

**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
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

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
04 16 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		2060382.15
(b) Cash on Hand at Beginning of Reporting Period.....	2117166.47	
(c) Total Receipts (from Line 19)	100897.99	275773.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2218064.46	2336155.75
7. Total Disbursements (from Line 31)	571755.28	689846.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1646309.18	1646309.18
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
03 / 01 / 2014

To:

M M / D D / Y Y Y Y
03 / 31 / 2014
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).....

78286.53

177568.08

(ii) Unitemized

22611.46

98205.52

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

100897.99

275773.60

(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)

100897.99

275773.60

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

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))..... ▶

100897.99

275773.60

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

100897.99

275773.60

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	2021.92	6813.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2021.92	6813.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	178500.00	290000.00
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	1233.36	3033.36
(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)).....	1233.36	3033.36
29. Other Disbursements	390000.00	390000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	571755.28	689846.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	571755.28	689846.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	100897.99	275773.60
34. Total Contribution Refunds (from Line 28(d))	1233.36	3033.36
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	99664.63	272740.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2021.92	6813.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2021.92	6813.21

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Abenstein M.S.E.E.,

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 ▼

250.02

Date of Receipt

03 / 08 / 2014

Transaction ID : C2659062

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 4303 Evergreen Elm Ct

City

Houston

State

TX

Zip Code

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 ▼

249.90

Date of Receipt

03 / 02 / 2014

Transaction ID : C2651885

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Simon M Adanin D.O.

Mailing Address 2516 Waukegan Rd #353

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 05 / 2014

Transaction ID : C2657987

Amount of Each Receipt this Period

41.67

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

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

208.31

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Simon M Adanin D.O.

Mailing Address 2516 Waukegan Rd #353

City State Zip Code
Glenview IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2671007

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Bruce J. Aistrup M.D.

Mailing Address 10907 W 120th Ter

City State Zip Code
Overland Park KS 66213-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2665564

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Howard A. Aks M.D.

Mailing Address 6700 W 132nd St

City State Zip Code
Overland Park KS 66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia associates of kansas city

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2665827

Amount of Each Receipt this Period

1000.00

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

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

1341.67

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 06 2014

Transaction ID : C2658537

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 06 2014

Transaction ID : C2658538

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Shane C. Angus A.A.-C, M.

Mailing Address 820 1st N.E.
 LL-150, Mail 25

City State Zip Code
 Washington DC 20002

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 11 2014

Transaction ID : C2659380

Amount of Each Receipt this Period

83.34

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

166.68

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 9 OF 141
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sara L. Arnold M.D.

Mailing Address 3654 Richwood Circle

City State Zip Code
 Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Northeast Anesthesia and Pain Speciali Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 13 2014

Transaction ID : C2660913

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sana Ata M.D.

Mailing Address 41 Mall Rd

City State Zip Code
 Burlington MA 01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Lahey Clinic Physician 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
 03 12 2014

Transaction ID : C2659963

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. 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 Occupation
 University of Arkansas for Medical Sci 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
 03 02 2014

Transaction ID : C2651886

Amount of Each Receipt this Period

100.00

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

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

683.34

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

Use separate schedule(s)
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Detailed Summary Page

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ruben J. Azocar M.D.

Mailing Address 800 Washington St # 298

City State Zip Code
 Boston MA 02111-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tufts Medical Center

Occupation
 Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : C2656014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kimberly M. Balogh M.D.

Mailing Address 9 Ryedale Ct

City State Zip Code
 Greenville SC 29615-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greenville Anesthesiology, P.A.

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C2669479

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City State Zip Code
 Miami FL 33137-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Miami School of Medicine

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : C2670955

Amount of Each Receipt this Period

83.34

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)
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FOR LINE NUMBER:
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Patrick F. Bebawy M.D.

Mailing Address 157 Kenilworth Ave

City

Kenilworth

State

IL

Zip Code

60043-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital Anesthe

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
03 / 06 / 2014

Transaction ID : C2658857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Danielle J. Belmore M.D.

Mailing Address 6632 Whispering Woods Ct

City

Plano

State

TX

Zip Code

75024-7440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Amy C. Benedikt M.D.

Mailing Address 501 Patterson Ave.

City

San Antonio

State

TX

Zip Code

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 ▼

200.01

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2014

Transaction ID : C2659063

Amount of Each Receipt this Period

25.00

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

525.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy C. Benedikt M.D.

Mailing Address 501 Patterson Ave.

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.01

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660940

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

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2661028

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Joseph S. Bernstein M.D.

Mailing Address PO Box 700138

City

Oostburg

State

WI

Zip Code

53070-0138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 28 / 2014

Transaction ID : C2670826

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron P. Betel M.D.

Mailing Address 34488 Old Timber

City

Farmington

State

MI

Zip Code

48331

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Douglas M. Bez D.O.

Mailing Address 3597 Otsego Dr.

City

Okemos

State

MI

Zip Code

48864-5965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mclaren Pain Management Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 22 / 2014

Transaction ID : C2669717

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jason R. Bible D.O.

Mailing Address 12605 W 130th Ter

City

Overland Park

State

KS

Zip Code

66213-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671069

Amount of Each Receipt this Period

1000.00

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

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

1333.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

249.90

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659955

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660964

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Robert A. Blumberg D.O.

Mailing Address 31677 Mountain View Rd

City

Franklin

State

MI

Zip Code

48025-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669200

Amount of Each Receipt this Period

250.00

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

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

416.64

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Baher N. Bactor M.D.

Mailing Address 15112 La Sabana Dr

City

La Mirada

State

CA

Zip Code

90638-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chris G. Boukedes M.D.

Mailing Address 15 Lawson Way

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669480

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Carlos L. Bracale M.D.

Mailing Address 209 Ryans Run Ct

City

Greenville

State

SC

Zip Code

29615-6055

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENVILLE ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669481

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josue Brainin-Mattos M.D.

Mailing Address 7891 Mount Ranier Dr

City

Jacksonville

State

FL

Zip Code

32256-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2014

Transaction ID : C2651887

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Brad N. Brian M.D.

Mailing Address 350 W Pebble Dr

City

Washington

State

UT

Zip Code

84780-8327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dixie Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : C2659125

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Peter L. Brinkley M.D.

Mailing Address 400 McLeod Ave

City

Missoula

State

MT

Zip Code

59801-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missoula Anesthesiology PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2668993

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 141
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael S. Brown M.D.

Mailing Address DC005.00

One Hospital Drive

City

Columbia

State

MO

Zip Code

65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri Anesthesiology

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
0	3		0	8		2	0	1	4

Transaction ID : C2659058

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Claude Brunson M.D.

Mailing Address 2500 N State St

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Mississippi Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

Transaction ID : C2661615

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : C2661407

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)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Asokumar Buvanendran M.D.

Mailing Address 45 E Birchwood Ave

City

Hinsdale

State

IL

Zip Code

60521-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

university anesthesiologist

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2014

Transaction ID : C2659084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederick Campbell M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City

Traverse City

State

MI

Zip Code

49684-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates, PC

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660958

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Stephen D. Campbell M.D.

Mailing Address 545 Beverly Dr.

City

Summerville

State

SC

Zip Code

29485-8175

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia associates of charleston

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 25 / 2014

Transaction ID : C2669995

Amount of Each Receipt this Period

100.00

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

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

433.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vito A. Cancellaro M.D.

Mailing Address 42 Fox Hunt Ln

City

Greer

State

SC

Zip Code

29651-6848

FEC ID number of contributing
federal political committee.

C

Name of Employer

GAPA Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark E Cannella M.D.

Mailing Address 165 Rosehill DR W

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc of Tallahassee

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2660880

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark Carithers M.D.

Mailing Address 1007 Grove Rd # B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669483

Amount of Each Receipt this Period

500.00

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Carithers M.D.

Mailing Address 1007 Grove Rd., Suite B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669484

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen D. Carlson M.D., Ph.D

Mailing Address 3030 Briarwood Dr

City

Allegany

State

NY

Zip Code

14706-9655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Tier Anaesthesiologists,PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 06 / 2014

Transaction ID : C2658531

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin S. Carnes M.D.

