PAGE 1 / 141

Image# 14960805589

#### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An Au	thorized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FE4M	5
American Society of Ar	nesthesiologists Poli	tical Action Comr	nittee	
ADDRESS (number and street)	520 N. Northwest Highway			
Check if different				
than previously reported. (ACC)	Park Ridge		IL L	60068
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00255752		IS THIS REPORT X (N		AMENDED A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	=		g 20 (M8) Nov 20 (M11) (Non-Election Year Only)  p 20 (M9) Dec 20 (M12) (Non-Election Year Only)
	<b>⋉</b> Ap	r 20 (M4) Ju	I 20 (M7)	et 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	1) (c) 12-Day	Primary (12P)	Genera	al (12G) Runoff (12R)
July 15 Quarterly Report (Q	PRE-Election Report for the:	Convention (12	H	
October 15 Quarterly Report (Q:	·			
January 31 Year-End Report (YI	≣) Electi	on on	D D / Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff	(30R) Special (30S)
Termination Report (TER)	Electi	on on	D   D / Y   Y   Y	in the State of
5. Covering Period 03	01 2014	through	03 31	2014
certify that I have examined thi	s Report and to the best o	f my knowledge and be	lief it is true, correct a	nd complete.
Type or Print Name of Treasurer	Mr. Thomas Conway			
Signature of Treasurer $\frac{Mr. Tr}{}$	homas Conway	[Electronically l	Filed] Date 04	M / D D / Y Y Y Y Y Y 16 2014
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the perso	n signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

Г	OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
V	Vrite or Type Committee Name		
A	American Society of Anesthesiologis	ts Political Action Committee	
R	Report Covering the Period: From: 03	/ 01 / 2014 To	: 03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	
	Fo	or 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)

Write or Type Committee Name

### American Society of Anesthesiologists Political Action Committee

R	eport Covering the Period: From: 03	01 Y Y Y Y Y Y TO	o: 03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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(iii) TOTAL (add	, 22611.46	98205.52
	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
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	100897.99	275773.60
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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		Calcinati Total to Buto
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(I) Federal Strate		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	2021.92	6813.21
	(c) Total Operating Expenditures	2024-02	6942.94
^	(add 21(a)(i), (a)(ii), and (b))▶	2021.92	6813.21
۷.	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to	5,00	
	Federal Candidates/Committees and Other Political Committees	178500.00	290000.00
4.	Independent Expenditures		
_	(use Schedule E)	0.00	0.00
5.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	222	
	(use Schedule F)	0.00	0.00
_		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	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) Tatal Cantribution Defined		
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	1233.36	3033.36
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	390000.00	390000.00
			7
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(") III a 1 II Ob a 1	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
	(b) Federal Election Activity Paid Entirely  With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	7	
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	( )() = ( )( ) = ( )( )	7	
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	571755.28	689846.57
	L	7	
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	571755 00	2000 10 57
	from Line 31)	571755.28	689846.57

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

FOR LINE NUMBE (check only one)

FOR	LINE	NU	MBER	:	PAGE	6	OF	141
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John P. Abenstein M.S.E.E., Date of Receipt Mailing Address 10978 Eleventh Ave N.W. 80 2014 City State Zip Code Transaction ID: C2659062 55960-2110 MN Oronoco Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Physician Mayo Clinic Anes. Dept. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Amr E. Abouleish M.D., M.B. Date of Receipt Mailing Address 4303 Evergreen Elm Ct 03 2014 02 City State Zip Code Transaction ID: C2651885 TX 77059-3120 Houston Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation University of Texas Medical Branch D==f====

	Desciret Form	Professor	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  249.90	
C.	Full Name (Last, First, Middle Initial) Simon M Adanin D.O.		Date of Receipt
	Mailing Address 2516 Waukegan Rd #353		03 05 2014
	City	State Zip Code	Transaction ID : C2657987
	Glenview	IL 60025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer	Occupation	
	Midwest Anesthesia Partners	physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
	ILIDTOTAL of Descripts This Days (actional)		208.31

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

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

	FOR L	NE NU	JMBER	:	PAGE	7	OF	141
Use separate schedule(s) for each category of the	(check	only or	ne)					
Detailed Summary Page	X 11	а	11b		11c	12		
	I □13	3	14		15	16	. Г	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Simon M Adanin D.O. Date of Receipt Mailing Address 2516 Waukegan Rd #353 30 2014 City State Zip Code Transaction ID : C2671007 Glenview IL 60025 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Midwest Anesthesia Partners physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce J. Aistrup M.D. Date of Receipt Mailing Address 10907 W 120th Ter 03 18 2014 City State Zip Code Transaction ID: C2665564 Overland Park KS 66213-2011 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Midwest Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Howard A. Aks M.D. Date of Receipt Mailing Address 6700 W 132nd St 2014 03 18 City State Zip Code Transaction ID: C2665827 KS Overland Park 66209 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation anesthesia associates of kansas city physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1341.67 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBE (check only one)

FOR	LINE	NU	MBER	:	PAGE	8	OF	141
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×	11a		11b		11c	12		
	13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Charles K. Anderson M.D., M.B. Date of Receipt Mailing Address 60975 Billadeau Rd 03 06 2014 City State Zip Code Transaction ID: C2658537 OR Bend 97702-8715 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Chief Medical Officer TenetHealth Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Charles K. Anderson M.D., M.B. Date of Receipt Mailing Address 60975 Billadeau Rd 03 2014 06 City State Zip Code Transaction ID: C2658538 OR Bend 97702-8715 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation TenetHealth Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Shane C. Angus A.A.-C, M. Date of Receipt

	, ,								
SUBTOTAL of Receipts This Page (optional)		•		,	I	I	7	166.68	
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250.02

Zip Code

20002

State

DC

Occupation
Program Director

Aggregate Year-to-Date ▼

С

2014

83.34

03

11

Amount of Each Receipt this Period

Transaction ID: C2659380

City

Washington

Receipt For:

Mailing Address 820 1st N.E.

FEC ID number of contributing

Case Western Reserve University

Other (specify)

federal political committee.

Name of Employer

Primary

LL-150, Mail 25

General

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

141

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Sara L. Arnold M.D. Date of Receipt Mailing Address 3654 Richwood Circle 2014 City Zip Code State Transaction ID: C2660913 NC Kannapolis 28081 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Northeast Anesthesia and Pain Speciali Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sana Ata M.D. Date of Receipt Mailing Address 41 Mall Rd 03 12 2014 City State Zip Code Transaction ID: C2659963 MA Burlington 01805-0001 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lahey Clinic Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer P. Aunspaugh M.D. Date of Receipt Mailing Address 1 CHILDRENS WAY 02 2014 03 City State Zip Code Transaction ID: C2651886 AR LITTLE ROCK 72202 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Assistant Professor Pediatric Anesthes University of Arkansas for Medical Sci Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 683.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

\	FOR LINE	_	PAGE	10 OF	141
,	(check only	one)	_		
	X 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  A. Ruben J. Azocar M.D.		Date of Receipt
Mailing Address 800 Washington St # 298		03 03 2014
City	State Zip Code	Transaction ID : C2656014
Boston	MA 02111-1552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Tufts Medical Center	Physician Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Kimberly M. Balogh M.D.	•	Date of Receipt
Mailing Address 9 Ryedale Ct		03 21 2014
City	State Zip Code	Transaction ID : C2669479
Greenville	SC 29615-6037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Greenville Anesthesiology, P.A.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Shawn E. Banks M.D.	1	Date of Receipt
Mailing Address 601 NE 36th St Apt 3407		03 29 2014
City Miami	State Zip Code FL 33137-3976	Transaction ID : C2670955
-	33131-3810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	1
University of Miami School of Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)		1083.34
TOTAL This Period (last page this line number	( only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF 141

TEMIZED RECEIPTS	Use separate schedule(s)		(check only one)						
I LIVIIZED NECEIF 13		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using the				for the		oose of	soliciting	contribut	ions
NAME OF COMMITTEE (In Full)									
American Society of Anesthes	iologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial)  John Patrick F. Bebawy M.D.				Date of	Re	ceipt			
Mailing Address 157 Kenilworth Ave				м = м 03	/	06	/ Y	2014	Y
City	State	Zip Code		Trans	acti	on ID :	C265885		
Kenilworth	IL	60043-1240	,	Amount	of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C				_	,	-	250	.00
Name of Employer	Occupation								
Northwestern Memorial Hospital Anesthe	Anesthesio	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		250.00	1						
Other (specify) ▼		250.00	ч						
Full Name (Last, First, Middle Initial)  3. Danielle J. Belmore M.D.				Date of	Re	ceipt			
Mailing Address 6632 Whispering Woods Ct				03	′	31	/ Y	2014	Y
City	State	Zip Code		Transa	acti	on ID : 0	C267134	9	
Plano	TX	75024-7440		Amount	of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7	-	250.	00
Name of Employer	Occupation								
Pinnacle Anesthesia Consultants	Anesthesiol	ogist							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		250.00	1						
Other (specify) ▼		250.00	ч						
Full Name (Last, First, Middle Initial)  Amy C. Benedikt M.D.				Date of	Re	ceipt			
Mailing Address 501 Patterson Ave.				M = M	/	D D	/ Y	YYY	Υ
011	21.1	7' 0	4	03		80	J L	2014	
City San Antonio	State TX	Zip Code 78209					C265906		
FEC ID number of contributing			┤ í	Amount	OI	Each Re	eceipi in	is Period	_
federal political committee.	C				_	7	-	25	.00
Name of Employer	Occupation								
Tejas Anesthesia	ANESTHES	SIOLOGIST	_						
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	_						
Other (specify) ▼		200.01							
SUBTOTAL of Receipts This Page (optional)						<b>.</b>	1 7	525.	00
TOTAL This Period (last page this line number	er only)		-	-					
TOTAL THIS PERIOD HAST DADE THIS TIME NUMBER	r OHV)	<b>L</b>			_			_	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Amy C. Benedikt M.D. Date of Receipt Mailing Address 501 Patterson Ave. 03 2014 City State Zip Code Transaction ID: C2660940 TX San Antonio 78209 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Tejas Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 200.01 Other (specify) Full Name (Last, First, Middle Initial) B. Mordechai Bermann M.D. Date of Receipt Mailing Address 7 Plymouth Ln 03 2014 13 City State Zip Code Transaction ID: C2661028 NJ East Brunswick 08816-3322 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Rutgers Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph S. Bernstein M.D. Date of Receipt Mailing Address PO Box 700138 2014 03 28 City Zip Code State Transaction ID: C2670826 WI Oostburg 53070-0138 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Aaron P. Betel M.D. Date of Receipt Mailing Address 34488 Old Timber 2014 21 City Zip Code State Transaction ID: C2669471 Farmington MI 48331 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation AAKC **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Douglas M. Bez D.O. Date of Receipt Mailing Address 3597 Otsego Dr. 03 2014 22 City State Zip Code Transaction ID: C2669717 MI Okemos 48864-5965 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Mclaren Pain Management Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Jason R. Bible D.O. Date of Receipt Mailing Address 12605 W 130th Ter 2014 03 31 City State Zip Code Transaction ID: C2671069 KS Overland Park 66213-5000 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **AAKC** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 11c

141

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Wendy B. Binstock M.D. Date of Receipt Mailing Address 1122 W Montana St 03 2014 City State Zip Code Transaction ID: C2659955 Chicago IL 60614-2221 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation university of chicago physican Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy M. Bittenbinder M.D. Date of Receipt Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304 03 2014 13 City State Zip Code Transaction ID: C2660964 TX Temple 76508 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Texas AM College of Medicine Scott an physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Robert A. Blumberg D.O. Date of Receipt Mailing Address 31677 Mountain View Rd 2014 03 21 City Zip Code State Transaction ID: C2669200 MI Franklin 48025-1244 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Anesthesia Services, P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

