidis M.D.

Mailing Address 2230 McClendon St

City State Zip Code
Houston TX 77030-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Houston Northwest Anesthesiology and P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362545

Amount of Each Receipt this Period

41.60

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

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

374.94

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hokuto Nishioka M.D.

Mailing Address 1600 S Prairie Ave Unit 604

City State Zip Code
 Chicago IL 60616

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois at Chicago

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351452

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Heather C. Nixon M.D.

Mailing Address 4833 W Pratt Ave

City State Zip Code
 Lincolnwood IL 60712-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois Hospital and He

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 12 / 2013

Transaction ID : C2350638

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City State Zip Code
 Kingsport TN 37663-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Briston Anesthesia Services P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351466

Amount of Each Receipt this Period

83.34

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

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

166.61

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

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

FOR LINE NUMBER: PAGE 83 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard P. O'Flynn M.D.

Mailing Address 10 White Pine Ln.

City State Zip Code
 Rose Valley PA 19063

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Society Hill Anesthesia Consultants at

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : C2351443

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Kathleen A. O'Leary M.D.

Mailing Address 666 Elm and Carlton St
 Roswell Park Cancer Institute

City State Zip Code
 Buffalo NY 14263-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Roswell Park Cancer Institute

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : C2351457

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City State Zip Code
 Decatur IL 62521-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Associated Anes. of Decatur

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 23 / 2013

Transaction ID : C2359890

Amount of Each Receipt this Period

125.00

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

208.20

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

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

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

FOR LINE NUMBER: PAGE 84 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas A. Olin M.D.

Mailing Address 5270 Vista Club Run

City

Sanford

State

FL

Zip Code

32771-7153

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343600

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian S. Pallohusky M.D.

Mailing Address 4600 E Berkeley St

City

Springfield

State

MO

Zip Code

65809-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Springfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2344719

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 23 / 2013

Transaction ID : C2359889

Amount of Each Receipt this Period

83.30

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

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

1583.30

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

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

FOR LINE NUMBER: PAGE 85 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Papadimos M.D.

Mailing Address 4313 Oak Wood Ct

City State Zip Code
Dublin OH 43016-7344

FEC ID number of contributing federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : C2351729

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City State Zip Code
Bloomfield Hills MI 48304-2711

FEC ID number of contributing federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2013

Transaction ID : C2350633

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Manuel C. Pardo Jr., M.D.

Mailing Address 513 Parnassus Ave, Room S-436, Box
Dept of Anes

City State Zip Code
San Francisco CA 94143-0427

FEC ID number of contributing federal political committee.

C

Name of Employer

University of California - San Francis

Occupation

Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : C2352537

Amount of Each Receipt this Period

500.00

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

624.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen J. Park M.D.

Mailing Address 443 Linwood Ave Apt 4

City
Buffalo

State
NY

Zip Code
14209-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roswell Park Cancer Institute

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 27 / 2013

Transaction ID : C2361674

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352556

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Joel B. Payabyab M.D.

Mailing Address 5294 Vista Club Run

City

Sanford

State

FL

Zip Code

32771

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341778

Amount of Each Receipt this Period

500.00

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

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

624.90

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

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

FOR LINE NUMBER: PAGE 87 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert J. Pease M.D.

Mailing Address P.O. Box 220909

City State Zip Code
 Anchorage AK 99522

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAMG

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2013

Transaction ID : C2359949

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Feyce M. Peralta M.D.

Mailing Address 251 E Huron St # F5-704

City State Zip Code
 Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351451

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Manuel A. Perez M.D.

Mailing Address 34 Country Oaks Rd.

City State Zip Code
 Lebanon NJ 08833

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNJ, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2013

Transaction ID : C2348620

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:
(check only one)

PAGE 88 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Raymond M. Pesso M.D.

Mailing Address 278 Round Swamp Rd

City

Melville

State

NY

Zip Code

11747-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH AMERICAN PARTNERS ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

541.50

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341172

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark C. Phillips M.D.