Mailing Address 875 Saint James Ct

City

Fairview

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer

atlas anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 07 / 2014

Transaction ID : C2658934

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Debra L. Caroli M.D.

Mailing Address 4548 Burke St

City State Zip Code
Orlando FL 32814

FEC ID number of contributing
federal political committee.

C

Name of Employer

LCAA

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
03 / 01 / 2014

Transaction ID : C2651691

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City State Zip Code
New Orleans LA 70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.81

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2668984

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City State Zip Code
New Orleans LA 70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.81

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2671002

Amount of Each Receipt this Period

41.67

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathryn K. Cates M.D.

Mailing Address 7612 NW 135th St

City State Zip Code
Oklahoma City OK 73142-5933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Oaks Anesthesia Associates

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2671056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shushovan Chakraborty M.B.,B.S.

Mailing Address 3381 Chickering Lane

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lapeer Regional Medical Center Dept. o

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
03 / 21 / 2014

Transaction ID : C2669473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City State Zip Code
Little Rock AR 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 ▼

374.82

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : C2656024

Amount of Each Receipt this Period

41.60

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

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

791.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

374.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659989

Amount of Each Receipt this Period

83.34

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2660000

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Catherine W. Cheung M.D.

Mailing Address 925 Allison Mews Pl. NW

City

Concord

State

NC

Zip Code

28027-8203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Anesth. and Pain Specialists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : C2655524

Amount of Each Receipt this Period

600.00

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

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

766.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elie J. Chidiac M.D.

Mailing Address 1612 Apple Ln.

City

Bloomfield Hills

State

MI

Zip Code

48302-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University School of Medic

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
03	/	21	/	2014

Transaction ID : C2669209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey K. Clark M.D.

Mailing Address 1835 Lakeview Ct

City

Bloomfield Hills

State

MI

Zip Code

48304-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Medical Center

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

Transaction ID : C2669470

Amount of Each Receipt this Period

250.00

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 ▼

249.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2014

Transaction ID : C2654610

Amount of Each Receipt this Period

83.30

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

583.30

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

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

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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

249.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : C2661410

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. James M. Cooper M.D.

Mailing Address PO Box 3294

City

Tupelo

State

MS

Zip Code

38803-3294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tupelo Anesthesia Group P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : C2661501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lebron Cooper M.D.

Mailing Address 444 W. Willis St #514

City

Detroit

State

MI

Zip Code

48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2662046

Amount of Each Receipt this Period

83.34

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

666.64

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marvin D. Covrig M.D.

Mailing Address 2305 Cornerstone Ct

City

Modesto

State

CA

Zip Code

95355-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 11 / 2014

Transaction ID : C2661497

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

Temple

State

TX

Zip Code

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 ▼

249.90

Date of Receipt

03 / 06 / 2014

Transaction ID : C2658539

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Jeffrey F. Croy M.D.

Mailing Address PO Box 3218

City

Albany

State

OR

Zip Code

97321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Anesthesia, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 10 / 2014

Transaction ID : C2659368

Amount of Each Receipt this Period

1000.00

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

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

2083.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Candra A. Cummings M.D.

Mailing Address 2901 Maiden Creek Ct

City

Davidsonville

State

MD

Zip Code

21035-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dimensions Health Care

Occupation

Anesthesiologists

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 28 / 2014

Transaction ID : C2670819

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Katherine T. Cundiff M.D.

Mailing Address 9733 Overbrook Rd

City

Leawood

State

KS

Zip Code

66206-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2014

Transaction ID : C2671014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Judson P. Cuttino M.D.

Mailing Address 3 Hawkins Ln

City

Savannah

State

GA

Zip Code

31411-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Savannah, P.C

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

03 / 13 / 2014

Transaction ID : C2661031

Amount of Each Receipt this Period

20.00

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

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

603.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel A. Dahl M.D.

Mailing Address 2071 E Page Ave

City
Gilbert

State
AZ

Zip Code
85234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gateway Anesthesia Associates, PLLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 08 / 2014

Transaction ID : C2659073

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dale Dautenhahn M.D.

Mailing Address 3701-A S Harvard Ave Ste 393

City
Tulsa

State
OK

Zip Code
74135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dale Dautenhahn MDPC

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671357

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Victor Davila M.D.

Mailing Address 4400 Kipling Rd

City
Columbus

State
OH

Zip Code
43220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 01 / 2014

Transaction ID : C2651695

Amount of Each Receipt this Period

83.34

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

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

1083.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leisa W. De Venny M.D.

Mailing Address 3090 Yorktown Dr.

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY AND PAIN MANAGEMEN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 30 / 2014

Transaction ID : C2670987

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City

Frisco

State

TX

Zip Code

75035-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Spine Care

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 09 / 2014

Transaction ID : C2659089

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City

Armonk

State

NY

Zip Code

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 ▼

249.90

Date of Receipt

03 / 22 / 2014

Transaction ID : C2669709

Amount of Each Receipt this Period

83.30

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

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

249.98

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

250.02

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659984

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gary J. DiLisio M.D.

Mailing Address 324 Gannett Dr Ste 200

City

South Portland

State

ME

Zip Code

04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 02 / 2014

Transaction ID : C2651890

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lauren H. Doar M.D.

Mailing Address 1007 Grove Rd Ste B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669485

Amount of Each Receipt this Period

500.00

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

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

666.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rhett A. Dodge M.D.

Mailing Address 1007 Grove Rd # B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669486

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dana D Doll D.O.

Mailing Address 5333 Manchester Ct

City

Stevens Point

State

WI

Zip Code

54482-8761

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Michaels hospital 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
03 / 05 / 2014

Transaction ID : C2658509

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald Doussan M.D.

Mailing Address P.O. Box 401

City

Gretna

State

LA

Zip Code

70054

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOUISIANA STATE UNIV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2703543

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kishan Dwarakanath M.D.

Mailing Address 6720 Bertner Ave. MC 1-226

City State Zip Code
Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Heart Institute CV Anesthesiolog

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2014

Transaction ID : C2659118

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven Brian Edelstein M.D.

Mailing Address 2160 S 1st Ave
Bldg. 103, Room 3106

City State Zip Code
Maywood IL 60153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2014

Transaction ID : C2669859

Amount of Each Receipt this Period

500.00

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2014

Transaction ID : C2651697

Amount of Each Receipt this Period

83.34

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

666.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City

New York

State

NY

Zip Code

10029-6504

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 ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : C2658540

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City

New York

State

NY

Zip Code

10029-6504

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 ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659957

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669478

Amount of Each Receipt this Period

85.00

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

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

251.64

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles L. Etheridge M.D.

Mailing Address 1617 Powhatan Pl.

City State Zip Code
Norfolk VA 23508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2014

Transaction ID : C2661772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J. M. Evans M.D.

Mailing Address 1007 Grove Rd # B

City State Zip Code
Greenville SC 29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669487

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joel D. Farmer M.D.

Mailing Address 2804 E Old Orchard Trl

City State Zip Code
Sioux Falls SD 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

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : C2658541

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 RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Fay M.D.

Mailing Address 3803 104th St

City

Lubbock

State

TX

Zip Code

79423-5737

FEC ID number of contributing
federal political committee.

C

Name of Employer

NorthStar Anesthesia

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2014

Transaction ID : C2669798

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

749.94

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659981

Amount of Each Receipt this Period

83.34

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 ▼

749.94

Date of Receipt

03 / 15 / 2014

Transaction ID : C2661512

Amount of Each Receipt this Period

83.30

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

666.64

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

749.94

Date of Receipt

03 / 27 / 2014

Transaction ID : C2670220

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gregory W. Fischer M.D.

Mailing Address 1 Gustave L Levy Pl
P.O. Box 1010

City

New York

State

NY

Zip Code

10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660951

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ▼

250.02

Date of Receipt

03 / 03 / 2014

Transaction ID : C2654611

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

250.02

Date of Receipt

03 / 11 / 2014

Transaction ID : C2659374

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Charles J. Fox M.D.