141

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Baher N. Boctor M.D. Date of Receipt Mailing Address 15112 La Sabana Dr 03 2014 21 City Zip Code State Transaction ID: C2669201 CA La Mirada 90638-1425 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chris G. Boukedes M.D. Date of Receipt Mailing Address 15 Lawson Way 03 21 2014 City State Zip Code Transaction ID: C2669480 SC Greenville 29605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carlos L. Bracale M.D. Date of Receipt Mailing Address 209 Ryans Run Ct 03 21 2014 City Zip Code State Transaction ID: C2669481 SC Greenville 29615-6055 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST GREENVILLE ANESTH** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Josue Brainin-Mattos M.D. Date of Receipt Mailing Address 7891 Mount Ranier Dr 03 2014 02 City Zip Code State Transaction ID: C2651887 FL Jacksonville 32256-2999 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Florida Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Brad N. Brian M.D. Date of Receipt Mailing Address 350 W Pebble Dr 03 10 2014 City State Zip Code Transaction ID: C2659125 UT Washington 84780-8327 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Dixie Regional Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Peter L. Brinkley M.D. Date of Receipt Mailing Address 400 McLeod Ave 2014 03 21 City Zip Code State Transaction ID: C2668993 MT Missoula 59801-4405 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Missoula Anesthesiology PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael S. Brown M.D. Date of Receipt Mailing Address DC005.00 One Hospital Drive 03 08 2014 City Zip Code State Transaction ID: C2659058 MO Columbia 65212-0001 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** University of Missouri Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Claude Brunson M.D. Date of Receipt Mailing Address 2500 N State St 03 17 2014 City State Zip Code Transaction ID: C2661615 MS Jackson 39216-4500 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Mississippi Med Ctr Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Frederick W. Burgess M.D., Ph.D. Date of Receipt Mailing Address 569 Fruit Hill Ave 2014 03 14 City State Zip Code Transaction ID: C2661407 RΙ North Providence 02911-2134 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Providence VAMC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) 416.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) ITE

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MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`.	ck only 11a 13	e) 11b 14	11c	E	12 16	17
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Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Asokumar Buvanendran M.D. Date of Receipt Mailing Address 45 E Birchwood Ave 03 09 2014 City State Zip Code Transaction ID: C2659084 Hinsdale IL 60521-2802 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation unversity anesthesiologist doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frederick Campbell M.D. Date of Receipt Mailing Address 4100 Park Forest Dr Ste 210 03 13 2014 City State Zip Code Transaction ID: C2660958 MI Traverse City 49684-7306 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Traverse Anesthesia Associates, PC physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen D. Campbell M.D. Date of Receipt Mailing Address 545 Beverly Dr. 2014 03 25 City State Zip Code Transaction ID: C2669995 SC Summerville 29485-8175 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation anesthesia associates of charleston anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 433.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDIII E V

	MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 11a 13	
or f	r information copied from such Reports and Statem or commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Society of Anesthesiologi	e and a	ddress of any political committee	to solicit con	
A	Greer  FEC ID number of contributing ederal political committee.  Name of Employer  GAPA Anesthesia  ANI  Properint For:	cupation ESTHES	Zip Code 29651-6848 SIOLOGIST Year-to-Date ▼		Receipt  / 21
B	Tallahassee  FEC ID number of contributing ederal political committee.  Name of Employer Anesthesiology Assoc of Tallahassee  Ane	cupation esthesiolo			Receipt  12 2014  action ID : C2660880  of Each Receipt this Period  1000.00

Full Name (Last, First, Middle Initial)  C. Mark Carithers M.D.		Date of Receipt
Mailing Address 1007 Grove Rd # B		03 21 2014
City	State Zip Code	Transaction ID : C2669483
Greenville	SC 29605-4630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Greenville Anesthesiology	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		

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500.00

Other (specify) ▼

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Richard Carithers M.D. Date of Receipt Mailing Address 1007 Grove Rd., Suite B 03 2014 21 City Zip Code State Transaction ID: C2669484 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen D. Carlson M.D., Ph.D Date of Receipt Mailing Address 3030 Briarwood Dr 03 06 2014 City State Zip Code Transaction ID: C2658531 NY Allegany 14706-9655 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Southern Tier Anaesthesiologists,PC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin S. Carnes M.D. Date of Receipt Mailing Address 875 Saint James Ct 2014 03 07 City Zip Code State Transaction ID: C2658934 TX Fairview 75069 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation atlas anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
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NAME OF COMMITTEE (In Full) American Society of Anesthesiology	gists Political Action Committe	ee
Orlando  FEC ID number of contributing federal political committee.  Name of Employer  LCAA  Receipt For:  Primary  Other (specify) ▼  A	State Zip Code FL 32814  C ccupation nesthesiologist ggregate Year-to-Date ▼	Date of Receipt  03 01 2014  Transaction ID : C2651691  Amount of Each Receipt this Period  83.34
New Orleans  FEC ID number of contributing federal political committee.  Name of Employer Ochsner Clinic  Perseint For:	State Zip Code LA 70124-3219  C ccupation nesthesiologist ggregate Year-to-Date ▼  249.81	Date of Receipt  03 21 2014  Transaction ID: C2668984  Amount of Each Receipt this Period  41.60
New Orleans  FEC ID number of contributing federal political committee.  Name of Employer  Ochsner Clinic  Property For:	State Zip Code LA 70124-3219  C ccupation nesthesiologist ggregate Year-to-Date ▼	Date of Receipt  03 30 2014  Transaction ID : C2671002  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)		166.61
TOTAL This Period (last page this line number only	)	.

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 22 OF 141

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) American Society of Anesthesiologist	ts Political Action Committe	ee
Possint For:	73142-5933	Date of Receipt  03 30 2014  Transaction ID: C2671056  Amount of Each Receipt this Period  500.00
Possint For:	48302	Date of Receipt  03 21 2014  Transaction ID : C2669473  Amount of Each Receipt this Period  250.00
Possint For:	72223-8917	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)		791.60
TOTAL This Period (last page this line number only)		

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for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
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141

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Joshua C. Chance M.D.  Mailing Address 9 Ecurie Ct  City Little Rock  FEC ID number of contributing federal political committee.  Name of Employer UAMS Dept of Anesthesiology  Receipt For:  Primary General Other (specify)	State Zip Code AR 72223-8917  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  03 12 2014  Transaction ID: C2659989  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial) Claire L. Chandler A.AC Mailing Address 1253 Citadel Dr NE  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Emory Healthcare  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code GA 30324  C  Occupation Anesthesiologist Assistant  Aggregate Year-to-Date ▼  250.02	Date of Receipt  03 12 2014  Transaction ID : C2660000  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial) Catherine W. Cheung M.D.  Mailing Address 925 Allison Mews Pl. NW  City Concord  FEC ID number of contributing federal political committee.  Name of Employer Northeast Anesth.and Pain Specialists  Receipt For: Primary General Other (specify)	State Zip Code NC 28027-8203  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt  03 03 2014  Transaction ID: C2655524  Amount of Each Receipt this Period  600.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	766.68
TOTAL This Period (last page this line number	er only)	

#### SCHEDULE A (FEC Form 3X) IT

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ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , , , , , , , , , , , , , , , , , , ,				_			

A NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Elie J. Chidiac M.D. Date of Receipt Mailing Address 1612 Apple Ln. 2014 21 City State Zip Code Transaction ID: C2669209 48302-1303 MI Bloomfield Hills Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Wayne State University School of Medic Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey K. Clark M.D. Date of Receipt Mailing Address 1835 Lakeview Ct 03 2014 21 City State Zip Code Transaction ID: C2669470 Bloomfield Hills MI 48304-2440 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Detroit Medical Center ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Norman A. Cohen M.D. Date of Receipt Mailing Address 0841 SW Gaines St # 504 03 2014 03 City State Zip Code Transaction ID: C2654610 OR Portland 97239-2976 Amount of Each Receipt this Period FEC ID number of contributing C 83.30 federal political committee. Name of Employer Occupation Oregon Health and Science Univ. Anes. Associate Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) 583.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John A. Cooley M.D. Date of Receipt Mailing Address 48 Fox Hedge Rd 2014 City Zip Code State Transaction ID: C2661410 Saddle River NJ 07458-2706 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation North American Partners in Anes Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) Full Name (Last, First, Middle Initial) B. James M. Cooper M.D. Date of Receipt Mailing Address PO Box 3294 03 14 2014 City State Zip Code Transaction ID: C2661501 MS Tupelo 38803-3294 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Tupelo Anesthesia Group P.A. **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lebron Cooper M.D. Date of Receipt Mailing Address 444 W. Willis St #514 03 18 2014 City Zip Code State Transaction ID: C2662046 MI Detroit 48201 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Henry Ford Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 26 OF (check only one) X 11a 11b 12 11c

141 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Marvin D. Covrig M.D. Date of Receipt Mailing Address 2305 Cornerstone Ct 2014 City Zip Code State Transaction ID: C2661497 CA Modesto 95355-4566 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation SELF-EMPLOYED **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. David A Cross M.D. Date of Receipt Mailing Address Department of Anesthesiology 2401 South 31st Street 03 06 2014 City State Zip Code Transaction ID: C2658539 TX Temple 76508 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Scott and White Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey F. Croy M.D. Date of Receipt Mailing Address PO Box 3218 2014 03 10 City Zip Code State Transaction ID: C2659368 OR Albany 97321 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Albany Anesthesia, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2083.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Candra A. Cummings M.D. Date of Receipt Mailing Address 2901 Maiden Creek Ct 03 2014 City Zip Code State Transaction ID: C2670819 MD Davidsonville 21035-1308 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Dimensions Health Care** Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Katherine T. Cundiff M.D. Date of Receipt Mailing Address 9733 Overbrook Rd 03 30 2014 City State Zip Code Transaction ID: C2671014 KS Leawood 66206-2309 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Kansas City Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Judson P. Cuttino M.D. Date of Receipt Mailing Address 3 Hawkins Ln 03 13 2014 City Zip Code State Transaction ID: C2661031 GA Savannah 31411-1407 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Anesthesia Associates of Savannah, P.C Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 603.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 28 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Daniel A. Dahl M.D. Date of Receipt Mailing Address 2071 E Page Ave 08 2014 City Zip Code State Transaction ID: C2659073 Gilbert ΑZ 85234 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Gateway Anesthesia Associates, PLLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dale Dautenhahn M.D. Date of Receipt Mailing Address 3701-A S Harvard Ave Ste 393 03 31 2014 City State Zip Code Transaction ID: C2671357 OK Tulsa 74135 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Dale Dautenhahn MDPC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Victor Davila M.D. Date of Receipt Mailing Address 4400 Kipling Rd 2014 03 01 City Zip Code State Transaction ID: C2651695 OH Columbus 43220 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Assistant Professor Ohio State University Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	13		14		15		16			17

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NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  Leisa W. De Venny M.D.		Date of Receipt
Mailing Address 3090 Yorktown Dr.		03 30 2014
City	State Zip Code	Transaction ID: C2670987
Tuscaloosa	AL 35406-2713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
ANESTHESIOLOGY AND PAIN MANAGEMEN	ANESTHESIOLOGIST	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  3. Allen Dennis M.D.		Date of Receipt
Mailing Address 14857 Holly Leaf Dr		03 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C2659089
Frisco	TX 75035-7451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Center for Spine Care	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. John F. Di Capua M.D.		Date of Receipt
Mailing Address 74 Byram Ridge Road		03 22 2014
City Armonk	State Zip Code NY 10504-1210	Transaction ID : C2669709  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
North Shore University Hospital Anesth	Anesthesiology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	249.90	
SUBTOTAL of Receipts This Page (optional)		249.98
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FOR LINE NUMBER: PAGE 30 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christian Diez M.D. Date of Receipt Mailing Address 7915 SW 55 Avenue 03 2014 City State Zip Code Transaction ID: C2659984 FL Miami 33143 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Miami Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gary J. DiLisio M.D. Date of Receipt Mailing Address 324 Gannett Dr Ste 200 03 02 2014 City State Zip Code Transaction ID: C2651890 South Portland ME 04106-3266 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Spectrum Medical Management Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Lauren H. Doar M.D. Date of Receipt Mailing Address 1007 Grove Rd Ste B 2014 03 21 City Zip Code State Transaction ID: C2669485 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology, P.A. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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141