Mailing Address 619 19th St S

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351447

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Michael H. Plumer M.D.

Mailing Address 162 Paako St.

City

Kapaa

State

HI

Zip Code

96746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kauai Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2361673

Amount of Each Receipt this Period

50.00

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

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

216.64

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City

Las Vegas

State

NV

Zip Code

89135-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAMC Southern Nevada

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.50

Date of Receipt

06 / 16 / 2013

Transaction ID : C2352568

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jason Porter M.D.

Mailing Address 381 Cherry St

City

St Henry

State

OH

Zip Code

45883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercer Health, Coldwater, Ohio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 17 / 2013

Transaction ID : C2352630

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Ravindra V. Prasad M.D.

Mailing Address N2201 North Wing CB 7010

City

Chapel Hill

State

NC

Zip Code

27599

FEC ID number of contributing
federal political committee.

C

Name of Employer

U NC Sch of Med Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 09 / 2013

Transaction ID : C2347650

Amount of Each Receipt this Period

41.67

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

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

166.64

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341098

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Matthew D. Price M.D.

Mailing Address 50791 Chesapeake Dr.

City

Novi

State

MI

Zip Code

48374-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 19 / 2013

Transaction ID : C2354471

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Nathan M. Rachman M.D.

Mailing Address 1241 Killarney Dr

City

Ormond Beach

State

FL

Zip Code

32174-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halifax Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.15

Date of Receipt

06 / 26 / 2013

Transaction ID : C2361423

Amount of Each Receipt this Period

41.67

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

208.27

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sripad P. Rao M.D.

Mailing Address 1504 Bay Rd Apt 3307

City

Miami Beach

State

FL

Zip Code

33139-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Trauma Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342549

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John P. Rask M.D.

Mailing Address 756 Fairway Rd., NW

City

Albuquerque

State

NM

Zip Code

87107-5719

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico School of Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351462

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Gary M. Richman M.D.

Mailing Address 19109 Streamside Ct.

City

Boca Raton

State

FL

Zip Code

33498-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Center of Palm Beach County

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341157

Amount of Each Receipt this Period

200.00

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

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

366.60

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

PAGE 92 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey M. Ricketts D.O.

Mailing Address 880 Bradford Holw NE

City

Grand Rapids

State

MI

Zip Code

49525-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : C2362546

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Cameron J. Ricks M.D.

Mailing Address 33965 Malaga Dr

City

Dana Point

State

CA

Zip Code

92629-2456

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Irvine Dept Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2013

Transaction ID : C2352571

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Joseph M. Rifici A.A.-C

Mailing Address Lakeside ANES 2532 LKS5007

11100 Euclid Ave.

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2013

Transaction ID : C2352547

Amount of Each Receipt this Period

83.30

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

174.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L. Ringering D.O.

Mailing Address PO Box 506

City

Old Lyme

State

CT

Zip Code

06371-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 18 / 2013

Transaction ID : C2353320

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Edwin A. Risi Jr., M.D.

Mailing Address 19543 SW 39th St

City

Miramar

State

FL

Zip Code

33029-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Anesthesiology Partners L

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 08 / 2013

Transaction ID : C2347626

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Daniel Rivera M.D.

Mailing Address 18810 Canoe Brk

City

San Antonio

State

TX

Zip Code

78258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinical Colleagues, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2013

Transaction ID : C2362703

Amount of Each Receipt this Period

100.00

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

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

241.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin W. Roberts M.D.

Mailing Address 240 Walnut Ln.

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342975

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Edward S. Robinson M.D.

Mailing Address 417 E 37th St

City

Kansas City

State

MO

Zip Code

64109-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351439

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Fred Rock M.D.

Mailing Address 2835 Regatta Way

City

Tuscaloosa

State

AL

Zip Code

35406-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 07 / 2013

Transaction ID : C2344737

Amount of Each Receipt this Period

1000.00

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

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

1158.34

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leopoldo V. Rodriguez M.D.