Mailing Address 16 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSU HSC shreveport

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 24 / 2014

Transaction ID : C2669891

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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 ▼

250.02

Date of Receipt

03 / 12 / 2014

Transaction ID : C2660005

Amount of Each Receipt this Period

83.34

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

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250.02

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Frankland M.D.

Mailing Address 2930 Woodside Dr

City

Tallahassee

State

FL

Zip Code

32312-2867

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Tallahassee

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2670986

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin A. Fukuda M.D.

Mailing Address 17 Paradise Ave.

City

San Francisco

State

CA

Zip Code

94131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Care Associates Med 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
03 / 24 / 2014

Transaction ID : C2669963

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Samir F. Fuleihan M.D.

Mailing Address Harper Hosp., Anes. Dept.
3990 John R

City

Detroit

State

MI

Zip Code

48201

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669192

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : C2658542

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 ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : C2659375

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jeffery L. Fuqua M.D.

Mailing Address 12419 Mallard Bay Dr.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

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
03 / 02 / 2014

Transaction ID : C2651892

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**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wayne M. Gabriel M.D.

Mailing Address 1007 Grove Rd., #B

City
Greenville

State Zip Code
SC 29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Anes. Partnership Assoc.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669549

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph W. Galassi Jr., M.D.

Mailing Address 193 Lilac Dr

City
Allentown

State Zip Code
PA 18104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allentown Anesthesia Associates

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
03 / 09 / 2014

Transaction ID : C2659094

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Wisam M. George D.O.

Mailing Address 4775 Driftwood Dr

City
Commerce Township

State Zip Code
MI 48382-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669206

Amount of Each Receipt this Period

250.00

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

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

833.34

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

250.02

Date of Receipt

03 / 02 / 2014

Transaction ID : C2651893

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jeffrey L. Giese M.D.

Mailing Address 4302 Moose Hollow Road

City Park City State UT Zip Code 84098

FEC ID number of contributing
federal political committee.

C

Name of Employer

millcreek anesthesia, Inc.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marvin Glass D.O.

Mailing Address 23015 Staunton St

City Southfield State MI Zip Code 48033-6545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669472

Amount of Each Receipt this Period

250.00

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David F. Gloyna M.D.

Mailing Address 2401 S 31st

Scott and White, Dept. of Anes.

City

Temple

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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : C2661408

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dale A. Gonzales M.D.

Mailing Address 441 S. Livernois Rd., #190

City

Rochester

State

MI

Zip Code

48307-2591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Manuel Gonzalez M.D.

Mailing Address 851 S Bryan St

City

Elmhurst

State

IL

Zip Code

60126-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners Ltd

Occupation

anesthesiologist

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2669980

Amount of Each Receipt this Period

500.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C. Gosney M.D.

Mailing Address 108 Chase Dr

City

Muscle Shoals

State

AL

Zip Code

35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 01 / 2014

Transaction ID : C2651699

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Vijaya N. Gottumukkala M.B.,B.S.

Mailing Address 1400 Holcombe Blvd., Unit 409

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

MD Anderson Cancer Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 13 / 2014

Transaction ID : C2661123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stefan J. Grenvik M.D.

Mailing Address 350 Blountville Hwy
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

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 05 / 2014

Transaction ID : C2657993

Amount of Each Receipt this Period

83.34

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

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

416.68

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathryn A. Grice M.D.

Mailing Address 9175 Old Southwick Pass

City

Alpharetta

State

GA

Zip Code

30022-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ambulatory Anesthesia of Atlanta

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
03 / 02 / 2014

Transaction ID : C2652444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alfred H. Grimes M.D.

Mailing Address 550 W Washington St Ste 2
Pinnacle Pain Medicine

City

Carson City

State

NV

Zip Code

89703-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Pain Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2671685

Amount of Each Receipt this Period

990.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : C2656026

Amount of Each Receipt this Period

83.34

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

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

1323.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Halim D. Haber M.D.

Mailing Address 19 Nantucket Dr

City

Bloomfield Hills

State

MI

Zip Code

48304-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Services PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669208

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : C2657994

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Philip R. Hanlon M.D.

Mailing Address PO Box 8365

City

Mobile

State

AL

Zip Code

36689-0365

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRH, P.C.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2014

Transaction ID : C2669785

Amount of Each Receipt this Period

1000.00

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

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

1333.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith B. Hanni M.D.

Mailing Address 2052 W Armitage Ave Apt D

City

Chicago

State

IL

Zip Code

60647-4591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anesthesiologist

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 08 / 2014

Transaction ID : C2659071

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Russell D. Harris M.D.

Mailing Address 500 S University Ave Ste 505

City

Little Rock

State

AR

Zip Code

72205-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Little Rock Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 17 / 2014

Transaction ID : C2661901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven Hattamer M.D.

Mailing Address 8 Prospect St

Nashua Anesthesia Partners

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashua Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

03 / 02 / 2014

Transaction ID : C2651895

Amount of Each Receipt this Period

83.30

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

1333.30

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 47 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			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : C2661417

Amount of Each Receipt this Period

83.34

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 ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : C2669993

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 ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2014

Transaction ID : C2659971

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Herling D.O.

Mailing Address 31 School Lane

City

Lloyd Harbor

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 20 / 2014

Transaction ID : C2667018

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda B Hertzberg MD Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 01 / 2014

Transaction ID : C2651700

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Douglas A. Hof M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City

Memphis

State

TN

Zip Code

38120-4398

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 ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660948

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E. Honska M.D.

Mailing Address P.O. Box 162026

City

Altamonte Springs

State

FL

Zip Code

32716-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

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
03 / 06 / 2014

Transaction ID : C2658543

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.24

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : C2657962

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.24

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2662032

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**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayden R. Hughes M.D.

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2668983

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Gregory H. Hulsey M.D.

Mailing Address 17216 Osprey Cir

City

Edmond

State

OK

Zip Code

73012-8415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2014

Transaction ID : C2661602

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2014

Transaction ID : C2670947

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : C2669992

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark T. Isaac D.O.

Mailing Address 1459 Lexington Ontario Rd

City	State	Zip Code
Mansfield	OH	44903-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Mansfield

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2014

Transaction ID : C2659096

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 ▼

249.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2014

Transaction ID : C2657995

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**

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Muhammad Jaffar M.D.

Mailing Address 4301 W Markham St Lot 515

Dept of Anes

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas Medical Science

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 23 / 2014

Transaction ID : C2669836

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.02

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659990

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Aurelia D. Jamerson M.D.

Mailing Address 5434 Avalon Ct.

City

West Bloomfield

State

MI

Zip Code

48323

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 ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669196

Amount of Each Receipt this Period

250.00

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

416.68

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clyatt W. James III, M.D.

Mailing Address 1007 Grove Rd., #B

Greenville Anesthesiology

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

499.92

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659975

Amount of Each Receipt this Period

83.34

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 ▼

499.92

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660937

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**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Camille J. Jeffcoat M.D.

Mailing Address 5125 Old Canton Rd., #219

City State Zip Code
 Jackson MS 39211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 06 2014

Transaction ID : C2661505

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cynthia L. Jenson M.D.

Mailing Address 434 Main St

City State Zip Code
 Waterville ME 04901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 05 2014

Transaction ID : C2657996

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Nabil M. Kadi M.D.

Mailing Address 49982 Ash Ct

City State Zip Code
 Plymouth MI 48170-6380

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 21 2014

Transaction ID : C2669221

Amount of Each Receipt this Period

250.00

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott T. Kane 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 ▼

300.00

Date of Receipt

03 / 15 / 2014

Transaction ID : C2661522

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Marc A. Kaufman M.D.

Mailing Address 2401 S. Dundee St. Ste. 310

City

Tampa

State

FL

Zip Code

33629-6408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Office Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 26 / 2014

Transaction ID : C2670133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John A. Kellow M.D.

Mailing Address 5683 Branford Dr

City

West Bloomfield

State

MI

Zip Code

48322-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advances Anesthesia Assoc., P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669199

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jessica Kenaston M.D.

Mailing Address 6 Alden Rd

City

Poughkeepsie

State

NY

Zip Code

12603-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2662044

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott Kercheville M.D.