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Rhett A. Dodge M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 03 2014 21 City Zip Code State Transaction ID: C2669486 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dana D Doll D.O. Date of Receipt Mailing Address 5333 Manchester Ct 03 05 2014 City State Zip Code Transaction ID: C2658509 WI Stevens Point 54482-8761 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St Michaels hospital Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donald Doussan M.D. Date of Receipt Mailing Address P.O. Box 401 2014 03 31 City Zip Code State Transaction ID: C2703543 Gretna LA 70054 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** LOUISIANA STATE UNIV Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Full Name (Last, First, Middle Initial)  Kishan Dwarakanath M.D.  Mailing Address 6720 Bertner Ave. MC 1-226  City State Zip Code TX 77030  FEC ID number of contributing federal political committee.  Name of Employer  Texas Heart Institute CV Anesthesiolog Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City Maywood IL 60153  FEC ID number of contributing federal political committee.  Name of Employer  Loyola University Medical Center Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  Name of Employer  Loyola University Medical Center Anesthesiologist  Receipt For:  Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code  East Lansing MII 48823	Date of Receipt  03 10 2014  Transaction ID: C2659118  Amount of Each Receipt this Period  83.34  Date of Receipt  03 24 2014
City  City  City  State  City  Aggregate Year-to-Date  Aggregate Year-to-Date  State  City  State  Ci	Date of Receipt  D: C2659118  Amount of Each Receipt this Period  83.34
FEC ID number of contributing federal political committee.  Name of Employer  Texas Heart Institute CV Anesthesiolog Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City State Zip Code  IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	Amount of Each Receipt this Period  83.34  Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer Texas Heart Institute CV Anesthesiolog Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City State Zip Code IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  C  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	Date of Receipt
Name of Employer Texas Heart Institute CV Anesthesiolog Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City State Zip Code IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Cupulation Anesthesiologist  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Malling Address 2399 Pine Hollow Dr.  City State Zip Code	Date of Receipt
Texas Heart Institute CV Anesthesiolog Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City State Zip Code IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	M = M / D = D / Y = Y = Y
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  250.02  Full Name (Last, First, Middle Initial)  State Zip Code IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City  State Zip Code	M = M / D = D / Y = Y = Y
Primary Other (specify) ▼ 250.02  Full Name (Last, First, Middle Initial) Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City State Zip Code IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	M = M / D = D / Y = Y = Y
Tull Name (Last, First, Middle Initial)  Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City State Zip Code IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City  State Zip Code	M = M / D = D / Y = Y = Y
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.  Name of Employer Loyola University Medical Center  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.	M = M / D = D / Y = Y = Y
City State Zip Code  Maywood IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center Anesthesiologist  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.	
City State Zip Code  Maywood IL 60153  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center Anesthesiologist  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	03 24 2014
Maywood  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City  State  Zip Code	
FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For: Primary Other (specify)  Other (specify)  Aggregate Year-to-Date  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State  Zip Code	Transaction ID : C2669859  Amount of Each Receipt this Period
Name of Employer Loyola University Medical Center  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.	Amount of Each Heceipt this Fellou
Loyola University Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	500.00
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City  State  Zip Code	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	
Kenneth Elmassian D.O.  Mailing Address 2399 Pine Hollow Dr.  City State Zip Code	
City State Zip Code	Date of Receipt
•	03 01 2014 _
East Lansing MI 48823	Transaction ID : C2651697
	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.34
Name of Employer Occupation	
Ingham Regional Medical Center Anesthesiologist	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  250.02	
SUBTOTAL of Receipts This Page (optional)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 33 OF 141

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NAME OF COMMITTEE (In Full) American Society of Anesthesiologis	sts Political Action Committe	ee
Mount Sinai School of Medicine Phys	ate Zip Code	Date of Receipt  03 06 2014  Transaction ID: C2658540  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Lawrence Epstein M.D.  Mailing Address 1 Gustave L Levy PI Dept Ofanesthe		Date of Receipt  03 12 2014
Mount Sinai School of Medicine Phys  Receipt For: Agg	'	Transaction ID : C2659957  Amount of Each Receipt this Period  83.30
Tucson A  FEC ID number of contributing federal political committee.  C		Date of Receipt  03 21 2014  Transaction ID : C2669478  Amount of Each Receipt this Period  85.00
OLD PUEBLO ANESTH ANE	upation STHESIOLOGIST regate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	251.64
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FOR LINE NUMBER: PAGE 34 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Charles L. Etheridge M.D. Date of Receipt Mailing Address 1617 Powhatan Pl. 2014 City State Zip Code Transaction ID: C2661772 VA Norfolk 23508 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Atlantic Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. J. M. Evans M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 03 21 2014 City State Zip Code Transaction ID: C2669487 SC 29605-4630 Greenville Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C.

Joel D. Farmer M.D.		Date of Receipt
Mailing Address 2804 E Old Orchard Trl		03 06 2014
City	State Zip Code	Transaction ID : C2658541
Sioux Falls	SD 57103-4371	Amount of Each Receipt this Period
FEC ID number of contributing ederal political committee.	C	100
Name of Employer	Occupation	
Anesthesiology Associates, Inc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify)	300.00	

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Other (specify)

FOR LINE NUMBER: PAGE 35 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James M. Fay M.D. Date of Receipt Mailing Address 3803 104th St 03 2014 City Zip Code State Transaction ID: C2669798 Lubbock TX 79423-5737 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation NorthStar Anesthesia Staff Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Feaster M.D. Date of Receipt Mailing Address 507 Ocean Avenue 03 12 2014 City State Zip Code Transaction ID: C2659981 Seal Beah CA 90740 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Childrens Hospital Orange County anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 749.94 Other (specify) Full Name (Last, First, Middle Initial) c. William Feaster M.D. Date of Receipt Mailing Address 507 Ocean Avenue 03 15 2014 City State Zip Code Transaction ID: C2661512 CA Seal Beah 90740 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Childrens Hospital Orange County anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 749.94 Other (specify) 666.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) William Feaster M.D. Date of Receipt Mailing Address 507 Ocean Avenue 03 2014 27 City State Zip Code Transaction ID: C2670220 CA Seal Beah 90740 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Childrens Hospital Orange County anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 749.94 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory W. Fischer M.D. Date of Receipt Mailing Address 1 Gustave L Levy PI P.O. Box 1010 03 2014 13 City State Zip Code Transaction ID: C2660951 NY New York 10029-6504 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Mount Sinai Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Richard M. Flowerdew M.D. Date of Receipt Mailing Address 38 Hedgerow Dr 2014 03 03 City State Zip Code Transaction ID: C2654611 MF Falmouth 04105-1407 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Spectrum Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify)

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FEC Schedule A (Form 3X) Rev. 02/2003

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael R. Flynn M.D. Date of Receipt Mailing Address 6808 Stone Mill Dr 03 2014 City State Zip Code Transaction ID: C2659374 TN 37919-7496 Knoxville Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Anesthesiologist University Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Charles J. Fox M.D. Date of Receipt Mailing Address 16 Idlewood PI 03 2014 24 City State Zip Code Transaction ID: C2669891 River Ridge LA 70123-1525 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation LSU HSC shreveport

Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  William A. Frame M.D.  Mailing Address 2300 N Edward St		Date of Receipt  03 12 2014
City	State Zip Code	Transaction ID : C2660005
Decatur	IL 62526-4163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Decatur Mem Hosp Anes Dept	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

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FOR LINE NUMBER: PAGE 38 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James M. Frankland M.D. Date of Receipt Mailing Address 2930 Woodside Dr 03 30 2014 City Zip Code State Transaction ID: C2670986 FL Tallahassee 32312-2867 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Assoc. of Tallahassee Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin A. Fukuda M.D. Date of Receipt Mailing Address 17 Paradise Ave. 03 24 2014 City State Zip Code Transaction ID: C2669963 CA San Francisco 94131 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Care Associates Med Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Samir F. Fuleihan M.D. Date of Receipt Mailing Address Harper Hosp., Anes. Dept. 03 21 2014 3990 John R City Zip Code State Transaction ID: C2669192 MI Detroit 48201 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST AAKC** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 39 OF

141

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       X 11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma the name and a	ay not be sold or used by any p ddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthe	siologists Po	olitical Action Committ	ee
Full Name (Last, First, Middle Initial)  Wayne A. Fuller M.D.  Mailing Address 1269 E. Giles Rd.  City  Muskegon  FEC ID number of contributing federal political committee.  Name of Employer	State MI C Occupation	Zip Code 49445	Date of Receipt  03 06 2014  Transaction ID : C2658542  Amount of Each Receipt this Period  83.30
Lakeshore Anes. of Muskegon  Receipt For:  Primary General  Other (specify)	Anesthesiol	ogist Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial)  B. Wayne A. Fuller M.D.  Mailing Address 1269 E. Giles Rd.			Date of Receipt  03 11 2014
City  Muskegon  FEC ID number of contributing	State MI	Zip Code 49445	Transaction ID : C2659375  Amount of Each Receipt this Period
federal political committee.  Name of Employer  Lakeshore Anes. of Muskegon  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiole Aggregate		83.34
Full Name (Last, First, Middle Initial)  C. Jeffery L. Fuqua M.D.  Mailing Address 12419 Mallard Bay Dr.			Date of Receipt  03 02 2014
City Knoxville	State TN	Zip Code 37922	Transaction ID : C2651892  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer  American Anesthesiology of Tennessee Receipt For:	Occupation anesthesiol		
Primary General Other (specify) ▼	7.99.094.0	300.00	]
SUBTOTAL of Receipts This Page (optional	)	)	266.64
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FOR LINE NUMBER: PAGE 40 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Wayne M. Gabriel M.D. Date of Receipt Mailing Address 1007 Grove Rd., #B 2014 21 City Zip Code State Transaction ID: C2669549 SC Greenville 29605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anes. Partnership Assoc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph W. Galassi Jr., M.D. Date of Receipt Mailing Address 193 Lilac Dr 03 09 2014 City State Zip Code Transaction ID: C2659094 PA Allentown 18104 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Allentown Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Wisam M. George D.O. Date of Receipt Mailing Address 4775 Driftwood Dr 2014 03 21 City Zip Code State Transaction ID: C2669206 MI Commerce Township 48382-1327 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Patrick Giam M.D. Date of Receipt Mailing Address Greater Houston Anesthesiology 2411 Fountain View, Suite 200 02 2014 City Zip Code State Transaction ID: C2651893 TX Houston 77057-4817 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Greater Houston Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey L. Giese M.D. Date of Receipt Mailing Address 4302 Moose Hollow Road 03 31 2014 City State Zip Code Transaction ID: C2671342 Park City UT 84098 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation millcreek anesthesia, Inc. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marvin Glass D.O. Date of Receipt Mailing Address 23015 Staunton St 03 21 2014 City Zip Code State Transaction ID: C2669472 MI Southfield 48033-6545 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Anesthesia Services, PC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:			PAGE	-	12	OF	141	
(check only one)								
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1	3	14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  David F. Gloyna M.D.  Mailing Address 2401 S 31st  Scott and White, Dept. of Ane		Date of Receipt  03 14 2014
City	State Zip Code	Transaction ID : C2661408
Temple	TX 76508-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Scott and White, Dept. of Anes.	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  3. Dale A. Gonzales M.D.  Mailing Address 441 S. Livernois Rd., #190		Date of Receipt
011	7. 0	03 21 2014
City	State Zip Code	Transaction ID: C2669225
Rochester	MI 48307-2591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Manuel Gonzalez M.D.		Date of Receipt
Mailing Address 851 S Bryan St		03 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2669980
Elmhurst	IL 60126-4847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Midwest Anesthesia Partners Ltd	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 43 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael C. Gosney M.D. Date of Receipt Mailing Address 108 Chase Dr 01 2014 City Zip Code State Transaction ID: C2651699 Muscle Shoals AL 35661 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Medical Consultants, LLC Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Vijaya N. Gottumukkala M.B.,B.S. Date of Receipt Mailing Address 1400 Holcombe Blvd., Unit 409 03 13 2014 City State Zip Code Transaction ID: C2661123 TX Houston 77030 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation MD Anderson Cancer Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stefan J. Grenvik M.D. Date of Receipt Mailing Address 350 Blountville Hwy 03 05 2014 Suite 207 City Zip Code State Transaction ID: C2657993 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation MD Bristol Anesthesia Services Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 44 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Kathryn A. Grice M.D. Date of Receipt Mailing Address 9175 Old Southwick Pass 02 2014 City Zip Code State Transaction ID: C2652444 GA Alpharetta 30022-6253 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Ambulatory Anesthesia of Atlanta anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Alfred H. Grimes M.D. Date of Receipt Mailing Address 550 W Washington St Ste 2 Pinnacle Pain Medicine 03 31 2014 City State Zip Code Transaction ID: C2671685 NV Carson City 89703-3839 Amount of Each Receipt this Period FEC ID number of contributing 990.00 federal political committee. Name of Employer Occupation Pinnacle Pain Medicine Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 990.00 Other (specify) Full Name (Last, First, Middle Initial) c. Frederick P. Gutt M.D. Date of Receipt Mailing Address 28 Deer Trail Dr 2014 03 04 City Zip Code State Transaction ID: C2656026 NY Mahopac 10541-4815 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Vassar Brothers Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 1323.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 45 (	OF 141
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Halim D. Haber M.D. Date of Receipt Mailing Address 19 Nantucket Dr 03 2014 21 City Zip Code State Transaction ID : C2669208 Bloomfield Hills MI 48304-3342 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Services PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Aaron Hammond D.O. Date of Receipt Mailing Address 3390 N. Campbell Ave., Ste. 110 03 05 2014 City State Zip Code Transaction ID: C2657994 ΑZ Tucson 85719 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Southern Arizona Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Philip R. Hanlon M.D. Date of Receipt Mailing Address PO Box 8365 2014 03 22 City State Zip Code Transaction ID: C2669785 AL Mobile 36689-0365 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation PRH, P.C. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional).....