Mailing Address 21050 NE 38th Ave Apt 305

City

Aventura

State

FL

Zip Code

33180-4073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Inc

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 07 / 2013

Transaction ID : C2344733

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Timothy J. Roedig M.D.

Mailing Address 8956 Grey Hawk Point

City

Orlando

State

FL

Zip Code

32836-5428

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

Transaction ID : C2344717

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

MDA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 04 / 2013

Transaction ID : C2341652

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**

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

FOR LINE NUMBER: PAGE 96 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Rogoski D.O.

Mailing Address Dept. of Anesthesiology
 Doan Hall N411

City State Zip Code
 Columbus OH 43210

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Wexner Medical Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 15 / 2013

Transaction ID : C2352545

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Gerald P. Rosen M.D.

Mailing Address 4300 Alton Rd., #1401

City State Zip Code
 Miami FL 33140

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Miami Beach Anesthesiology Assoc.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : C2341164

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Michael J. Rosenfeld M.D.

Mailing Address 145 Shale Bank Rd

City State Zip Code
 Marion VA 24354-3151

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Virginia Highlands 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
 06 / 18 / 2013

Transaction ID : C2354462

Amount of Each Receipt this Period

500.00

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

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

624.90

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

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

FOR LINE NUMBER: PAGE 97 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Medicine

Occupation

Chairman, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2013

Transaction ID : C2342558

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brian S. Rothman M.D.

Mailing Address 1301 Medical Center Drive, 4648 TV

City

Nashville

State

TN

Zip Code

37232-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

Assistant Professor - Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : C2354475

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Stephen M. Rublaitus D.O.

Mailing Address 278 S Kenmore Avenue

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : C2351722

Amount of Each Receipt this Period

500.00

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

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

591.67

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

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

FOR LINE NUMBER: PAGE 98 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Saccocci D.O.

Mailing Address 1358 East Drive SW

City

Roanoke

State

VA

Zip Code

24015-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia, P.C.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 20 / 2013

Transaction ID : C2359498

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Benjamin P. Sampang M.D.

Mailing Address W192N5702 Spencers Pass

City

Menomonee Falls

State

WI

Zip Code

53051-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2013

Transaction ID : C2350616

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alfredo A. Santi M.D.

Mailing Address 19 Old Farms Rd.

City

Poughkeepsie

State

NY

Zip Code

12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician. Anesthesiologists

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 24 / 2013

Transaction ID : C2359921

Amount of Each Receipt this Period

41.67

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

333.27

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald A. Schiff M.D.

Mailing Address 346 Richard St.

City

West Hempstead

State

NY

Zip Code

11552

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 ▼

208.35

Date of Receipt

06 / 19 / 2013

Transaction ID : C2354474

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mark E. Schroeder M.D.

Mailing Address 306 Cheyenne Trail

City

Madison

State

WI

Zip Code

53705-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352551

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City

Roslyn

State

NY

Zip Code

11576-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Cardiovascular Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351465

Amount of Each Receipt this Period

83.34

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

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

1125.01

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

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

FOR LINE NUMBER: PAGE 100 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth L. Sears M.D.

Mailing Address 110 29th Avenue North, Suite 201

City State Zip Code
Nashville TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2013

Transaction ID : C2362598

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Papiya Sengupta M.B.

Mailing Address 90 Apple Gate Unit 95

City State Zip Code
Southington CT 06489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2013

Transaction ID : C2347627

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Kara L. Settles M.D.

Mailing Address 4940 W. 132nd Terr.

City State Zip Code
Leawood KS 66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Hill Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2344721

Amount of Each Receipt this Period

500.00

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

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

1041.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fred E. Shapiro D.O.

Mailing Address Department of Anesthesiology
330 Brookline Ave # F-407

City State Zip Code
Boston MA 02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Medical School

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341094

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. George Sheplock M.D.