Mailing Address Mail Code 7838

7703 Floyd Curl Drive

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : C2654612

Amount of Each Receipt this Period

83.34

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : C2670816

Amount of Each Receipt this Period

83.34

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

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

250.02

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward N. Kim M.D.

Mailing Address 2967 Warner Dr.

City

West Bloomfield

State

MI

Zip Code

48324-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA SERVICES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1		2	0	1	4		

Transaction ID : C2669185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eugene Kim M.D.

Mailing Address 8 Welling Circle

City

Greenville

State

SC

Zip Code

29607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1		2	0	1	4		

Transaction ID : C2669551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Harold Kim M.D.Mailing Address 68 South Service Road
Suite 350

City

Melville

State

NY

Zip Code

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 ▼

250.02

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3		2	0	1	4		

Transaction ID : C2654613

Amount of Each Receipt this Period

83.34

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

833.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Kim M.D.

Mailing Address 1007 Grove Rd # B

City State Zip Code
 Greenville SC 29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Greenville Anesthesiology physician - anesthesiologist

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 21 2014

Transaction ID : C2669654

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin P. Kinkead M.D.

Mailing Address 1776 McConnell Dr.

City State Zip Code
 Williamsport PA 17701-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 AAW Physician

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 22 2014

Transaction ID : C2669714

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Michael S. Klemm M.D.

Mailing Address 683 Belvedere Dr

City State Zip Code
 Benicia CA 94510-3739

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 The Permanente Medical Group 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
 03 01 2014

Transaction ID : C2651716

Amount of Each Receipt this Period

500.00

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

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1083.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Kline M.D.

Mailing Address P.O. Box 434

City

Clarks Summit

State

PA

Zip Code

18411-0434

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2662048

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Richard Knox M.D.

Mailing Address 1007 Grove Rd # B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669667

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert F. Koebert M.D.

Mailing Address 541 E Erie St Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659998

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**

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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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : C2660939

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Mark D. Krause M.D.

Mailing Address 849 North Franklin Street
Unit #407

City

Chicago

State

IL

Zip Code

60610-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

The County of Cook

Occupation

Chair, Department of Anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : C2659454

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Tom Krejcie M.D.

Mailing Address Tarry Bldg. 4-727
300 East Superior Street

City

CHICAGO

State

IL

Zip Code

60611-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern University

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659925

Amount of Each Receipt this Period

250.00

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

583.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

249.90

Date of Receipt

03 / 01 / 2014

Transaction ID : C2651704

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Karl A. Kroeker M.D.

Mailing Address 14510 Millhaven Pl

City

Colorado Springs

State

CO

Zip Code

80908-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Colorado Spr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John E. Kurtz M.D.

Mailing Address 929 Arboretum Dr.

City

Saline

State

MI

Zip Code

48176-1352

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 ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669194

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

525.00

Date of Receipt

03 / 14 / 2014

Transaction ID : C2661509

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Timothy R. Lair M.D.

Mailing Address 6304 Crestview Drive

City

Shawnee

State

KS

Zip Code

66218

FEC ID number of contributing
federal political committee.

C

Name of Employer

MWA

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669702

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stephen Lane M.D.

Mailing Address 1007 Grove Rd # B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669668

Amount of Each Receipt this Period

500.00

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

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

1675.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stuart Lane M.D.

Mailing Address 1007 Grove Rd # B

City State Zip Code
 Greenville SC 29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greenville Anesthesiology

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C2669669

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven M. Langer M.D.

Mailing Address 3 NE Lofting Way

City State Zip Code
 Stuart FL 34996-6512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Resolute 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
 03 / 24 / 2014

Transaction ID : C2669885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gary W. Latson M.D.

Mailing Address 14954 Sunshine Rd

City State Zip Code
 Holland TX 76534-5048

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baylor Scott and White Hospital

Occupation
 Physician Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : C2660962

Amount of Each Receipt this Period

83.34

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

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

1083.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary-Anthony Lawson-Boucher M.D.

Mailing Address 5238 Mason Corbin Ct
#101

City State Zip Code
Fort Myers FL 33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moonlight Anesthesia

Occupation

Anaesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 07 / 2014

Transaction ID : C2659050

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James D. Layden M.D.

Mailing Address 1 Cliff Trail

City State Zip Code
Frisco TX 75034-5934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : C2657623

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 9529 Hopeland Drive

City State Zip Code
Austin TX 78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology Association

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : C2716078

Amount of Each Receipt this Period

83.30

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

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

683.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay B. Lee M.D.

Mailing Address 20 Oakwood Circle

City

Roslyn

State

NY

Zip Code

11030-3816

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 ▼

250.02

Date of Receipt

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : C2656033

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
03 / 02 / 2014

Transaction ID : C2651896

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
03 / 28 / 2014

Transaction ID : C2670825

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

250.02

Date of Receipt

03 / 01 / 2014

Transaction ID : C2651705

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

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 ▼

249.81

Date of Receipt

03 / 01 / 2014

Transaction ID : C2651692

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

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 ▼

249.81

Date of Receipt

03 / 05 / 2014

Transaction ID : C2657997

Amount of Each Receipt this Period

41.60

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

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

166.61

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : C2659987

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joe Z. Liu M.D.

Mailing Address 3456 Balfour Dr

City

Troy

State

MI

Zip Code

48084-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Service, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

Transaction ID : C2669223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gregg P. Lobel M.D.

Mailing Address 22 Donnybrook Dr

City

Demarest

State

NJ

Zip Code

07627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Valley Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : C2668922

Amount of Each Receipt this Period

250.00

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
 03 04 2014

Transaction ID : C2656029

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Deborah A. Lowery M.D.

Mailing Address 6258 Memorial Dr

City State Zip Code
 Dublin OH 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 03 12 2014

Transaction ID : C2660004

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lannon E. Lucas M.D.

Mailing Address 1007 Grove Rd Ste B
 Greenville Anesthesiology

City State Zip Code
 Greenville SC 29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Alabama

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 21 2014

Transaction ID : C2669670

Amount of Each Receipt this Period

500.00

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)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Claudio Lumermann M.D.

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

City State Zip Code
New Hyde Park NY 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

M M / D D / Y Y Y Y Y
03 / 07 / 2014

Transaction ID : C2659051

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven Z. Lysak M.D.

Mailing Address 1007 Grove Rd., #B

City State Zip Code
Greenville SC 29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669671

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert I. Macfarlane M.D.

Mailing Address 350 Blountville Highway
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

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
03 / 05 / 2014

Transaction ID : C2657998

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**

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roman Magidenko M.D.

Mailing Address 2856 Amberly Ln

City State Zip Code
Troy MI 48084-2687

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2014

Transaction ID : C2659099

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael C. Mahoney D.O.

Mailing Address 4409 SE Willow Place Court

City State Zip Code
Blue Springs MO 64014

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

M M / D D / Y Y Y Y Y
03 / 30 / 2014

Transaction ID : C2670993

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Asif M. Malik M.D.

Mailing Address 2760 Charnwood Dr

City State Zip Code
Troy MI 48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford West Bloomfield Hospital An

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
03 / 12 / 2014

Transaction ID : C2659978

Amount of Each Receipt this Period

83.34

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

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

1333.34

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Mandabach M.D.Mailing Address Dept of Anesthesiology
619 S. 19th St., JT845

City	State	Zip Code
Birmingham	AL	35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB Department of AnesthesiologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

Transaction ID : C2651706

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lowell S. Mankin M.D.

Mailing Address 2709 Mesquite Ln

City	State	Zip Code
Grapevine	TX	76051-7150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinnacle Anesthesia Consultants, PAOccupation
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
03	/	07	/	2014

Transaction ID : C2659054

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City	State	Zip Code
Fort Myers	FL	33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Anesthesia and Pain ManagementOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : C2659976

Amount of Each Receipt this Period

83.34

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

416.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2662034

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark D. Mathis M.D.

Mailing Address 1007 Grove Rd., #B

City
Greenville

State
SC

Zip Code
29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669672

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Steven Mayo M.D.