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

# SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and States or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) American Society of Anesthesiology	gists Political Action Committe	ee
Chicago  FEC ID number of contributing federal political committee.  Name of Employer  Dupage Valley Anesthesiologist  Preseint For:	State Zip Code IL 60647-4591  Ccupation nysician Anesthesiologist ggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Little Rock  FEC ID number of contributing federal political committee.  Name of Employer Little Rock Anesthesia Services  And  Receipt For:	State Zip Code AR 72205-5307  Cupation Desthesiologist Description De	Date of Receipt  03 17 2014  Transaction ID : C2661901  Amount of Each Receipt this Period  250.00
Nashua  FEC ID number of contributing federal political committee.  Name of Employer  Nashua Anesthesia Partners  Property For:	State Zip Code NH 03060-3925  C ccupation nysician ggregate Year-to-Date ▼	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)

FOR LINE NUMBER: PAGE 47 OF 141

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check or X 11a 13		1b	11c	12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) American Society of Anesthesia	ologists P	olitical Action Committe	ee					
Α.	Full Name (Last, First, Middle Initial) Peter L. Hendricks M.D. Mailing Address 1590 Panorama Dr.			03		14	] / [Y	y y y 2014	Y
	City Vestavia Hills	State AL	Zip Code 35216		nsaction				
	FEC ID number of contributing federal political committee.	С	002.10	Amou	nt of Ea	acn Re	eceipt tr	nis Perio 8	33.34
	Name of Employer self	Occupation physician							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02						
В.	Full Name (Last, First, Middle Initial)  David L. Hepner M.D.			Date	of Rece	eipt			
	Mailing Address Department of Anesthesiology 75 Francis St L1 City	/ State	Zip Code	03		25	/ Y	2014	Y
	Boston	MA	02115-6110		nsaction of Ea			93 nis Perio	od
	FEC ID number of contributing federal political committee.	С					7		3.34
	Name of Employer Brigham and Womens Hosp - Harvard Med	Occupation Anesthesiol							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02						
С.				Date	of Rece	∍ipt			
	Mailing Address 116 Haverford Cir			03		12	/ Y	2014	Y
	City Pittsburgh	State PA	Zip Code 15228-2380		nsaction ont of Ea			<b>71</b> nis Perio	d
	FEC ID number of contributing federal political committee.	С			,		- 7	8	33.34
	Name of Employer	Occupation							
	University of Pittsburgh School of Med Receipt For:	Physician	Versita Data =						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02						
s	UBTOTAL of Receipts This Page (optional)		·····				- 7	25	0.02
T	OTAL This Period (last page this line number	only)				-			

FOR LINE NUMBER: PAGE 48 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Steven L. Herling D.O. Date of Receipt Mailing Address 31 School Lane 2014 20 City Zip Code State Transaction ID: C2667018 NY Lloyd Harbor 11743 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Linda B. Hertzberg M.D. Date of Receipt Mailing Address 6622 N. Forkner Ave. 03 01 2014 City State Zip Code Transaction ID: C2651700 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Linda B Hertzberg MD Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas A. Hof M.D. Date of Receipt Mailing Address 1755 Kirby Pkwy Ste 330 03 13 2014 City Zip Code State Transaction ID: C2660948 TN Memphis 38120-4398 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Medical anesthesia group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 49 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mark E. Honska M.D. Date of Receipt Mailing Address P.O. Box 162026 06 2014 City Zip Code State Transaction ID: C2658543 FL Altamonte Springs 32716-2026 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy W. Houseman M.D. Date of Receipt Mailing Address PO Box 1025 03 2014 04 City State Zip Code Transaction ID: C2657962 AL Fairhope 36533-1025 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Eastern Shore Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.24 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy W. Houseman M.D. Date of Receipt Mailing Address PO Box 1025 03 18 2014 City State Zip Code Transaction ID: C2662032 AL Fairhope 36533-1025 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Eastern Shore Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.24 Other (specify) 249.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 50 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the i		
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Action Commit	tee
Full Name (Last, First, Middle Initial) Hayden R. Hughes M.D.  Mailing Address 1941 21st Ave S  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer University of Alabama Medical Center D  Receipt For:  Primary General Other (specify)	State Zip Code AL 35209-1345  C  Occupation physician  Aggregate Year-to-Date ▼  249.90	Date of Receipt  03 21 2014  Transaction ID: C2668983  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  Gregory H. Hulsey M.D.  Mailing Address 17216 Osprey Cir  City  Edmond  FEC ID number of contributing federal political committee.  Name of Employer Northwest Anesthesia  Receipt For:  Primary  Other (specify)   General  Other (specify)	State Zip Code OK 73012-8415  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 16 2014  Transaction ID: C2661602  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Robert Impastato M.D.  Mailing Address 19 Barrett Hill Rd.  City Hopewell Junction  FEC ID number of contributing federal political committee.  Name of Employer Vassar Brothers Hospital Anes. Dept.  Receipt For: Primary General Other (specify)	State Zip Code NY 12533  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  03 29 2014  Transaction ID : C2670947  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)		416.64
TOTAL This Period (last page this line number or	nly)	

FOR LINE NUMBER: PAGE 51 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael T Ingoglia M.D. Date of Receipt Mailing Address 1014 Sterling Ridge Dr 2014 03 25 City Zip Code State Transaction ID: C2669992 NY Rensselaer 12144-8460 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Albany Medical Center Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Mark T. Isaac D.O. Date of Receipt Mailing Address 1459 Lexington Ontario Rd 03 09 2014 City State Zip Code Transaction ID: C2659096 Mansfield OH 44903-8631 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Associates of Mansfield anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey S. Jacobs M.D. Date of Receipt Mailing Address 11041 Pine Lodge Trail 03 05 2014 Zip Code City State Transaction ID: C2657995

Other (specify) 249.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

249.90

33328

FL

С

Occupation

Anesthesiologist

Aggregate Year-to-Date ▼

83.30

Amount of Each Receipt this Period

Davie

FEC ID number of contributing

General

federal political committee.

Cleveland Clinic Florida

Name of Employer

Primary

Receipt For:

FOR LINE NUMBER: PAGE 52 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Muhammad Jaffar M.D. Date of Receipt Mailing Address 4301 W Markham St Lot 515 Dept of Anes 03 2014 City Zip Code State Transaction ID: C2669836 AR Little Rock 72205-7101 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Arkansas Medical Science Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Aliraza G. Jaffer M.D. Date of Receipt Mailing Address 5070 Brookdale Road 03 12 2014 City State Zip Code Transaction ID: C2659990 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation William Beaumont Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Aurelia D. Jamerson M.D. Date of Receipt Mailing Address 5434 Avalon Ct. 03 21 2014 City Zip Code State Transaction ID: C2669196 MI West Bloomfield 48323 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST AAKC** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 53 OF Use separate schedule(s) (check only one) X 11a 11b 11c

141

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Clyatt W. James III, M.D. Date of Receipt Mailing Address 1007 Grove Rd., #B Greenville Anesthesiology 2014 21 City Zip Code State Transaction ID: C2669550 Greenville SC 29605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel J. Janik M.D. Date of Receipt Mailing Address 15605 E Prentice Dr 03 12 2014 City State Zip Code Transaction ID: C2659975 CO Centennial 80015-4264 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Colorado Denver Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 499.92 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel J. Janik M.D. Date of Receipt Mailing Address 15605 E Prentice Dr 2014 03 13 City Zip Code State Transaction ID: C2660937 CO Centennial 80015-4264 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation University of Colorado Denver Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 499.92 Other (specify) 666.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 54 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	ее
Full Name (Last, First, Middle Initial) Camille J. Jeffcoat M.D.  Mailing Address 5125 Old Canton Rd., #219  City Jackson  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Consultants, P.A.  Receipt For: Primary General	State MS  C  Occupation ANESTHES  Aggregate		Date of Receipt  03 06 2014  Transaction ID: C2661505  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Cynthia L. Jenson M.D.  Mailing Address 434 Main St		250.00	Date of Receipt  03 05 2014
City Waterville FEC ID number of contributing federal political committee.	State ME	Zip Code 04901	Transaction ID : C2657996  Amount of Each Receipt this Period  83.34
Name of Employer  Anesthesia Associates of Lewiston  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial)  Nabil M. Kadi M.D.  Mailing Address 49982 Ash Ct  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer  AAKC  Receipt For: Primary Other (specify)	T	Zip Code 48170-6380  SIOLOGIST  Year-to-Date ▼  250.00	Date of Receipt  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 numbe	r only)		

FOR LINE NUMBER: PAGE 55 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Scott T. Kane M.D. Date of Receipt Mailing Address 4242 Medical Dr Ste 3100 2014 City Zip Code State Transaction ID: C2661522 TX 78229-5642 San Antonio Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Tejas Anesthesia, P.A. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marc A. Kaufman M.D. Date of Receipt Mailing Address 2401 S. Dundee St. Ste. 310 03 26 2014 City State Zip Code Transaction ID: C2670133 FL Tampa 33629-6408 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Florida Office Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John A. Kellow M.D. Date of Receipt Mailing Address 5683 Branford Dr 03 21 2014 City Zip Code State Transaction ID: C2669199 MI West Bloomfield 48322-1122 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Advances Anesthesia Assoc., P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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141

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jessica Kenaston M.D. Date of Receipt Mailing Address 6 Alden Rd 2014 City Zip Code State Transaction ID : C2662044 NY Poughkeepsie 12603-4002 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Kercheville M.D. Date of Receipt Mailing Address Mail Code 7838 7703 Floyd Curl Drive 03 03 2014 City State Zip Code Transaction ID: C2654612 TX San Antonio 78229-3900 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UTHSCSA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. James K. Kerr III, M.D. Date of Receipt Mailing Address 2165 Herschel St 2014 03 28 City Zip Code State Transaction ID: C2670816 FL Jacksonville 32204-3819 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation North Florida anesthesia Consultants, anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify)

250.02

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

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

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for each category of the Detailed Summary Page	X 11a 11b	11c	12	
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141

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Edward N. Kim M.D.		Date of Receipt
Mailing Address 2967 Warner Dr.		03 21 2014
City West Bloomfield	State Zip Code MI 48324-2450	Transaction ID : C2669185  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  ANESTHESIA SERVICES  Receipt For:  Primary  General	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  B. Eugene Kim M.D.  Mailing Address 8 Welling Circle		Date of Receipt
City	State Zip Code	03 21 2014 Transaction ID : C2669551
Greenville	SC 29607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Greenville Anesthesiology, P.A.	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Harold Kim M.D.		Date of Receipt
Mailing Address 68 South Service Road Suite 350		03 03 / 2014
City Melville	State Zip Code NY 11747	Transaction ID : C2654613  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
North American Partners in Anesthesia Receipt For:	Physician	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	833.34
TOTAL This Period (last page this line numbe	r only)	

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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial) John Kim M.D.		Date of Receipt
Mailing Address 1007 Grove Rd # B		03 21 2014
City	State Zip Code	Transaction ID : C2669654
Greenville	SC 29605-4630	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Greenville Anesthesiology	physician - anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Kevin P. Kinkead M.D.		Date of Receipt
Mailing Address 1776 McConnell Dr.		03 22 2014
City	State Zip Code	Transaction ID : C2669714
Williamsport	PA 17701-9300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
AAW	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. Michael S. Klemm M.D.	1	Date of Receipt
Mailing Address 683 Belvedere Dr		03 01 2014
City Benicia	State Zip Code CA 94510-3739	Transaction ID : C2651716  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
The Permanente Medical Group	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	1083.34
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NAME OF COMMITTEE (In Full)

/ American Society of Anesthes	siologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Michael A. Kline M.D.		Date of Receipt
Mailing Address P.O. Box 434		03 18 2014
City	State Zip Code	Transaction ID : C2662048
Clarks Summit	PA 18411-0434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
NAPA	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  Richard Knox M.D.		Date of Receipt
Mailing Address 1007 Grove Rd # B		03 21 2014
City	State Zip Code	Transaction ID : C2669667
Greenville	SC 29605-4630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Greenville Anesthesiology	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Robert F. Koebert M.D.		Date of Receipt
Mailing Address 541 E Erie St Unit 404		03 12 2014
City	State Zip Code	Transaction ID : C2659998
Milwaukee	WI 53202-6237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
Aurora Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional).		666.68
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TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 60 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Joseph Koveleskie M.D. Date of Receipt Mailing Address 5500 Prytania St # 435 2014 City Zip Code State Transaction ID: C2660939 **New Orleans** LA 70115-4237 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Ochsner Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) Full Name (Last, First, Middle Initial) B. Mark D. Krause M.D. Date of Receipt Mailing Address 849 North Franklin Street Unit #407 03 2014 11 City State Zip Code Transaction ID: C2659454 IL Chicago 60610-1113 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation The County of Cook Chair, Department of Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tom Krejcie M.D. Date of Receipt Mailing Address Tarry Bldg. 4-727 2014 03 12 300 East Superior Street City Zip Code State Transaction ID: C2659925 IL **CHICAGO** 60611-3010 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Northwestern University Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 61 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) David M. Krhovsky M.D. Date of Receipt Mailing Address 2248 Shawnee Dr SE 01 2014 City Zip Code State Transaction ID: C2651704 **Grand Rapids** MI 49506-5335 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) Full Name (Last, First, Middle Initial) B. Karl A. Kroeker M.D. Date of Receipt Mailing Address 14510 Millhaven Pl 03 31 2014 City State Zip Code Transaction ID: C2671318 CO Colorado Springs 80908-3267 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Colorado Spri Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John E. Kurtz M.D. Date of Receipt Mailing Address 929 Arboretum Dr. 03 21 2014 City Zip Code State Transaction ID: C2669194 MI Saline 48176-1352 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST AAKC** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 62 OF