Mailing Address 705 Riley Hospital Drive, Rm 2001

City State Zip Code
Indianapolis IN 46202-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riley Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : C2343124

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Shira Shiloah M.D.

Mailing Address 1810 Autumn Ave

City State Zip Code
Memphis TN 38112-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 01 / 2013

Transaction ID : C2341096

Amount of Each Receipt this Period

41.60

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

374.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marina Shindell D.O.Mailing Address 12401 E. 17th ave, Rm 740
Mail Box B113

City	State	Zip Code
Aurora	CO	80045

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C2344355

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	State	Zip Code
Sherman Oaks	CA	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 ▼

250.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : C2342978

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr

City	State	Zip Code
Wappingers Falls	NY	12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : C2342551

Amount of Each Receipt this Period

83.30

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

416.64

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rohit G. Singh M.D.

Mailing Address 140 Stevenson Rd

City

Clarks Summit

State

PA

Zip Code

18411-8977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Medical Center

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.60

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351733

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Jonathan H. Slonin M.D., M.B.

Mailing Address 134 SE Via Verona

City

Port Saint Lucie

State

FL

Zip Code

34984

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341170

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Robert H. Small M.D.

Mailing Address 410 W 10th Ave

Dept of Anes - N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351445

Amount of Each Receipt this Period

83.30

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

208.20

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

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

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

FOR LINE NUMBER: PAGE 104 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City State Zip Code
 Vestavia AL 35242

FEC ID number of contributing federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 08 / 2013

Transaction ID : C2347629

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. William D. Smith M.D.

Mailing Address 2223 Edgemont

City State Zip Code
 Bristol TN 37620

FEC ID number of contributing federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : C2362553

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Paul R. Smythe M.D.

Mailing Address Department of Anesthesiology
 1500 E. Medical Center Drive

City State Zip Code
 Ann Arbor MI 48109

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Michigan

Occupation

faculty 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
 06 / 25 / 2013

Transaction ID : C2360419

Amount of Each Receipt this Period

50.00

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

216.64

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

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

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

FOR LINE NUMBER: PAGE 105 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kortnee L. Sorbin M.D.

Mailing Address 10718 W 163rd Ter

City State Zip Code
Overland Park KS 66062-4580

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAKC-Menorah Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2013

Transaction ID : C2347632

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Roy G. Soto M.D.

Mailing Address 355 Sycamore Ct

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospital

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : C2344729

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Michael J. Souter M.B.,Ch.B.

Mailing Address 325 9th Ave, Box 359724

City State Zip Code
Seattle WA 98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harborview Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2013

Transaction ID : C2351448

Amount of Each Receipt this Period

83.30

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

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

208.24

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

PAGE 106 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Spiro G. Spanakis D.O.

Mailing Address 65 Lake Ave., #1005

City
WorcesterState
MAZip Code
01604FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Massachussetts Medical S

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

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

Transaction ID : C2359893

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Matthew F. Spond M.D.

Mailing Address 6065 Allwood Dr

City

North Little Rock

State

AR

Zip Code

72116-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.34

Date of Receipt

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

Transaction ID : C2343133

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Andrew N. Springer M.D.

Mailing Address 410 W 10th Ave

Dept of Anes N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ Med Ctr

Occupation

Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	3

Transaction ID : C2352550

Amount of Each Receipt this Period

41.67

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

166.61

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett M. Sprtel M.D.

Mailing Address 11934 Crossing Deer Ct

City

Roscommon

State

MI

Zip Code

48653-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Grayling Dept of Anesth

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 09 / 2013

Transaction ID : C2347649

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way # 30

City

Tacoma

State

WA

Zip Code

98405-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tacoma Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351741

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Erica Stein M.D.