Mailing Address 989 Cedar Drive

City
Burlington

State
WI

Zip Code
53105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2660879

Amount of Each Receipt this Period

500.00

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

1083.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert D. McKay M.D.

Mailing Address 350 Blountville Hwy Ste 207

City
Bristol

State
TN

Zip Code
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 ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660943

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Timothy E. Mercer M.D.

Mailing Address 1670 Enterprise Rd.

City

Piney Flats

State

TN

Zip Code

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 ▼

250.02

Date of Receipt

03 / 27 / 2014

Transaction ID : C2670219

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Vernon Merchant M.D.

Mailing Address 1007 Grove Rd # B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669673

Amount of Each Receipt this Period

500.00

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

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

666.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sharon M. Merker M.D.

Mailing Address 2517 Top Hill Rd.

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williams and Wagner, PSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660952

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Brigitte M. Messenger 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

The University of Tennessee Graduate S

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660957

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

Knoxville

State

TN

Zip Code

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 ▼

300.00

Date of Receipt

03 / 10 / 2014

Transaction ID : C2659113

Amount of Each Receipt this Period

100.00

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

266.68

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 75 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City

Westfield

State

IN

Zip Code

46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Indianapolis

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : C2670228

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : C2659970

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Sharon D. Minott M.D.

Mailing Address 2300 Haggerty Rd Ste 2100

City

West Bloomfield

State

MI

Zip Code

48323-2191

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

Transaction ID : C2669193

Amount of Each Receipt this Period

250.00

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

416.68

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 76 OF 141
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Mitchell M.D.

Mailing Address 3710 SW US Veterans Hospital Rd

City State Zip Code
 Portland OR 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 ▼

250.02

Date of Receipt

03 / 15 / 2014

Transaction ID : C2661519

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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

03 / 23 / 2014

Transaction ID : C2669838

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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

03 / 27 / 2014

Transaction ID : C2670217

Amount of Each Receipt this Period

83.34

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

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

250.02

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : C2659381

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Avijit Mookerjee M.D.

Mailing Address 5150 Winlane

City

Bloomfield Hills

State

MI

Zip Code

48302

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669477

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Caroline Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2014

Transaction ID : C2670952

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason E. Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.90

Date of Receipt

03 / 29 / 2014

Transaction ID : C2670951

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert R. Morrison M.D.

Mailing Address 5801 Spinnaker Pointe

City

Parkville

State

MO

Zip Code

64152-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 07 / 2014

Transaction ID : C2659039

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jarod R. Motley M.D.

Mailing Address 1007 Grove Rd Ste B

Greenville Anesthesiology, P.A.

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669674

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: PAGE 79 OF 141
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Mrachek M.D.

Mailing Address 4520 W. Woodland Rd.

City State Zip Code
Edina MN 55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2669996

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City State Zip Code
Springfield VT 05156-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659979

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City State Zip Code
Allen TX 75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Partners In Medicine

Occupation

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
03 / 17 / 2014

Transaction ID : C2661629

Amount of Each Receipt this Period

100.00

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

266.68

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:
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PAGE 80 OF 141

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City

State

Zip Code

Allen

TX

75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pinnacle Partners In Medicine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 19 / 2014

Transaction ID : C2665854

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark Murray M.D.

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

City

State

Zip Code

Knoxville

TN

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University Anesthesiologists

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

03 / 18 / 2014

Transaction ID : C2662033

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

State

Zip Code

Pleasant Ridge

MI

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

William Beaumont Hospital

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660954

Amount of Each Receipt this Period

83.34

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: PAGE 81 OF 141
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew E. Neice M.D.

Mailing Address 14144 Kimberly Circle

City State Zip Code
 Lake Oswego OR 97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science University

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 08 / 2014

Transaction ID : C2659068

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael S. Nichols A.A.-C

Mailing Address 2580 Hillandale Cir

City State Zip Code
 Cumming GA 30041-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University MSA Pr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : C2654618

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. James J. Nicholson M.D.

Mailing Address W3117 County Road Pp

City State Zip Code
 Sheboygan Falls WI 53085-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Healthcare

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : C2661544

Amount of Each Receipt this Period

250.00

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

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

583.34

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 82 OF 141

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa O Nikolaidis M.D.

Mailing Address 2230 McClendon St

City

Houston

State

TX

Zip Code

77030-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 02 / 2014

Transaction ID : C2651899

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City

Kingsport

State

TN

Zip Code

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 ▼

250.02

Date of Receipt

03 / 13 / 2014

Transaction ID : C2660942

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Blessing B. Nwosu M.B.,B.S.

Mailing Address 188 Santure St.

City

Monroe

State

MI

Zip Code

48162-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARPER UNIVERSITY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669190

Amount of Each Receipt this Period

250.00

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

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

416.68

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard J. Oeser M.D.

Mailing Address 1007 Grove Rd Ste B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENVILLE ANESTH

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
03 / 21 / 2014

Transaction ID : C2669675

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Walid A. Osta M.D.

Mailing Address 27222 Timber Trl

City

Dearborn Hts

State

MI

Zip Code

48127-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669210

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659956

Amount of Each Receipt this Period

83.30

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

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

833.30

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Haresh D. Patel M.D.

Mailing Address 1120 Enclave Rd

City

Chattanooga

State

TN

Zip Code

37415-5650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants Exchange

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 Y
03 / 30 / 2014

Transaction ID : C2670985

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mina A. Patel M.D.

Mailing Address 3625 Winding Lake Cir.

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : C2658527

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Padmavathi Patel M.D.

Mailing Address 3990 John R St

City

Detroit

State

MI

Zip Code

48201-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harper Univ. Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669224

Amount of Each Receipt this Period

250.00

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

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

583.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William D. Paterson M.D.

Mailing Address 11 Lange Ct

City

Mullica Hill

State

NJ

Zip Code

08062-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rancocas Anesthesiology, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2014

Transaction ID : C2661530

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Samuel Perov M.D.

Mailing Address 5027 W. Bloomfield Lake Rd

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Receiving Hospital

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kathy M. Perryman M.D.

Mailing Address 11412 Canterbury Cir.

City

Shawnee Mission

State

KS

Zip Code

66211-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Kansas City

Occupation

Pediatric 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
03 / 29 / 2014

Transaction ID : C2670963

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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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 State Zip Code
 Melville NY 11747-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 NORTH AMERICAN PARTNERS ANESTHESIA 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
 03 14 2014

Transaction ID : C2661413

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Shannon M. Peters M.D.

Mailing Address 8055 Penn Ave S Apt 621

City State Zip Code
 Bloomington MN 55431-1389

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 University of Minnesota Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 29 2014

Transaction ID : C2670964

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark C. Phillips M.D.

Mailing Address 619 19th St S

City State Zip Code
 Birmingham AL 35249

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 UAB 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
 03 13 2014

Transaction ID : C2660953

Amount of Each Receipt this Period

83.34

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

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristi L. Pielstick M.D.

Mailing Address 2222 Raintree Rd

City

Akron

State

OH

Zip Code

44333-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stark County Anesthesia

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 25 / 2014

Transaction ID : C2670007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marina A. Pierce M.D.

Mailing Address 2438 Golfview Dr

City

Orange Park

State

FL

Zip Code

32003-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Assoc., P.A.

Occupation

Anesthesiologist, MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 16 / 2014

Transaction ID : C2661583

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. 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 ▼

250.02

Date of Receipt

03 / 01 / 2014

Transaction ID : C2651709

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)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark C. Pruitt M.D.

Mailing Address 1007 Grove Rd # B

City
Greenville

State
SC

Zip Code
29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Pusker M.D.

Mailing Address 1007 Grove Rd # B

City
Greenville

State
SC

Zip Code
29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669677

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nariman Rahimzadeh M.D.

Mailing Address 1885 Manzanita Circle

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Anesthesiology and Perioperativ

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 Y
03 / 12 / 2014

Transaction ID : C2659996

Amount of Each Receipt this Period

83.34

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

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

1083.34

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neeju Ravikant M.D.