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Any i or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Hung-Chi Kwok M.D. Date of Receipt Mailing Address 2732 Muir Woods Dr., SE 03 2014 City State Zip Code Transaction ID: C2661509 ΑL Hampton Cove 35763 Amount of Each Receipt this Period FEC ID number of contributing 175.00 federal political committee. Name of Employer Occupation Alabama Anes. of Huntsville, LLC physician Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Timothy R. Lair M.D. Date of Receipt Mailing Address 6304 Crestview Drive 03 2014 21 City State Zip Code Transaction ID: C2669702 KS Shawnee 66218 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **MWA** physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen Lane M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 2014 03 21 City State Zip Code Transaction ID: C2669668 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1675.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 63 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

141

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Stuart Lane M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 03 2014 21 City Zip Code State Transaction ID: C2669669 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven M. Langer M.D. Date of Receipt Mailing Address 3 NE Lofting Way 03 2014 24 City State Zip Code Transaction ID: C2669885 FL Stuart 34996-6512 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Resolute Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary W. Latson M.D. Date of Receipt Mailing Address 14954 Sunshine Rd 2014 03 13 City Zip Code State Transaction ID: C2660962 TX Holland 76534-5048 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Physician Anesthesiology Baylor Scott and White Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 64 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Gary-Anthony Lawson-Boucher M.D. Date of Receipt Mailing Address 5238 Mason Corbin Ct #101 03 07 2014 City State Zip Code Transaction ID: C2659050 FL Fort Myers 33907 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Moonlight Anesthesia Anaesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. James D. Layden M.D. Date of Receipt Mailing Address 1 Cliff Trail 03 2014 04 City State Zip Code Transaction ID: C2657623 TX Frisco 75034-5934 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Pinnacle Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carlos-Nicholas L. Lee M.D. Date of Receipt Mailing Address 9529 Hopeland Drive 04 2014 03 City State Zip Code Transaction ID: C2716078 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Capitol Anesthesiology Association Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) 683.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 65 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jay B. Lee M.D. Date of Receipt Mailing Address 20 Oakwood Circle 03 04 2014 City Zip Code State Transaction ID: C2656033 NY Roslyn 11030-3816 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Maxine M. Lee M.D. Date of Receipt Mailing Address 5432 Woodchuck Ln. 03 2014 02 City State Zip Code Transaction ID: C2651896 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesiology Consultants of Virginia Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) Full Name (Last, First, Middle Initial) c. Maxine M. Lee M.D. Date of Receipt Mailing Address 5432 Woodchuck Ln. 2014 03 28 City Zip Code State Transaction ID: C2670825 Roanoke VA 24018 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesiology Consultants of Virginia Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 208.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page	>	11a		11b		11c		12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael C. Lewis M.D. Date of Receipt Mailing Address 655 W 8th St Professor Chair Anesthesiology 01 2014 City Zip Code State Transaction ID: C2651705 FL Jacksonville 32209-6511 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Florida College of Medic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. J. Lance Lichtor M.D. Date of Receipt Mailing Address PO Box 4668 03 2014 01 City State Zip Code Transaction ID: C2651692 NY New York 10163-4668 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Yale University Department of Anesthes Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.81 Other (specify)

Full Name (Last, First, Middle Initial) J. Lance Lichtor M.D. Date of Receipt Mailing Address PO Box 4668 2014 03 05 City Zip Code State Transaction ID: C2657997 NY New York 10163-4668 Amount of Each Receipt this Period FEC ID number of contributing 41.60 С federal political committee. Name of Employer Occupation Yale University Department of Anesthes Physician Receipt For:

Aggregate Year-to-Date ▼

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Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 67 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Kristen L. Lienhart M.D. Date of Receipt Mailing Address 4301 W Markham St Lot 515 03 2014 City Zip Code State Transaction ID: C2659987 AR Little Rock 72205-7101 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UAMS** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Joe Z. Liu M.D. Date of Receipt Mailing Address 3456 Balfour Dr 03 21 2014 City State Zip Code Transaction ID: C2669223 MI Troy 48084-1400 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Service, PC **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregg P. Lobel M.D. Date of Receipt Mailing Address 22 Donnybrook Dr 03 20 2014 City Zip Code State Transaction ID: C2668922 NJ Demarest 07627 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Northern Valley Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 68 OF

141

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committe	е
Full Name (Last, First, Middle Initial)  Asa C. Lockhart M.D.  Mailing Address 2106 Kennebunk Ln.  City Tyler  FEC ID number of contributing federal political committee.  Name of Employer  ETAA  Receipt For:  Primary General Other (specify)	State Zip Code TX 75703  C  Occupation Physician  Aggregate Year-to-Date ▼  249.90	Date of Receipt  03
Full Name (Last, First, Middle Initial)  Deborah A. Lowery M.D.  Mailing Address 6258 Memorial Dr  City  Dublin  FEC ID number of contributing federal political committee.  Name of Employer  The Ohio State Univ Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 43017-8911  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  03 12 2014  Transaction ID : C2660004  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Lannon E. Lucas M.D.  Mailing Address 1007 Grove Rd Ste B  Greenville Anesthesiology  City  Greenville  FEC ID number of contributing federal political committee.  Name of Employer  Univ of Alabama  Receipt For:  Primary  General  Other (specify)	State Zip Code SC 29605-4630  C  Occupation Resident  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 21 2014  Transaction ID : C2669670  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	666.64
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 69 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

141

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Claudio Lumermann M.D. Date of Receipt Mailing Address Dept. of Anesthesia 270-75 76 Ave, 07 2014 City Zip Code State Transaction ID: C2659051 NY 11040 New Hyde Park Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Long Island Jewish Med. Ctr. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Z. Lysak M.D. Date of Receipt Mailing Address 1007 Grove Rd., #B 03 2014 21 City State Zip Code Transaction ID: C2669671 SC Greenville 29605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert I. Macfarlane M.D. Date of Receipt Mailing Address 350 Blountville Highway 2014 03 05 Suite 207 City Zip Code State Transaction ID: C2657998 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bristol Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 70 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Roman Magidenko M.D. Date of Receipt Mailing Address 2856 Amberly Ln 03 09 2014 City Zip Code State Transaction ID: C2659099 Troy MI 48084-2687 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation American Anesthesiology of Michigan Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael C. Mahoney D.O. Date of Receipt Mailing Address 4409 SE Willow Place Court 03 30 2014 City State Zip Code Transaction ID: C2670993 Blue Springs MO 64014 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Kansas City Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Asif M. Malik M.D. Date of Receipt Mailing Address 2760 Charnwood Dr 2014 03 12 City State Zip Code Transaction ID: C2659978 MI Troy 48098-2184 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Henry Ford West Bloomfield Hospital An Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 71 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

141

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mark Mandabach M.D. Date of Receipt Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845 03 01 2014 City State Zip Code Transaction ID: C2651706 Birmingham AL 35249-0001 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UAB** Department of Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Lowell S. Mankin M.D. Date of Receipt Mailing Address 2709 Mesquite Ln 03 2014 07 City State Zip Code Transaction ID: C2659054 TX Grapevine 76051-7150 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pinnacle Anesthesia Consultants, PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kurt W. Markgraf M.D. Date of Receipt Mailing Address 3663 McKinley Ave 2014 03 12 City State Zip Code Transaction ID: C2659976 FL Fort Myers 33901 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Medical Anesthesia and Pain Management Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 72 OF (check only one) X 11a 11b 12 11c

141 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Donald M. Mathews M.D. Date of Receipt Mailing Address 340 S Willard St 03 2014 City Zip Code State Transaction ID: C2662034 Burlington VT 05401-3908 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Vermont Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Mark D. Mathis M.D. Date of Receipt Mailing Address 1007 Grove Rd., #B 03 2014 21 City State Zip Code Transaction ID: C2669672 SC Greenville 29605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven Mayo M.D. Date of Receipt Mailing Address 989 Cedar Drive 2014 03 12 City Zip Code State Transaction ID: C2660879 WI Burlington 53105 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Aurora Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 73 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

141

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert D. McKay M.D. Date of Receipt Mailing Address 350 Blountville Hwy Ste 207 2014 City Zip Code State Transaction ID: C2660943 37620-1671 TN Bristol Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy E. Mercer M.D. Date of Receipt Mailing Address 1670 Enterprise Rd. 03 2014 27 City State Zip Code Transaction ID: C2670219 TN Piney Flats 37686-3328 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Vernon Merchant M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 03 21 2014 City Zip Code State Transaction ID: C2669673 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 74 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Sharon M. Merker M.D. Date of Receipt Mailing Address 2517 Top Hill Rd. 2014 City Zip Code State Transaction ID: C2660952 Louisville KY 40206 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Williams and Wagner, PSC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Brigitte M. Messenger M.D. Date of Receipt Mailing Address 1924 Alcoa Hwy # U109 03 2014 13 City State Zip Code Transaction ID: C2660957 TN Knoxville 37920-1511 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation The University of Tennessee Graduate S Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. James K. Miller M.D. Date of Receipt Mailing Address 1924 Alcoa Hwy # U109 03 10 2014 Anes. Dept. City Zip Code State Transaction ID: C2659113 TN Knoxville 37920-1511 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation University of Tennessee Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 75 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael D. Miller M.D. Date of Receipt Mailing Address 15936 Oak Park Ct 03 2014 27 City Zip Code State Transaction ID: C2670228 Westfield IN 46074-9140 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Consultants of Indianapolis Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher G. Millson M.D. Date of Receipt Mailing Address 2400 Wimbledon Dr 03 12 2014 City State Zip Code Transaction ID: C2659970 NV Las Vegas 89107-2364 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Desert Anesthesiologists** physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Sharon D. Minott M.D. Date of Receipt Mailing Address 2300 Haggerty Rd Ste 2100 03 21 2014 Zip Code State Transaction ID: C2669193 MI West Bloomfield 48323-2191 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST AAKC** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 76 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Brian Mitchell M.D. Date of Receipt Mailing Address 3710 SW US Veterans Hospital Rd 2014 City Zip Code State Transaction ID: C2661519 OR Portland 97239-2964 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Portland VA Medical Center P3- ANES Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Karen P. Mitchell M.D. Date of Receipt Mailing Address 3838 N Braeswood Blvd Apt 112 03 23 2014 City State Zip Code Transaction ID: C2669838 TX Houston 77025-3005 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Memorial Hermann Southwest Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Karen P. Mitchell M.D. Date of Receipt Mailing Address 3838 N Braeswood Blvd Apt 112 2014 03 27 City State Zip Code Transaction ID: C2670217 TX Houston 77025-3005 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Memorial Hermann Southwest Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 77 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Richard C. Month M.D. Date of Receipt Mailing Address 2001 Hamilton St Apt 2307 03 2014 City Zip Code State Transaction ID: C2659381 PΑ Philadelphia 19130 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Pennsylvania Dept. of An Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Avijit Mookerjee M.D. Date of Receipt Mailing Address 5150 Winlane 03 2014 21 City State Zip Code Transaction ID: C2669477 Bloomfield Hills MI 48302 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **AAKC ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Caroline Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 2014 03 29 City Zip Code State Transaction ID: C2670952 TN Germantown 38138 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Medical Anesthesia Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) 416.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 78 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jason E. Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 03 2014 City Zip Code State Transaction ID: C2670951 TN Germantown 38138-5723 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Medical Anesthesia Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) Full Name (Last, First, Middle Initial) B. Robert R. Morrison M.D. Date of Receipt Mailing Address 5801 Spinnaker Pointe 03 07 2014 City State Zip Code Transaction ID: C2659039 MO Parkville 64152-6102 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Ad Vivum Anesthesiology, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jarod R. Motley M.D. Date of Receipt Mailing Address 1007 Grove Rd Ste B 03 21 2014 Greenville Anesthesiology, P.A. City Zip Code State Transaction ID: C2669674 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology, P.A. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 79 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John P. Mrachek M.D. Date of Receipt Mailing Address 4520 W. Woodlland Rd. 03 2014 25 City Zip Code State Transaction ID: C2669996 MN Edina 55424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Northwest Anesthesia, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Joel H. Mumford M.D. Date of Receipt Mailing Address 221 Elm Hill St 03 12 2014 City State Zip Code Transaction ID: C2659979 VT Springfield 05156-2424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation V A Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Sergio A Murillo M.D. Date of Receipt Mailing Address 2170 Trenton Way 2014 03 17 City Zip Code State Transaction ID: C2661629 TX Allen 75013-4911 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Pinnacle Partners In Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 80 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Sergio A Murillo M.D. Date of Receipt Mailing Address 2170 Trenton Way 03 2014 City State Zip Code Transaction ID: C2665854 TX Allen 75013-4911 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pinnacle Partners In Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Murray M.D. Date of Receipt Mailing Address 1924 Alcoa Highway, Box U-109 Department of Anesthesia 03 18 2014 City State Zip Code Transaction ID: C2662033 TN Knoxville 37920 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) Full Name (Last, First, Middle Initial) c. Robert F. Murray III, M.D. Date of Receipt Mailing Address 19 Elm Park Blvd. 2014 03 13 City Zip Code State Transaction ID: C2660954 MI Pleasant Ridge 48069-1106 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation William Beaumont Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 266.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 81 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Andrew E. Neice M.D. Date of Receipt Mailing Address 14144 Kimberly Circle 08 2014 City Zip Code State Transaction ID: C2659068 OR Lake Oswego 97035 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Oregon Health and Science University Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael S. Nichols A.A.-C Date of Receipt Mailing Address 2580 Hillandale Cir 03 03 2014 City State Zip Code Transaction ID: C2654618 GA Cumming 30041-6320 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Case Western Reserve University MSA Pr Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. James J. Nicholson M.D. Date of Receipt Mailing Address W3117 County Road Pp 03 15 2014 Zip Code State Transaction ID: C2661544 WI Sheboygan Falls 53085-2533 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Aurora Healthcare Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 82 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Melissa O Nikolaidis M.D. Date of Receipt Mailing Address 2230 McClendon St 03 02 2014 City Zip Code State Transaction ID: C2651899 TX 77030-2020 Houston Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Baylor College of Medicine** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph M. Nounou M.D. Date of Receipt Mailing Address 668 Lakeside Dock Dr 03 13 2014 City State Zip Code Transaction ID: C2660942 TN Kingsport 37663-4109 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Briston Anesthesia Services P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Blessing B. Nwosu M.B., B.S. Date of Receipt Mailing Address 188 Santure St. 03 21 2014 City State Zip Code Transaction ID: C2669190 MI Monroe 48162-4128 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **PHYSICIAN** HARPER UNIVERSITY HOSPITAL Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 83 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