Mailing Address 410 W 10th Ave., Anes. Dept.
N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ohio state university

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342556

Amount of Each Receipt this Period

83.30

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

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

249.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City

Lloyd Harbor

State

NY

Zip Code

11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343135

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City

Lloyd Harbor

State

NY

Zip Code

11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

06 / 06 / 2013

Transaction ID : C2343136

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

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 ▼

999.60

Date of Receipt

06 / 02 / 2013

Transaction ID : C2341125

Amount of Each Receipt this Period

83.30

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

249.98

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

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 ▼

999.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2013

Transaction ID : C2351731

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City State Zip Code
Cullman AL 35055-5385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Pain Center Cullman

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : C2359495

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. Erin A Sullivan M.D., M.D.

Mailing Address Dept of Anes PUH C-224
200 Lothrop St.

City State Zip Code
Pittsburgh PA 15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPP Department of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2013

Transaction ID : C2341169

Amount of Each Receipt this Period

83.30

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

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

229.10

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Sullivan D.O.

Mailing Address 2321 Butler Bay Dr. N.

City

Windermere

State

FL

Zip Code

34786-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 28 / 2013

Transaction ID : C2362543

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. R. Lawrence Sullivan Jr., M.D.

Mailing Address 1345 Webster

City

Palo Alto

State

CA

Zip Code

94301

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

06 / 30 / 2013

Transaction ID : C2363287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven L. Sween M.D.

Mailing Address 240 Marchand Ct NW

City

Atlanta

State

GA

Zip Code

30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 07 / 2013

Transaction ID : C2344734

Amount of Each Receipt this Period

83.30

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

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

374.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas H. Swygert M.D.

Mailing Address 7014 Prestonshire Ln.

City	State	Zip Code
Dallas	TX	75225-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinnacle Anesthesia ConsultantsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2013

Transaction ID : C2351440

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David G. Tao M.D.

Mailing Address 2439 Roat Dr.

City	State	Zip Code
Orlando	FL	32835

FEC ID number of contributing
federal political committee.

C

Name of Employer
JLR Medical GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2013

Transaction ID : C2344741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald R. Tatum Jr., M.D.

Mailing Address 770 Brookwood Walke

City	State	Zip Code
Bloomfield Hills	MI	48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Oakland Anesthesia AssociatesOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2013

Transaction ID : C2361675

Amount of Each Receipt this Period

83.34

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

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

666.64

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City State Zip Code
 Englewood CO 80110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Denver Anesthesiologists, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : C2362704

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Sebastian E. Tongson M.D.

Mailing Address 2656 Meeting Pl

City State Zip Code
 Orlando FL 32814-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 JLR Medical Group

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 08 / 2013

Transaction ID : C2347618

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ronald L. Torline M.D.

Mailing Address 14109 Kessler St

City State Zip Code
 Overland Park KS 66221-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

KUAF

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
 06 / 06 / 2013

Transaction ID : C2343159

Amount of Each Receipt this Period

500.00

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

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

1083.34

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

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

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory J. Towne M.D.

Mailing Address 385 Washington Street

City

Barrington

State

RI

Zip Code

02806-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anesthesiologists Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2362593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City

Gibsonia

State

PA

Zip Code

15044-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342550

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Terrence Truxillo M.D.

Mailing Address Department of Anesthesiology
1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351730

Amount of Each Receipt this Period

41.60

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

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

374.90

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

PAGE 114 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William S. Turnage M.D.

Mailing Address 400 Health Park Blvd.

City

St. Augustine

State

FL

Zip Code

32086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anes Consultants

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : C2345377

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher Turner M.D., Ph.D

Mailing Address 3100 Shore Dr

Bay Area Med Ctr Dept of Anes

City

Marinette

State

WI

Zip Code

54143-4242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Med Ctr Dept of Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2013

Transaction ID : C2359496

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City

Elmhurst

State

IL

Zip Code

60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

DVA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2013

Transaction ID : C2352626

Amount of Each Receipt this Period

83.30

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

624.90

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Celestine Ukah M.D.

Mailing Address 9057 Laurel Ridge Dr

City

Mount Dora

State

FL

Zip Code

32757-9108

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2013

Transaction ID : C2364964

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tami L. Ulatowski M.D.