Mailing Address 875 W Glengarry Circle

City State Zip Code
Bloomfield Hills MI 48301-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
anesthesia associates of ann arbor

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2014

Transaction ID : C2661584

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael Richardson M.D.

Mailing Address PO Box 3355

City State Zip Code
Princeton NJ 08543-3355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants of NJ

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659994

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address Lakeside ANES 2532 LKS5007
11100 Euclid Ave.

City State Zip Code
Cleveland OH 44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Hosp of Cleveland Case Med Ctr

Occupation
Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2014

Transaction ID : C2660963

Amount of Each Receipt this Period

83.34

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

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

250.02

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Rinando M.D.

Mailing Address 3502 Yupon St.

City State Zip Code
Houston TX 77006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : C2670899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert L. Ringering D.O.

Mailing Address PO Box 506

City State Zip Code
Old Lyme CT 06371-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : C2661638

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Robert L. Ringering D.O.

Mailing Address PO Box 506

City State Zip Code
Old Lyme CT 06371-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2662035

Amount of Each Receipt this Period

41.67

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

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

333.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric J. Robb M.D.

Mailing Address 5530 Lake Shore Rd.

City

Lakeport

State

MI

Zip Code

48059

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeremy M. Roberts D.O.

Mailing Address 4056 Scott B Dr

City

Saint Clair

State

MI

Zip Code

48079-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City

Dallas

State

PA

Zip Code

18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilkes-Barre General Hospital Anesthes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : C2659119

Amount of Each Receipt this Period

41.67

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

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

541.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City
Dallas

State
PA

Zip Code
18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilkes-Barre General Hospital Anesthes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : C2662045

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : C2659382

Amount of Each Receipt this Period

83.34

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

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2014

Transaction ID : C2656031

Amount of Each Receipt this Period

83.30

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

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

249.98

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn M. Rogers M.D.

Mailing Address 11104 Kuertzmill Dr.

City

Cincinnati

State

OH

Zip Code

45249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group Practice Inc

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2014

Transaction ID : C2671073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven A. Roodman M.D.

Mailing Address 2700 Turnberry Dr

City

Marion

State

IL

Zip Code

62959-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heartland Regional Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2668923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thea Rosenbaum M.D.

Mailing Address 260 River Ridge Pt

City

Little Rock

State

AR

Zip Code

72227-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659995

Amount of Each Receipt this Period

83.34

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

583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Theodore E. Rothman M.D.

Mailing Address 10 Wildflower Ct

City

Greenville

State

SC

Zip Code

29615-5544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	4

Transaction ID : C2669678

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City

Jones

State

OK

Zip Code

73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

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
0	3		1	2		2	0	1	4

Transaction ID : C2659968

Amount of Each Receipt this Period

83.34

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	4

Transaction ID : C2670989

Amount of Each Receipt this Period

100.00

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

683.34

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judith Ruiz M.D.

Mailing Address 601 West Dr

City

Memphis

State

TN

Zip Code

38112-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

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
0	3		1	2		2	0	1	4

Transaction ID : C2659964

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Konstantin I. Rusin M.D.

Mailing Address 1732 Foxdale Lane

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	4

Transaction ID : C2669204

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nilda E. Salaman M.D.

Mailing Address GEORGE WASHINGTON UNIVERSITY HOSPI

900 23rd St. NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Faculty Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	4

Transaction ID : C2669844

Amount of Each Receipt this Period

250.00

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

583.34

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

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven W. Samoya M.D.

Mailing Address 532 Forest Ct
Suite BCity State Zip Code
Greer SC 29651FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ. Med. Ctr., Div of Ped

Occupation

Pediatric 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
03 21 2014

Transaction ID : C2669679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roger M. Schantz M.D.

Mailing Address 1096 Red Bird Rd

City State Zip Code
Loveland OH 45140-7163FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group Practice, Inc.

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
03 29 2014

Transaction ID : C2670948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin Scheu M.D.

Mailing Address 2827 W Range Line Ct

City State Zip Code
Mequon WI 53092-5326FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia St. Mary's-Ozaukee Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 14 2014

Transaction ID : C2661498

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John K. Schroeder M.D.

Mailing Address 625 Works Road

City State Zip Code
Honeoye Falls NY 14472

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2014

Transaction ID : C2666949

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City State Zip Code
Roslyn NY 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 ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : C2660941

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. David G. Schultz M.D.

Mailing Address 1819 N Halifax Ave

City State Zip Code
Daytona Beach FL 32118-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : C2661502

Amount of Each Receipt this Period

500.00

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

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas T. Sedlacek M.D.

Mailing Address 2250 Country Club Pkwy SE

City

Cedar Rapids

State

IA

Zip Code

52403-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINN COUNTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669188

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Matthew M. Shankle M.D.

Mailing Address 441 S. Livernois, Suite #190

City

Rochester

State

MI

Zip Code

48307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Fred E. Shapiro D.O.

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

City

Boston

State

MA

Zip Code

02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Medical School

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2014

Transaction ID : C2651710

Amount of Each Receipt this Period

83.30

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

733.30

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

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harry C. Sherman Jr., M.D.

Mailing Address 1007 Grove Rd., #B

City
Greenville

State
SC

Zip Code
29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669680

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City

Sherman Oaks

State

CA

Zip Code

91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anes. Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 05 / 2014

Transaction ID : C2658001

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

Wappingers Falls

State

NY

Zip Code

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 ▼

250.02

Date of Receipt

03 / 09 / 2014

Transaction ID : C2659093

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harpreet Singh M.D.

Mailing Address 4930 Charing Cross Road

City

Bloomfield Hills

State

MI

Zip Code

48304

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	4

Transaction ID : C2669203

Amount of Each Receipt this Period

250.00

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 ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	4

Transaction ID : C2651900

Amount of Each Receipt this Period

83.34

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 ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : C2659973

Amount of Each Receipt this Period

83.34

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

416.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan W. Smith M.D.

Mailing Address 13 Afton Ave.

City State Zip Code
 Greenville SC 29601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greenville Anesthesiology, PA

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C2669681

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : C2658547

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Trevor K. Smith M.D.

Mailing Address 12 Belfrey Dr.

City State Zip Code
 Greer SC 29650

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Greenville Anesthesiology

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C2669682

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**

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vitaly D. Soskin M.D., Ph.D

Mailing Address 3990 John R St, Box 162

City
Detroit

State Zip Code
MI 48201-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 325 9th Ave, Box 359724

City
Seattle

State Zip Code
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 ▼

250.02

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659980

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Matthew F. Spond M.D.

Mailing Address 6065 Allwood Dr

City
North Little Rock

State Zip Code
AR 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 ▼

250.02

Date of Receipt

03 / 06 / 2014

Transaction ID : C2658548

Amount of Each Receipt this Period

83.34

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

416.68

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy E Staats M.D.

Mailing Address 47 Orchard Ln

City State Zip Code
Colts Neck NJ 07722-1569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Staats Anesthesia, P.A.

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C2703539

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way Ste

City State Zip Code
Tacoma WA 98405-4292

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 ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2014

Transaction ID : C2661409

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 State Zip Code
Columbus OH 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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : C2659379

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**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

500.04

Date of Receipt

03 / 06 / 2014

Transaction ID : C2658549

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 ▼

500.04

Date of Receipt

03 / 06 / 2014

Transaction ID : C2658550

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ann Still M.D.

Mailing Address 1800 Alabama Highway 157 Ste 201

Cullman Primary Care

City

Cullman

State

AL

Zip Code

35058-1273

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 ▼

312.52

Date of Receipt

03 / 25 / 2014

Transaction ID : C2669999

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew D. Sunderlin M.D.

Mailing Address 16099 Surrey Way

City

Spring Lake

State

MI

Zip Code

49456-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes.Services

Occupation

Physician Anesthesiologisst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 21 / 2014

Transaction ID : C2668990

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Esther Sung M.D.

Mailing Address 3710 SW US Veterans Hospital Rd
P3 ANES

City

Portland

State

OR

Zip Code

97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portland VAMC Operative Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 07 / 2014

Transaction ID : C2659041

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Rachelle Sutton M.D.