141

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Richard J. Oeser M.D. Date of Receipt Mailing Address 1007 Grove Rd Ste B 2014 21 City Zip Code State Transaction ID: C2669675 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **GREENVILLE ANESTH ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Walid A. Osta M.D. Date of Receipt Mailing Address 27222 Timber Trl 03 21 2014 City State Zip Code Transaction ID: C2669210 Dearborn Hts MI 48127-3386 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John L. Pappas M.D. Date of Receipt Mailing Address 294 Barden Rd 03 12 2014 Zip Code State Transaction ID: C2659956 MI Bloomfield Hills 48304-2711 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation William Beaumont Hospital Troy Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) 833.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER:

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X 11a 11b 11

FOR	LINE	NU	MBER	:	PAGE	 34	OF	141
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X	11a		11b		11c	12		
	13		14		15	16		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Haresh D. Patel M.D.		Date of Receipt
Mailing Address 1120 Enclave Rd		03 30 2014
City Chattanooga	State Zip Code TN 37415-5650	Transaction ID : C2670985  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer  Anesthesiology Consultants Exchange  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	-
Full Name (Last, First, Middle Initial)  Mina A. Patel M.D.  Mailing Address 3625 Winding Lake Cir.		Date of Receipt  03 05 2014
City Orlando	State Zip Code FL 32835	Transaction ID : C2658527  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF EMPLOED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Padmavathi Patel M.D.		Date of Receipt
Mailing Address 3990 John R St		03 21 2014
City Detroit	State Zip Code MI 48201-2018	Transaction ID : C2669224  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation ANESTHESIOLOGIST	-
Harper Univ. Hospital Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	-
SUBTOTAL of Receipts This Page (optional).		583.34
TOTAL This Period (last page this line numb	er only)	

	FOR LINE NUMBER:	PAGE 85 OF 141
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	11c 12
	13 14	15 16 17

	d Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  William D. Paterson M.D.  Mailing Address 11 Lange Ct		Date of Receipt
Mailing Address 11 Lange Ct		03 15 2014
City	State Zip Code	Transaction ID : C2661530
Mullica Hill	NJ 08062-2513	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Rancocas Anesthesiology, P.A.	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	250.00	
Full Name (Last, First, Middle Initial)  3. Samuel Perov M.D.		Date of Receipt
Mailing Address 5027 W. Bloomfield Lake F	Rd	03 21 2014
City	State Zip Code	Transaction ID: C2669202
West Bloomfield	MI 48323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Detroit Receiving Hospital	ANESTHESIOLOGIST	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  C. Kathy M. Perryman M.D.	<u>'</u>	Date of Receipt
Mailing Address 11412 Canterbury Cir.		03 29 2014
City Shawnee Mission	State         Zip Code           KS         66211-2935	Transaction ID : C2670963  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Anesthesia Associates of Kansas City	Pediatric Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	1500.00
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FOR LINE NUMBER: PAGE 86 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D. Date of Receipt Mailing Address 278 Round Swamp Rd 2014 City Zip Code State Transaction ID: C2661413 NY Melville 11747-1903 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NORTH AMERICAN PARTNERS ANESTHESIA **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Shannon M. Peters M.D. Date of Receipt Mailing Address 8055 Penn Ave S Apt 621 03 29 2014 City State Zip Code Transaction ID: C2670964 MN Bloomington 55431-1389 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Minnesota Pediatric Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark C. Phillips M.D. Date of Receipt Mailing Address 619 19th St S 2014 03 13 City State Zip Code Transaction ID: C2660953 ΑL Birmingham 35249 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **UAB** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 87 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Kristi L. Pielstick M.D. Date of Receipt Mailing Address 2222 Raintree Rd 03 2014 25 City Zip Code State Transaction ID: C2670007 OH Akron 44333-1266 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Stark County Anesthesia physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marina A. Pierce M.D. Date of Receipt Mailing Address 2438 Golfview Dr 03 16 2014 City State Zip Code Transaction ID: C2661583 FL Orange Park 32003-3383 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Florida Anesthesia Assoc., P.A. Anesthesiologist, MD Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) Johnathan L. Pregler M.D. Date of Receipt Mailing Address 10556 Dunleer Dr 2014 03 01 City State Zip Code Transaction ID: C2651709 CA Los Angeles 90064-4318 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation UCLA Dept of Anesthesiology Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Mark C. Pruitt M.D.  Mailing Address 1007 Grove Rd # B  City Greenville  FEC ID number of contributing federal political committee.  Name of Employer Greenville Anesthesiology, P.A.  Receipt For: Primary General Other (specify)	State Zip Code SC 29605-4630  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 21 2014  Transaction ID: C2669676  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Steven Pusker M.D.  Mailing Address 1007 Grove Rd # B  City Greenville  FEC ID number of contributing federal political committee.  Name of Employer Greenville Anesthesiology  Receipt For: Primary General Other (specify)	State Zip Code SC 29605-4630  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 21 2014  Transaction ID: C2669677  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Nariman Rahimzadeh M.D.  Mailing Address 1885 Manzanita Circle  City Reno  FEC ID number of contributing federal political committee.  Name of Employer  Nevada Anesthesiology and Perioperativ  Receipt For:  Primary  General  Other (specify)	State Zip Code NV 89509  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt    Mark
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1083.34
TOTAL This Period (last page this line number	er only)	

# SCHEDULE A

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Neeju Ravikant M.D.  Mailing Address 875 W Glengarry Circle		Date of Receipt
City Bloomfield Hills	State Zip Code MI 48301-2219	03 16 2014  Transaction ID : C2661584  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer  anesthesia associates of ann arbor  Receipt For:  Primary  General  Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  Michael Richardson M.D.  Mailing Address PO Box 3355		Date of Receipt
City Princeton	State         Zip Code           NJ         08543-3355	03 12 2014  Transaction ID : C2659994  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Anesthesia Consultants of NJ Receipt For:	Occupation anesthesiologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  C. Joseph M. Rifici A.AC		Date of Receipt
Mailing Address Lakeside ANES 2532 LKS50	O07  State Zip Code OH 44106-1716	03 13 2014  Transaction ID : C2660963  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer  Univ Hosp of Cleveland Case Med Ctr  Receipt For:  Primary General	Occupation  Anesthesiologist Assistant  Aggregate Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	250.02	250.02
TOTAL This Period (last page this line number	r only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  1. James Rinando M.D.		Date of Receipt
Mailing Address 3502 Yupon St.		03 28 _ 2014 _
City	State Zip Code	Transaction ID : C2670899
Houston	TX 77006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Gulf Anesthesia	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Robert L. Ringering D.O.		Date of Receipt
Mailing Address PO Box 506		03 17 _ 2014 _
City	State Zip Code	03 17 2014 Transaction ID : C2661638
Old Lyme	CT 06371-0506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer North American Partners in Anesthesia	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial)  C. Robert L. Ringering D.O.		Data of Danaira
Mailing Address PO Box 506		Date of Receipt  03 18 2014
City	State Zip Code	Transaction ID : C2662035
Old Lyme	CT 06371-0506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
North American Partners in Anesthesia	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	333.34
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Eric J. Robb M.D.  Mailing Address 5530 Lake Shore Rd.		Date of Receipt
		03 21 2014
City	State Zip Code MI 48059	Transaction ID : C2669475
Lakeport	MI 48059	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
AAKC	ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Jeremy M. Roberts D.O.		Date of Receipt
Mailing Address 4056 Scott B Dr		03 21 2014
City	State Zip Code	Transaction ID : C2669222
Saint Clair	MI 48079-3564	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
ABC	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Shay E. Robinson M.D.		Date of Receipt
Mailing Address 809 Homestead Dr Unit 85		03 10 2014
City	State Zip Code	Transaction ID : C2659119
Dallas	PA 18612-7219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Wilkes-Barre General Hospital Anesthes	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.03	
SUBTOTAL of Receipts This Page (optional)		541.67
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FOR LINE NUMBER: PAGE 92 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Shay E. Robinson M.D. Date of Receipt Mailing Address 809 Homestead Dr Unit 85 2014 City Zip Code State Transaction ID: C2662045 PΑ Dallas 18612-7219 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Wilkes-Barre General Hospital Anesthes Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 375.03 Other (specify) Full Name (Last, First, Middle Initial) B. Leopoldo V. Rodriguez M.D. Date of Receipt Mailing Address 21050 NE 38th Ave Apt 305 03 2014 11 City State Zip Code Transaction ID: C2659382 FL Aventura 33180-4073 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Sheridan Healthcare Inc Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Scott T. Roethle M.D. Date of Receipt Mailing Address 5005 W 131 Terr 03 04 2014 City Zip Code State Transaction ID: C2656031 KS Leawood 66209 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation **AAKC** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) 249.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 93 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Lynn M. Rogers M.D. Date of Receipt Mailing Address 11104 Kuertzmill Dr. 2014 31 City Zip Code State Transaction ID: C2671073 OH Cincinnati 45249 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Group Practice Inc physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven A. Roodman M.D. Date of Receipt Mailing Address 2700 Turnberry Dr 03 21 2014 City State Zip Code Transaction ID: C2668923 IL Marion 62959-5227 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Heartland Regional Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thea Rosenbaum M.D. Date of Receipt Mailing Address 260 River Ridge Pt 2014 03 12 City State Zip Code Transaction ID: C2659995 AR Little Rock 72227-1527 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Assistant Professor of Anesthesia **UAMS** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	•
Full Name (Last, First, Middle Initial) Theodore E. Rothman M.D.  Mailing Address 10 Wildflower Ct		Date of Receipt
City Greenville	State Zip Code SC 29615-5544	03 21 2014  Transaction ID : C2669678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer  Greenville Anesthesiology, PA  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Lawrence J. Roy M.D.  Mailing Address 2420 Freeman Manor Dr	•	Date of Receipt
City Jones FEC ID number of contributing	State Zip Code OK 73049-8747	03 12 2014  Transaction ID : C2659968  Amount of Each Receipt this Period
federal political committee.  Name of Employer Oklahoma Anesthesia Consultants	Occupation Anesthesioligist	83.34
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  Stephen M. Rublaitus D.O.  Mailing Address 278 S Kenmore Avenue	•	Date of Receipt  03 30 2014
City Elmhurst	State Zip Code IL 60126	Transaction ID : C2670989  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  Dupage Valley Anes	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		683.34
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 95 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Judith Ruiz M.D. Date of Receipt Mailing Address 601 West Dr 03 2014 City Zip Code State Transaction ID: C2659964 TN Memphis 38112-1728 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Medical Anesthesia Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Konstantin I. Rusin M.D. Date of Receipt Mailing Address 1732 Foxdale Lane 03 2014 21 City State Zip Code Transaction ID: C2669204 MI Ann Arbor 48108 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **AAKC ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nilda E. Salaman M.D. Date of Receipt Mailing Address GEORGE WASHINGTON UNIVERSITY HOSPI 03 23 2014 900 23rd St. NW Zip Code City State Transaction ID: C2669844 DC Washington 20037 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medical Faculty Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Steven W. Samoya M.D. Date of Receipt Mailing Address 532 Forest Ct Suite B 2014 21 City State Zip Code Transaction ID: C2669679 SC Greer 29651 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Pediatric Anesthesiologist Vanderbilt Univ. Med. Ctr., Div of Ped Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roger M. Schantz M.D. Date of Receipt Mailing Address 1096 Red Bird Rd 03 29 2014 City State Zip Code Transaction ID: C2670948 OH Loveland 45140-7163 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Group Practice, Inc. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Scheu M.D. Date of Receipt Mailing Address 2827 W Range Line Ct 2014 03 14 City State Zip Code Transaction ID: C2661498 WI Mequon 53092-5326 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Columbia St. Mary's-Ozaukee Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 97 OF Use separate schedule(s) (check only one) X 11a 11b 11c