Mailing Address W268N7212 Thousand Oaks Dr

City

Sussex

State

WI

Zip Code

53089-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 09 / 2013

Transaction ID : C2347648

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City

Rochester Hills

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 18 / 2013

Transaction ID : C2353316

Amount of Each Receipt this Period

100.00

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

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

391.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.70

Date of Receipt

06 / 05 / 2013

Transaction ID : C2342559

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Pam D. Varner M.D.

Mailing Address 3504 Pine Ridge Road

City

Mountain Brk

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2013

Transaction ID : C2350617

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hector Vila Jr., M.D.

Mailing Address 4304 W Azeele St

City

Tampa

State

FL

Zip Code

33609-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hector Vila Jr MD PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351734

Amount of Each Receipt this Period

83.30

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

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

1166.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandhya Rani Vinta M.D., M.D.

Mailing Address 1551 Moncrey Ave

City

State

Zip Code

League City

TX

77573-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UTMB Anesthesiology

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY
06 / 05 / 2013

Transaction ID : C2342977

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Annette Vizona M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

State

Zip Code

Fort Collins

CO

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

North Co Anesthesia Professional

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2013

Transaction ID : C2362599

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Cassie Volker M.D.

Mailing Address 3840 N River Oak Pl

City

State

Zip Code

Tucson

AZ

85718-6956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Old Pueblo Anesthesia

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 28 / 2013

Transaction ID : C2362549

Amount of Each Receipt this Period

41.67

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

133.34

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City Little Rock State AR Zip Code 72202-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arkansas for Medical Sci

Occupation
Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 13 / 2013

Transaction ID : C2351442

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Witold Waberski M.D.

Mailing Address 1 Gold St #24-HJ

City Hartford State CT Zip Code 06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 14 / 2013

Transaction ID : C2351732

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lance W. Wagner M.D.

Mailing Address 150 55th St

City Brooklyn State NY Zip Code 11220-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2013

Transaction ID : C2352552

Amount of Each Receipt this Period

100.00

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

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

233.30

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

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

FOR LINE NUMBER: PAGE 119 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204

Rainier Anesthesia Associates

City State Zip Code
Puyallup WA 98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2013

Transaction ID : C2350624

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.34

Date of Receipt

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

Transaction ID : C2343140

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Harper R. Ward M.D.

Mailing Address 2300 Bellevue 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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2013

Transaction ID : C2352574

Amount of Each Receipt this Period

250.00

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

341.67

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

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

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

FOR LINE NUMBER: PAGE 120 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A. Washnock M.D.

Mailing Address 230 E Ridge St

City

Marquette

State

MI

Zip Code

49855-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology of Marquette

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
06 / 21 / 2013

Transaction ID : C2359695

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mary B. Weber M.D.

Mailing Address P.O. Box 50546

City

Casper

State

WY

Zip Code

82605

FEC ID number of contributing
federal political committee.

C

Name of Employer

WMD

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
06 / 30 / 2013

Transaction ID : C2363277

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Tampa

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2013

Transaction ID : C2360422

Amount of Each Receipt this Period

41.60

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

541.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin K. Whitrock M.D.

Mailing Address 318 Court North Dr

City

Melville

State

NY

Zip Code

11747-8102

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 03 / 2013

Transaction ID : C2341171

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 27 / 2013

Transaction ID : C2361678

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David M. Wild M.D.

Mailing Address 3901 Rainbow Blvd
 Mailstop 1034

City

Kansas City

State

KS

Zip Code

66160-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Department of Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2013

Transaction ID : C2361422

Amount of Each Receipt this Period

41.67

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

375.01

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harshdeep Wilkhu M.D.

Mailing Address 2216 Mallard Circle

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orlando Anesthesia Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 30 / 2013

Transaction ID : C2362697

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Lionel A. Williams M.D.