Mailing Address 1100 E 26th St.

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, Inc.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 06 / 2014

Transaction ID : C2658583

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 106 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
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Sweatlock M.D.

Mailing Address PO Box 84036

City

Phoenix

State

AZ

Zip Code

85071-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

Transaction ID : C2651881

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

Transaction ID : C2651713

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Thomas H. Swygert M.D.

Mailing Address 7014 Prestonshire Ln

City

Dallas

State

TX

Zip Code

75225-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : C2659977

Amount of Each Receipt this Period

83.34

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

416.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 Associates

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
03 27 2014

Transaction ID : C2670215

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Robert Tawil M.D.

Mailing Address 17001 Jeanette

City State Zip Code
Southfield MI 48075-7020

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 21 2014

Transaction ID : C2669205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Damon A. Templeton M.D.

Mailing Address 3507 Lakestone Ct.

City State Zip Code
Martinez GA 30907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Consultants of Augusta, LLC

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
03 26 2014

Transaction ID : C2670198

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 RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory H. Teraikian D.O.

Mailing Address 4258 Quaker Hill Dr

City

Fort Gratiot

State

MI

Zip Code

48059-4040

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

Transaction ID : C2669207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marcy W. Thomas B.S., M.S.

Mailing Address 10615 Woodpecker Rd

City

Chesterfield

State

VA

Zip Code

23838-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Eye Institute

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2014

Transaction ID : C2651901

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City

Englewood

State

CO

Zip Code

80110

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2014

Transaction ID : C2670999

Amount of Each Receipt this Period

83.34

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

416.68

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick K. Torres M.D.

Mailing Address 2218 Campestre Terr.

City

Naples

State

FL

Zip Code

34119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Naples

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

Transaction ID : C2659366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dan-Thuy Tran M.D.

Mailing Address 300 2nd Ave

City

Long Branch

State

NJ

Zip Code

07740-6303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monmouth Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 16 / 2014

Transaction ID : C2661612

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gregory A. Trempy M.D.

Mailing Address 6602 W. 131st St.

City

Overland Park

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Assoc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 30 / 2014

Transaction ID : C2671062

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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for each category of the
Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary L. Trummel M.D.

Mailing Address 5940 Mount Normandale Dr

City State Zip Code
Minneapolis MN 55438-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

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
03 / 03 / 2014

Transaction ID : C2654620

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City State Zip Code
Elmhurst IL 60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

DVA

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659997

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Celestine Ukah M.D.

Mailing Address 9057 Laurel Ridge Dr

City State Zip Code
Mount Dora FL 32757-9108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Villages Anesthesia Associates

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : C2670125

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**

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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 ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2659986

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph A Walker III, M.D.

Mailing Address 2711 Silver Creek Dr

City

Bloomington

State

IN

Zip Code

47401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bloomington Anesthesiologists, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : C2660512

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ebon J. Wallace-Talifarro M.D.

Mailing Address 7205 Meadowgrass Court

City

Caledonia

State

MI

Zip Code

49316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : C2656032

Amount of Each Receipt this Period

150.00

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

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

733.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher G. Walsh M.D.

Mailing Address 1546 W. Mt. Vernon Rd.

City

Mount Vernon

State

IA

Zip Code

52314

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINN COUNTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Leslie L. Walsh D.O.

Mailing Address 1633 Newcastle Ct

City

Rochester Hills

State

MI

Zip Code

48306-3679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Hong Wang M.D., Ph.D

Mailing Address 50634 Drakes Bay Dr

City

Novi

State

MI

Zip Code

48374-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Detroit Medical Center Department of A

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669474

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 141
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul S. Webster M.D.

Mailing Address 825 E Oak St

City

Kissimmee

State

FL

Zip Code

34744-5838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors Pain Management Associates

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : C2659959

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Ivan Jared Weiner M.D.

Mailing Address 10527 Emerald Chase Dr

City

Orlando

State

FL

Zip Code

32836-5862

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 ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2014

Transaction ID : C2670981

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : C2659991

Amount of Each Receipt this Period

83.34

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

250.02

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ezekiel J. Wetzel M.D.

Mailing Address 3315 DEBORAH DR
Suite 401

City State Zip Code
Monroe LA 71201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parish 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
03 / 05 / 2014

Transaction ID : C2658002

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City State Zip Code
Albuquerque NM 87122-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2014

Transaction ID : C2670218

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven M. Wiener M.D.

Mailing Address 6471 Alden Dr.

City State Zip Code
West Bloomfield MI 48324-2003

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : C2669198

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher A. Wilhoit M.D.

Mailing Address 3049 Hawks Gln

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Tallahass

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 10 / 2014

Transaction ID : C2659364

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Randall D. Wilhoit M.D.

Mailing Address 1007 Grove Rd., #B

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, PA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669683

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patrick Williams M.D.

Mailing Address 1007 Grove Rd # B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology, P.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669684

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Wills M.D.

Mailing Address 35 Camino a las Estrellas

City State Zip Code
Placitas NM 87043-8805

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 02 / 2014

Transaction ID : C2654146

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Granville B. Work M.D.

Mailing Address 3749 Lynnfield Dr

City State Zip Code
Virginia Beach VA 23452-4721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 08 / 2014

Transaction ID : C2659061

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jason Workman M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City State Zip Code
Las Vegas NV 89128-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

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
03 / 27 / 2014

Transaction ID : C2670221

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)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City

Nashville

State

TN

Zip Code

37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Spinal Surgery

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 12 / 2014

Transaction ID : C2659974

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jonathan P. Wright M.D.

Mailing Address 1007 Grove Rd # B

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669685

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Inho Yoon M.D.

Mailing Address 1007 Grove Rd # B

Greenville Anesthesiology

City

Greenville

State

SC

Zip Code

29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : C2669686

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James K. York M.D.

Mailing Address 129-4 Hidden Creek Circle

City

Dothan

State

AL

Zip Code

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 16 / 2014

Transaction ID : C2661586

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lawrence I. Young M.D.

Mailing Address 1717 Valley Forge Dr.

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 25 / 2014

Transaction ID : C2669998

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Sherif Zaafran M.D.

Mailing Address 2411 Fountainview
Suite 200

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 14 / 2014

Transaction ID : C2661411

Amount of Each Receipt this Period

83.34

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

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

291.68

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

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

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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dino G. Zacharakos M.D.

Mailing Address 20 Spectacle Ln.

City State Zip Code
 Ridgefield CT 06877

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMCARE

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 Y
 03 21 2014

Transaction ID : C2668987

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

83.34

78286.53

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ACCOUNTABILITY PAC

Mailing Address 228 S WASHINGTON STREET
SUITE 1155

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

2014 Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : D157300

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. AMERICA WORKS PAC

Mailing Address PO Box 76187
Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

2014 Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : D157277

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST
SUITE 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Mr. Leroy Earl Carter

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 01

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : D157281

Amount of Each Disbursement this Period

4000.00

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

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

11500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address PO BOX 70980

City
WashingtonState
DCZip Code
20024Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157292

Amount of Each Disbursement this Period

										5000.00
--	--	--	--	--	--	--	--	--	--	---------

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEEMailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOORCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157278

Amount of Each Disbursement this Period

										5000.00
--	--	--	--	--	--	--	--	--	--	---------

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEEMailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOORCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157279

Amount of Each Disbursement this Period

										5000.00
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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

										15000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Markey Committee

Mailing Address P.O. Box 526

City Medford	State MA	Zip Code 02155
-----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Mr. Edward MarkeyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : D157490

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BOB JOHNSON

Mailing Address PO BOX 16401

City Savannah	State GA	Zip Code 31416
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Dr. Bob Johnson M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : D157284

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City Springfield	State VA	Zip Code 22152
---------------------	-------------	-------------------

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2014

Transaction ID : D157308

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 DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HELLERHIGHWATER PAC

Mailing Address PO BOX 37062

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D157317

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HOPE FOR CONGRESS

Mailing Address PO BOX 3060

City	State	Zip Code
Arlington	VA	22203

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Category/
Type**Mr. Patrick Hope**Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D157319