141

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John K. Schroeder M.D. Date of Receipt Mailing Address 625 Works Road 20 2014 City Zip Code State Transaction ID: C2666949 NY Honeoye Falls 14472 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Rochester Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven B. Schulman M.D. Date of Receipt Mailing Address 100 Port Washington Blvd 03 13 2014 City State Zip Code Transaction ID: C2660941 NY Roslyn 11576-1353 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NY Cardiovascular Anesthesiologists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 0.00 Other (specify) Full Name (Last, First, Middle Initial) c. David G. Schultz M.D. Date of Receipt Mailing Address 1819 N Halifax Ave 2014 03 14 State Zip Code Transaction ID: C2661502 FL Daytona Beach 32118-3438 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Douglas T. Sedlacek M.D. Date of Receipt Mailing Address 2250 Country Club Pkwy SE 03 2014 21 City Zip Code State Transaction ID: C2669188 Cedar Rapids IΑ 52403-1639 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation LINN COUNTY ANESTH **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew M. Shankle M.D. Date of Receipt Mailing Address 441 S. Livernois, Suite #190 03 21 2014 City State Zip Code Transaction ID: C2669197 MI Rochester 48307 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Fred E. Shapiro D.O. Date of Receipt Mailing Address Department of Anesthesiology 330 Brookline Ave # F-407 03 01 2014 City Zip Code State Transaction ID: C2651710 MA **Boston** 02215-5400 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Assistant Professor of Anesthesia Harvard Medical School Receipt For: Aggregate Year-to-Date ▼ Primary General 249.90 Other (specify) 733.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 99 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Harry C. Sherman Jr., M.D. Date of Receipt Mailing Address 1007 Grove Rd., #B 03 2014 21 City Zip Code State Transaction ID: C2669680 SC Greenville 29605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karen S. Sibert M.D. Date of Receipt Mailing Address 4146 Sunnyslope Ave. 03 05 2014 City State Zip Code Transaction ID: C2658001 CA Sherman Oaks 91423 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Cedars-Sinai Medical Center Anes. Dept Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Michael B. Simon M.D. Date of Receipt Mailing Address 35 Gellatly Dr 09 03 2014 City Zip Code State Transaction ID: C2659093 NY Wappingers Falls 12590 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	I Statements may not be sold or used by any per the name and address of any political committee t				
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e			
Full Name (Last, First, Middle Initial)  A. Harpreet Singh M.D.	Harpreet Singh M.D.				
Mailing Address 4930 Charing Cross Road		03 21 2014			
City Bloomfield Hills	State Zip Code MI 48304	Transaction ID : C2669203			
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period  250.00			
Name of Employer  AAKC  Receipt For:  Primary  General  Other (specify)	Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	_			
Full Name (Last, First, Middle Initial)  Jonathan H. Slonin M.D., M.B.  Mailing Address 134 SE Via Verona		Date of Receipt			
City Port Saint Lucie	State Zip Code FL 34984	03 02 2014  Transaction ID : C2651900  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer TeamHealth	Occupation Anesthesiologists				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02				
Full Name (Last, First, Middle Initial)  C. Robert H. Small M.D.		Date of Receipt			
Mailing Address 410 W 10th Ave  Dept of Anes - N411 Doan		03 12 2014			
City Columbus	State Zip Code OH 43210	Transaction ID : C2659973  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	83.34			
Name of Employer	Occupation				
The Ohio State University Receipt For:	Physician	-			
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02				
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	416.68			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER: PAGE 101 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Alan W. Smith M.D. Date of Receipt Mailing Address 13 Afton Ave. 03 2014 21 City Zip Code State Transaction ID: C2669681 SC Greenville 29601 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anmesthesiology, PA Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Blair Smith M.D. Date of Receipt Mailing Address 1046 Lake Colony Ln 03 06 2014 City State Zip Code Transaction ID: C2658547 ΑL Vestavia 35242 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UAB** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Trevor K. Smith M.D. Date of Receipt Mailing Address 12 Belfrey Dr. 2014 03 21 Zip Code City State Transaction ID: C2669682 SC Greer 29650 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 102 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Vitaly D. Soskin M.D., Ph.D Date of Receipt Mailing Address 3990 John R St, Box 162 03 2014 21 City Zip Code State Transaction ID: C2669191 Detroit MI 48201-2018 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Wayne State University School of Medic Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Souter M.B., Ch.B. Date of Receipt Mailing Address 325 9th Ave, Box 359724 03 12 2014 City State Zip Code Transaction ID: C2659980 WA Seattle 98104-2499 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Harborview Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew F. Spond M.D. Date of Receipt Mailing Address 6065 Allwood Dr 06 03 2014 State Zip Code Transaction ID: C2658548 AR North Little Rock 72116-3707 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation University of Arkansas for Medical Sci Resident Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 103 OF	1
Use separate schedule(s)	(check only one)		_
for each category of the Detailed Summary Page	X 11a 11b	11c 12	
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NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Nancy E Staats M.D.		Date of Receipt
Mailing Address 47 Orchard Ln		03 31 <u>2014</u>
City Colts Neck	State Zip Code NJ 07722-1569	Transaction ID : C2703539  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Staats Anesthesia, P.A.	Occupation anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  3. James Stangl M.D.		Date of Receipt
Mailing Address 314 Martin Luther King Jr W		03 14 2014
City Tacoma	State Zip Code WA 98405-4292	Transaction ID : C2661409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer Tacoma Anesthesia Associates	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  249.90	
Full Name (Last, First, Middle Initial)  C. Erica Stein M.D.		Date of Receipt
Mailing Address 410 W 10th Ave., Anes. De N411 Doan Hall		03 11 2014
City Columbus	State Zip Code OH 43210-1240	Transaction ID : C2659379  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer ohio state university	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional).		666.64
TOTAL This Period (last page this line number	er only)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

FOR LINE NUMBER: PAGE 104 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Steven P. Stein M.D. Date of Receipt Mailing Address 18 Harbor Hill Dr 06 2014 City Zip Code State Transaction ID: C2658549 NY Lloyd Harbor 11743-1031 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Steven P. Stein M.D. Date of Receipt Mailing Address 18 Harbor Hill Dr 03 06 2014 City State Zip Code Transaction ID: C2658550 NY Lloyd Harbor 11743-1031 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) C. Ann Still M.D. Date of Receipt Mailing Address 1800 Alabama Highway 157 Ste 201 2014 Cullman Primary Care 03 25 City State Zip Code Transaction ID: C2669999 ΑL Cullman 35058-1273 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Alabama Pain Center Cullman Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 312.52 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 105 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Matthew D. Sunderlin M.D. Date of Receipt Mailing Address 16099 Surrey Way 03 2014 21 City Zip Code State Transaction ID: C2668990 Spring Lake MI 49456-8830 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lakeshore Anes. Services Physician Anesthesiologisst Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Esther Sung M.D. Date of Receipt Mailing Address 3710 SW US Veterans Hospital Rd P3 ANES 03 2014 07 City State Zip Code Transaction ID: C2659041 OR Portland 97239-2964 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Portland VAMC Operative Care Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Rachelle Sutton M.D. Date of Receipt Mailing Address 1100 E 26th St. 2014 03 06 City Zip Code State Transaction ID: C2658583 SD Sioux Falls 57108 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesiology Associates, Inc. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 106 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jeffrey Sweatlock M.D. Date of Receipt Mailing Address PO Box 84036 01 2014 City Zip Code State Transaction ID: C2651881 Phoenix ΑZ 85071-4036 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation self MD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven L. Sween M.D. Date of Receipt Mailing Address 240 Marchand Ct NW 03 01 2014 City State Zip Code Transaction ID: C2651713 GA Atlanta 30328-2055 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas H. Swygert M.D. Date of Receipt Mailing Address 7014 Prestonshire Ln 03 12 2014 City Zip Code State Transaction ID: C2659977 TX **Dallas** 75225-1742 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Pinnacle Anesthesia Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 107 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

141

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Donald R. Tatum Jr., M.D. Date of Receipt Mailing Address 770 Brookwood Walke 2014 27 City Zip Code State Transaction ID: C2670215 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation South Oakland Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert Tawil M.D. Date of Receipt Mailing Address 17001 Jeanette 03 21 2014 City State Zip Code Transaction ID: C2669205 Southfield MI 48075-7020 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **AAKC ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Damon A. Templeton M.D. Date of Receipt Mailing Address 3507 Lakestone Ct. 2014 03 26 Zip Code City State Transaction ID: C2670198 GA Martinez 30907 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Consultants of Augusta, LLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 108 OF 141 Use separate schedule(s) for each category of the Detailed Summary Page

(check only one)								
X	11a		11b		11c		12	
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Gregory H. Teraikian D.O.  Mailing Address 4258 Quaker Hill Dr		Date of Receipt
		03 21 2014
City	State Zip Code	Transaction ID : C2669207
Fort Gratiot	MI 48059-4040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
AAKC	ANESTHESIOLOGIST	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	230.00	
Full Name (Last, First, Middle Initial)  Marcy W. Thomas B.S., M.S.		Date of Receipt
Mailing Address 10615 Woodpecker Rd	0444	03 02 7 2014
City Chesterfield	State Zip Code VA 23838-4308	Transaction ID : C2651901
FEC ID number of contributing federal political committee.	C 23630-4306	Amount of Each Receipt this Period  83.34
Name of Employer Virginia Eye Institute	Occupation	
Receipt For:	Anesthesiologist	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.02	
Full Name (Last, First, Middle Initial)  C. Kyle Thompson M.D.		Date of Receipt
Mailing Address 333 W Hampden Ave #600		03 30 2014
City Englewood	State Zip Code CO 80110	Transaction ID : C2670999  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
South Denver Anesthesiologists, P.C.	Anesthesiologist	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.02	
SUBTOTAL of Receipts This Page (optional)		416.68
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 109 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

141

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Frederick K. Torres M.D. Date of Receipt Mailing Address 2218 Campestre Terr. 2014 10 City State Zip Code Transaction ID: C2659366 FL **Naples** 34119 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Naples Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dan-Thuy Tran M.D. Date of Receipt Mailing Address 300 2nd Ave 03 2014 16 City State Zip Code Transaction ID: C2661612 NJ Long Branch 07740-6303 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Monmouth Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory A. Trempy M.D. Date of Receipt Mailing Address 6602 W. 131st St. 30 2014 03 City State Zip Code Transaction ID: C2671062 KS Overland Park 66209 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Midwest Anesthesia Assoc Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 110 OF 141