Mailing Address 30 Susie Blvd

City

Poughkeepsie

State

NY

Zip Code

12603-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 07 / 2013

Transaction ID : C2345378

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Ning-Yen Yao M.D.

Mailing Address 145 E 81st St Apt 6E

City

New York

State

NY

Zip Code

10028-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 30 / 2013

Transaction ID : C2362699

Amount of Each Receipt this Period

41.60

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

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

166.54

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

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

FOR LINE NUMBER: PAGE 123 OF 141

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay Yedlin M.D.

Mailing Address 8717 W 110th St Ste 600

City

Overland Park

State

KS

Zip Code

66210-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : C2359910

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David S. Young M.D.

Mailing Address 6839 S. Canton

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates Anesthesiologists

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
06 / 10 / 2013

Transaction ID : C2348089

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Fernando L. Zaragoza M.D.

Mailing Address 4242 Medical Dr Ste 3100

City

San Antonio

State

TX

Zip Code

78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : C2362705

Amount of Each Receipt this Period

41.67

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

1041.67

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

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

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

FOR LINE NUMBER: PAGE 124 OF 141
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd. Ste 53

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2013

Transaction ID : C2359880

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Andrzej J. Zembrzuski M.D.

Mailing Address 31 Meredith Dr.

City State Zip Code
Sparta NJ 07871

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 ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2013

Transaction ID : C2359500

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

83.20

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

62241.76

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

PAGE 125 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 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

☐ Primary ☐ General☒ Other (specify) ▼

Credit Card Merchant

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : D147091

Amount of Each Disbursement this Period

3174.01

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

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

Disbursement For:

☐ Primary ☐ General☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

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

Disbursement For:

☐ Primary ☐ General☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

3174.01

3174.01

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

Form/Schedule: SB21B

Transaction ID : D147091

Fees adjusted post-reporting due to overcharge from credit card merchant company.

Form/Schedule:

Transaction ID:

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

PAGE 127 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2013

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898-0505

Transaction ID : D147111Purpose of Disbursement
2014 General Election Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Bill Cassidy M.D.Category/
Type

5000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: LA District:

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2013

Mailing Address 120 MARYLAND AVE NE

City	State	Zip Code
Washington	DC	20002

Transaction ID : D146621Purpose of Disbursement
2013 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary
☐ General
☒ Other (specify) ▼

State: District:

2013 Contribution

Full Name (Last, First, Middle Initial)

C. JOHN S FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Mailing Address PO Box 853

City	State	Zip Code
Edwardsville	IL	62025

Transaction ID : D146436Purpose of Disbursement
2013 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary
☐ General
☒ Other (specify) ▼

State: District:

2013 Contribution

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

16500.00

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

PAGE 128 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LONE STAR LEADERSHIP PACMailing Address 4905 Del Ray Ave
Ste 401

City Bethesda State MD Zip Code 20814-2557

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : D146445

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
void of check 4/2013

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: void of check 4/2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2013

Transaction ID : D146617

Amount of Each Disbursement this Period

-15000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2013

Transaction ID : D146618

Amount of Each Disbursement this Period

15000.00

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

1000.00

--

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

PAGE 129 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address 175 S. WEST TEMPLE SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Orrin G. HatchCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: UT District: 2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

Transaction ID : D146619

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City	State	Zip Code
LEXINGTON	KY	40588

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

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

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146435

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : D146080

Amount of Each Disbursement this Period

1000.00

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

4500.00

--

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

PAGE 130 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

Transaction ID : D146625

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. C.A. RuppersbergerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146440

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Charlie DentOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : D146079

Amount of Each Disbursement this Period

2000.00

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

4000.00

--

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

PAGE 131 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRBACHER

Mailing Address PO BOX 823

City	State	Zip Code
HUNTINGTON BEACH	CA	92648

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Dana RohrabacherCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146447

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City	State	Zip Code
WHEELING	WV	26003

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. David B. McKinleyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2013