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. HOPE FOR CONGRESS

Mailing Address PO BOX 3060

City	State	Zip Code
Arlington	VA	22203

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Category/
Type**Mr. Patrick Hope**Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D157320

Amount of Each Disbursement this Period

5000.00

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

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S BOULEVARD

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
2014 Special Primary

011

Candidate Name

Ms. Lizbeth BenacquistoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General☒ Other (specify) ▼
Special Primary

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	05	/	2014

Transaction ID : D157327

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MORE CONSERVATIVES PACMailing Address 675 N WASHINGTON STREET
SUITE 410

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General☒ Other (specify) ▼
2014 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157297

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General☒ Other (specify) ▼
2014 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157280

Amount of Each Disbursement this Period

5000.00

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

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. OKLAHOMANS FOR CLARK JOLLEY

Mailing Address PO BOX 2082

City	State	Zip Code
Oklahoma City	OK	73101

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Mr. Clark JolleyCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OK District: 05

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D157321

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City	State	Zip Code
OTTAWA	IL	61350

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Adam KinzingerCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 16

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2014

Transaction ID : D157326

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Alan LowenthalCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 47

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157296

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Mailing Address PO BOX 2059

City	State	Zip Code
LEXINGTON	KY	40588

Transaction ID : D157324Purpose of Disbursement
2014 General Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Andy Andy BarrCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

B. KIRKPATRICK FOR ARIZONA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Mailing Address PO BOX 12011

City	State	Zip Code
CASA GRANDE	AZ	85130

Transaction ID : D157491Purpose of Disbursement
2014 Primary Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Ann KirkpatrickCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR ARIZONA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Mailing Address PO BOX 12011

City	State	Zip Code
CASA GRANDE	AZ	85130

Transaction ID : D157290Purpose of Disbursement
2014 General Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Ann KirkpatrickCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Amount of Each Disbursement this Period
2500.00

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)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Bill Pascrell Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157289

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF BILL POSEY

Mailing Address P. O. Box 360877

City Melbourne	State FL	Zip Code 32936
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Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Bill PoseyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157287

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

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

Candidate Name

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

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157293

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILLY LONG FOR CONGRESS

Mailing Address 1675-F E SEMINOLE

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Billy Long

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO	District: 07

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
03		26		2014

Transaction ID : D157493

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR RUSH

Mailing Address P. O. Box 7292

City CHICAGO	State IL	Zip Code 60680
-----------------	-------------	-------------------

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Bobby L. Rush

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 01

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Transaction ID : D157323

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN	State CA	Zip Code 94568
----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Eric Swalwell

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 15

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
03		26		2014

Transaction ID : D157285

Amount of Each Disbursement this Period

1000.00

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Jeff DenhamOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157291

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City	State	Zip Code
SAN ANTONIO	TX	78292

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Joaquin CastroOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157294

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement
2014 Convention Contribution

Candidate Name

Rep. Joe CourtneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 02

Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157288

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd

City	State	Zip Code
BURBANK	CA	91502

Purpose of Disbursement
Void of 2/14 Check

011

Candidate Name

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

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157273

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
Void of 2/14 Check

011

Candidate Name

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

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157274

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

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

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157275

Amount of Each Disbursement this Period

2500.00

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

-2500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd

City BURBANK	State CA	Zip Code 91502
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Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Linda T. SanchezCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA	District: 38	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157276

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City ROCHESTER	State NY	Zip Code 14607
-------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Louise M. SlaughterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 25	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157299

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL GRIMM FOR CONGRESS

Mailing Address 560 9th Street

City Brooklyn	State NY	Zip Code 11215
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Michael G. GrimmCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 11	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157298

Amount of Each Disbursement this Period

3000.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MIKE HONDA FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC

City	State	Zip Code
SAN JOSE	CA	95112

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Michael M. HondaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157282

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PAUL COOK FOR CONGRESS

Mailing Address PO BOX 365

City	State	Zip Code
YUCCA VALLEY	CA	92286

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Paul CookOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157295

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City	State	Zip Code
Wheaton	IL	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
03		12		2014

Transaction ID : D157302

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RANDY HULTGREN FOR CONGRESS

Mailing Address PO Box 39

City Batavia	State IL	Zip Code 60510
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Transaction ID : D157325

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. RON BARBER FOR CONGRESS

Mailing Address PO BOX 57715

City TUCSON	State AZ	Zip Code 85732
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : D157271

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SEAN PATRICK MALONEY FOR CONGRESS

Mailing Address PO BOX 270

City NEWBURGH	State NY	Zip Code 12550
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

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

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

Transaction ID : D157301

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Steny H. HoyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MD District: 05Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : D157489

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: OH District: 15Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D157315

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City
ROLLING MEADOWSState
ILZip Code
60008Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Tammy DuckworthCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: IL District: 08Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : D157314

Amount of Each Disbursement this Period

2500.00

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

9500.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GRAVES FOR CONGRESS

Mailing Address PO BOX 335

City
CALHOUN

State
GA

Zip Code
30703

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Tom Thomas Graves Jr.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : D157307

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address PO BOX 335

City
CALHOUN

State
GA

Zip Code
30703

Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Tom Thomas Graves Jr.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 26 / 2014

Transaction ID : D157283

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Republican State Leadership Committee

Mailing Address 1800 Diagnole Rd
Suite 230

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Membership Dues

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 12 / 2014

Transaction ID : D157306

Amount of Each Disbursement this Period

40000.00

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

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

44500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740-3157

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Frank PalloneOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D157316

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. VANILA SINGH FOR CONGRESS 2014

Mailing Address PO Box 14037

City	State	Zip Code
Fremont	CA	94539

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Dr. Vanila Singh M.D.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

Transaction ID : D157318

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VANILA SINGH FOR CONGRESS 2014

Mailing Address PO Box 14037

City	State	Zip Code
Fremont	CA	94539

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Dr. Vanila Singh M.D.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

Transaction ID : D157313

Amount of Each Disbursement this Period

2500.00

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

10000.00

178500.00

**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 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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City	State	Zip Code
Roslyn	NY	11576-1353

Purpose of Disbursement
Refund of 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 Contributi

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : D157322

Amount of Each Disbursement this Period

333.36

Full Name (Last, First, Middle Initial)

B. Michael A. Walter M.D.

Mailing Address 55 Lagunita Dr.

City	State	Zip Code
Laguna Beach	CA	92651-4237

Purpose of Disbursement
Refund of 1/14 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 1/14 Contr

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2014

Transaction ID : D157310

Amount of Each Disbursement this Period

900.00

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
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Amount of Each Disbursement this Period

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

1233.36

1233.36

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Attorneys General Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Mailing Address 1580 Lincoln St
Ste 1125City State Zip Code
Denver CO 80203-1501Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Membership Dues

State: District:

Transaction ID : D157309

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

B. Democratic Governors Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Mailing Address 1401 K Street NW
Suite 200City State Zip Code
Washington DC 20005Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Membership Dues

State: District:

Transaction ID : D157305

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Mailing Address 1401 K St NW
Ste 201City State Zip Code
Washington DC 20005-3497Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Membership Dues

State: District:

Transaction ID : D157311

Amount of Each Disbursement this Period

25000.00

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

175000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. House Conservatives FundMailing Address 228 S. Washington
Ste. 115

City Arlington State VA Zip Code 22201

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : D157286

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Republican Attorney's General Association (RAGA)Mailing Address 1201 F St NW
Ste 675

City Washington State DC Zip Code 20004-1218

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Membership Dues

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

Transaction ID : D157312

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

C. Republican Governors Association

Mailing Address 1747 Pennsylvania Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: 2014 Membership Dues

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

Transaction ID : D157304

Amount of Each Disbursement this Period

100000.00

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

205000.00

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

PAGE 141 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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Melson for State Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Mailing Address PO Box 550

City	State	Zip Code
Florence	AL	35631-0550

Transaction ID : D157272Purpose of Disbursement
2014 Non-Federal Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Dr. Tim Melson M.D.Category/
Type

10000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: AL District:

2014 Non-Federal Con

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

10000.00

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

390000.00