Transaction ID : D146306

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City	State	Zip Code
RIVERDALE	GA	30296

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. David ScottCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2013

Transaction ID : D146305

Amount of Each Disbursement this Period

1000.00

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

4000.00

--

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

PAGE 134 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. YODER FOR CONGRESS

Mailing Address P.O. Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Kevin YoderCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 03

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : D146627

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd

City	State	Zip Code
BURBANK	CA	91502

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Linda T. SanchezCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 38

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : D146437

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Lynn JenkinsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 02

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : D146624

Amount of Each Disbursement this Period

5000.00

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

10000.00

--

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

PAGE 135 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City	State	Zip Code
Anniston	AL	36201

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Mike D. RogersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146438

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Mike ThompsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : D146083

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City	State	Zip Code
HICKORY	NC	28603

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Patrick T. McHenryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : D146082

Amount of Each Disbursement this Period

5000.00

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

8000.00

--

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

PAGE 136 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2013

Transaction ID : D146086

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS COMMITTEE

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT	State CA	Zip Code 92260
---------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Raul Ruiz M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2013

Transaction ID : D146626

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RUBEN HINOJOSA FOR CONGRESS

Mailing Address 10125 N. 10TH STREET, SUITE E

City MCALLEN	State TX	Zip Code 78504
-----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Ruben HinojosaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146441

Amount of Each Disbursement this Period

1000.00

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

3000.00

--

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

PAGE 137 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Steve StiversOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146433

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City	State	Zip Code
PITTSBURGH	PA	15234

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Tim MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146443

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Tom PriceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

Transaction ID : D146623

Amount of Each Disbursement this Period

3000.00

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

6000.00

--

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

PAGE 138 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VIRGINIA FOXX FOR CONGRESS

Mailing Address P.O. BOX 1100

City	State	Zip Code
CLEMMONS	NC	27012

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Virginia FoxxCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 05

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146432

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SEARCHLIGHT LEADERSHIP FUNDMailing Address 607 14th Street N.W.
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼
2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2013

Transaction ID : D146446

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402-1096

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Sen. Susan CollinsCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2013

Transaction ID : D146444

Amount of Each Disbursement this Period

5000.00

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

11000.00

--

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

PAGE 139 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. VOICE FOR FREEDOMMailing Address 2814 Spring Rd SE
Ste 103

City Atlanta State GA Zip Code 30339-3047

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : D146620

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

5000.00

80500.00

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

PAGE 140 OF 141

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

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark L. D'Agostino M.D.

Mailing Address 8714 Woolworth Ave

City	State	Zip Code
Omaha	NE	68124

Purpose of Disbursement
Refund of 5/13 contribution

Candidate Name

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

State: District:

Disbursement For: 2014

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

Refund of 5/13 contr

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

Transaction ID : D145886

Amount of Each Disbursement this Period

500.00

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

Purpose of Disbursement
REFUND OF CONTRIBUTIONS

Candidate Name

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

State: District:

Disbursement For: 2014

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

REFUND OF CONTRIBUTI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : D146431

Amount of Each Disbursement this Period

749.70

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

State: District:

Disbursement For:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

1249.70

1249.70

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 141

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sam Mims

Mailing Address 605 Lakeshore Dr

City State Zip Code
 McComb MS 39648-2256

Purpose of Disbursement
 Non-Federal Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

Non-Federal Disburse

Date of Disbursement

M M / D D / Y Y Y Y Y
 06 05 2013

Transaction ID : D146087

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Republican State Leadership Committee

Mailing Address 1800 Diagnose Rd
 Suite 230

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement
 2013 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

2013 Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y
 06 27 2013

Transaction ID : D146615

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Republican State Leadership Committee

Mailing Address 1800 Diagnose Rd
 Suite 230

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement
 2013 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

2013 Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y
 06 27 2013

Transaction ID : D146616

Amount of Each Disbursement this Period

3000.00

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

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

20500.00

20500.00