IT _	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Society of Anesthesio		•	
Α.	Full Name (Last, First, Middle Initial) Gary L. Trummel M.D.  Mailing Address 5940 Mount Normandale Dr			Date of Receipt
	City Minneapolis	State MN	Zip Code 55438-1218	03 03 2014  Transaction ID : C2654620  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer  Northwest Anesthesia, PA  Receipt For:	Occupation Anesthesiol	ogist	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
В.	Full Name (Last, First, Middle Initial) Gary F. Tzeng M.D. Mailing Address 582 S Rex Blvd			Date of Receipt
	City	State	Zip Code	03 12 2014
	FEC ID number of contributing federal political committee.	С	60126-4259	Amount of Each Receipt this Period  83.34
	Name of Employer DVA	Occupation physician		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
<u>С</u> .				Date of Receipt
	Mailing Address 9057 Laurel Ridge Dr			03 25 7 2014
	City Mount Dora	State FL	Zip Code 32757-9108	Transaction ID : C2670125  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation		
	Villages Anesthesia Associates  Receipt For:  □ Primary □ General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)		·····	466.68
Т	OTAL This Period (last page this line number	only)		

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

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FOR LINE	NUMBER	: PAGE	111 OF	141		
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<b>X</b> 11a	11b	11c	12			
13	14	15	16	17		

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	·
Full Name (Last, First, Middle Initial)  J. Michael Vollers M.D.  Mailing Address 1 Childrens Way Slot 203, S-319  City Little Rock  FEC ID number of contributing federal political committee.  Name of Employer University of Arkansas for Medical Sci Receipt For: Primary General Other (specify)	State Zip Code AR 72202-3510  C  Occupation Professor of Anesthesiology  Aggregate Year-to-Date ▼  250.02	Date of Receipt  03 12 2014  Transaction ID : C2659986  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  3. Joseph A Walker III, M.D.  Mailing Address 2711 Silver Creek Dr  City	State Zip Code	Date of Receipt  03 12 2014  Transaction ID : C2660512
Bloomington  FEC ID number of contributing federal political committee.	IN 47401	Amount of Each Receipt this Period 500.00
Name of Employer Bloomington Anesthesiologists, PC Receipt For:  Primary General Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Ebon J. Wallace-Talifarro M.D.  Mailing Address 7205 Meadowgrass Court		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Caledonia  FEC ID number of contributing federal political committee.	State Zip Code MI 49316	Amount of Each Receipt this Period
Name of Employer  Central Anesthesia Services  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  450.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	733.34
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 112 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

141

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christopher G. Walsh M.D. Date of Receipt Mailing Address 1546 W. Mt. Vernon Rd. 2014 21 City Zip Code State Transaction ID: C2669187 Mount Vernon IΑ 52314 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation LINN COUNTY ANESTH **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Leslie L. Walsh D.O. Date of Receipt Mailing Address 1633 Newcastle Ct 03 21 2014 City State Zip Code Transaction ID: C2669469 MI Rochester Hills 48306-3679 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Hong Wang M.D., Ph.D. Date of Receipt Mailing Address 50634 Drakes Bay Dr 03 21 2014 City Zip Code State Transaction ID: C2669474 MI Novi 48374-2548 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Detroit Medical Center Department of A Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 113 OF 141 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Paul S. Webster M.D. Date of Receipt Mailing Address 825 E Oak St 03 2014 City Zip Code State Transaction ID: C2659959 FL Kissimmee 34744-5838 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Doctors Pain Management Associates** Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Ivan Jared Weiner M.D. Date of Receipt Mailing Address 10527 Emerald Chase Dr 03 30 2014 City State Zip Code Transaction ID: C2670981 FL Orlando 32836-5862 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Alan Weiss M.D. Date of Receipt Mailing Address 960 Royal Arms Dr 03 12 2014 City Zip Code State Transaction ID: C2659991 OH Girard 44420 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bel-Park Anes. Assoc. Inc. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 250.02 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 114 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Ezekiel J. Wetzel M.D. Date of Receipt Mailing Address 3315 DEBORAH DR Suite 401 05 2014 City State Zip Code Transaction ID: C2658002 Monroe LA 71201 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Parish Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** John S. Whittington M.D. Date of Receipt Mailing Address 23 Circle Dr NE 03 27 2014 City State Zip Code Transaction ID: C2670218 NM Albuquerque 87122-2109 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anes. Assoc. of New Mexico, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven M. Wiener M.D. Date of Receipt Mailing Address 6471 Alden Dr. 03 21 2014 City Zip Code State Transaction ID: C2669198 MI West Bloomfield 48324-2003 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST AAKC** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 115 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Christopher A. Wilhoit M.D. Date of Receipt Mailing Address 3049 Hawks Gln 2014 City Zip Code State Transaction ID: C2659364 FL Tallahassee 32312 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesiology Associates of Tallahass Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Randall D. Wilhoit M.D. Date of Receipt Mailing Address 1007 Grove Rd., #B 03 2014 21 City State Zip Code Transaction ID: C2669683 SC Greenville 29605 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology, PA **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Williams M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 2014 03 21 City Zip Code State Transaction ID: C2669684 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology, P.A. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 116 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John Wills M.D. Date of Receipt Mailing Address 35 Camino a las Estrellas 02 2014 City Zip Code State Transaction ID: C2654146 NM **Placitas** 87043-8805 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of New Mexico Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Granville B. Work M.D. Date of Receipt Mailing Address 3749 Lynnfield Dr 03 2014 80 City State Zip Code Transaction ID: C2659061 VA Virginia Beach 23452-4721 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Sentara Norfolk General Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) Jason Workman M.D. Date of Receipt Mailing Address 7575 W Washington Ave 2014 Suite 127-374 03 27 City Zip Code State Transaction ID: C2670221 NV Las Vegas 89128-4333 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesiology Consultants, Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 117 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

141

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) W. Bradley Worthington M.D. Date of Receipt Mailing Address 101 Hillwood Blvd 03 2014 City Zip Code State Transaction ID: C2659974 37205-2811 TN Nashville Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Hospital for Spinal Surgery anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Jonathan P. Wright M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 03 21 2014 City State Zip Code Transaction ID: C2669685 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greenville Anesthesiology **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Inho Yoon M.D. Date of Receipt Mailing Address 1007 Grove Rd # B 2014 03 21 Greenville Anesthesiology City Zip Code State Transaction ID: C2669686 SC Greenville 29605-4630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Greenville Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 118 OF 141 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James K. York M.D. Date of Receipt Mailing Address 129-4 Hidden Creek Circle 2014 City Zip Code State Transaction ID: C2661586 Dothan AL 36301 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Consultants Med. Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence I. Young M.D. Date of Receipt Mailing Address 1717 Valley Forge Dr. 03 25 2014 City State Zip Code Transaction ID: C2669998 TN Hixson 37343 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sherif Zaafran M.D. Date of Receipt Mailing Address 2411 Fountainview 03 14 2014 Suite 200 City State Zip Code Transaction ID: C2661411 TX Houston 77057 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician Anesthesiologist US Anesthesia Partners Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) 291.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

ı	FOR LINE	_	: PAGE	119 OF	141			
ı	(check only one)							
	X 11a	11b	11c	12				
ı	13	14	15	16	17			

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dino G. Zacharakos M.D.  Mailing Address 20 Spectacle Ln.  City Ridgefield  FEC ID number of contributing federal political committee.  Name of Employer  EMCARE  Receipt For:  Primary  General  Other (specify)	State Zip Code CT 06877  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  03 21 2014  Transaction ID : C2668987  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  3.  Mailing Address	•	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Tanada da Escar recorpi uno i criod
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	nl)	83.34
TOTAL This Period (last page this line num	nber only)	78286.53

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 120 OF 141			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	X 21b	22 23 28a 28b	24 25 26 28c 29 30	
Any information copied from such Reports and State	ements may not be sold or us	sed by any person			
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)		• •			
American Society of Anesthesiolo	gists Political Action	Committee	)		
Full Name (Last, First, Middle Initial)			Date of Dishuman		
· First Data			Date of Disburser		
Mailing Address P.O. Box 6600			03 31		
City	State Zip Code		Transaction ID	· D157124	
Hagerstown	MD 21741		Transaction iD	. 0137134	
Purpose of Disbursement Credit Card Merchant Fees		003	Amount of Each I	Disbursement this Period	
Candidate Name		Category/		2021.92	
Office Cought House Bishure	was at Fam. 2011	Type	7	2021.92	
Office Sought: House Disburse Senate	ement For: 2014 Primary General				
President	Other (specify) ▼				
State: District:	Credit Card Merc	chant			
Full Name (Last, First, Middle Initial)					
			Date of Disburser		
Mailing Address			M M / D	D / Y Y Y Y	
Maining Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each I	Disbursement this Period	
Candidate Name		Category/			
Office Cought. House Bishurs	mant Fam	Туре			
Office Sought: House Disburse Senate	ement For:    Primary   General				
President	Other (specify)				
State: District:	] (1 ), •				
Full Name (Last, First, Middle Initial)					
•			Date of Disburser	ment	
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Walling Address					
City	State Zip Code				
Purpose of Disbursement					
	1 11	Amount of Each I	Disbursement this Period		
Candidate Name					
Office Sought: House Disburse	ement For:	Туре		7	
Senate	Primary General				
President	Other (specify) ▼				
State: District:	· 				
· ·				222.25	
SUBTOTAL of Disbursements This Page (optional).		·····•		2021.92	
TOTAL TIL D. 1. //				2021 92	
TOTAL This Period (last page this line number only	/)			2021.92	

SCHEDULE B (FEC Form 3X)		l		FOR LINE NUMBER: PAGE 121 OF 141				
ITE	MIZED DISBURSEMENTS		parate schedule(s) a category of the	(check or	nly one)			
			Summary Page	21	22 28a	X 23 28b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
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	or commercial purposes, other than using the nam							
	NAME OF COMMITTEE (In Full)							
$\angle$	American Society of Anesthesiolog	ists Po	litical Action	Committe	e			
_	Full Name (Last, First, Middle Initial)				Data	f Dioburoo		
A.	ACCOUNTABILITY PAC				Date o	of Disbursem		
	Mailing Address 228 S WASHINGTON STREET				03	26	2014	
	SUITE 1155 City S	State	Zip Code					
	Alexandria	VA	22314		Trans	saction ID :	D157300	
	Purpose of Disbursement 2014 Contribution							
,	2014 Contribution  Candidate Name			011	Amour	it of Each Di	isbursement this Period	
	Canulate Name			Category/ Type			5000.00	
i	Office Sought: House Disbursen	nent For:	2014	71		,		
		Primary	General					
	President  State: District:	Other (sp	ecify) ▼ 2014 Contributi	on				
			2014 Continbuti	OH				
	Full Name (Last, First, Middle Initial)  AMERICA WORKS PAC				Date of	f Disbursem	ent	
	, <u></u>				M = N			
	Mailing Address PO Box 76187 Suite 800				03	26	2014	
		State DC	Zip Code		Tran	saction ID :	D157277	
	Washington Purpose of Disbursement	DO	20013					
	2014 Contribution			011	Amour	t of Each Di	isbursement this Period	
Ī	Candidate Name			Category/			2500.00	
;	Office Sought: House Disbursen	nont Ear	2044	Туре	-	7	2000.00	
,		nent For: Primary	2014 General					
		Other (sp						
	State: District: 00		2014 Contribut	ion				
_	Full Name (Last, First, Middle Initial)				_			
C.	BUDDY CARTER FOR CONGRES	S				f Disbursem		
	Mailing Address 200 E ST JULIAN ST				03	26	2014	
	SUITE 603							
	,	State GA	Zip Code 31401		Tran	saction ID :	D157281	
	Purpose of Disbursement		0.101					
	2014 Primary Contribution			011	Amour	t of Each Di	isbursement this Period	
	Candidate Name			Category/			4000.00	
	Mr. Leroy Earl Carter  Office Sought:  House Disbursen	nent For	2014	Туре		7	7	
		Primary	General					
		Other (sp						
_	State: GA District: 01							
							44500.00	
SI	JBTOTAL of Disbursements This Page (optional)			·····•			11500.00	
Т/	OTAL This Period (last page this line number only)							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 122 OF 141
TEMIZED DISBURSEMENTS	Use separate schedule for each category of	the Collect Offin	*	_
	Detailed Summary Pa	age   \( \subseteq ^210	22 🗙 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
	e and address of any p	Donnical committee to	Solicit contributions in	om such committee.
NAME OF COMMITTEE (In Full)	or Doller of Arc			
American Society of Anesthesiolog	sts Political Acti	on Committee	<b>!</b>	
Full Name (Last, First, Middle Initial)				
A. COMMITTEE FOR HISPANIC CAUSES/BUILDING	OUR LEADERSHIP DIV	ERSITY PAC	Date of Disburseme	ent
(CHC BOLD PAC)			M M / D D	/ Y Y Y Y
Mailing Address PO BOX 70980			03 26	2014
- •	tate Zip Code DC 20024		Transaction ID : D	157292
Washington Purpose of Disbursement	DC 20024			
2014 Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name			7	
		Category/ Type		5000.00
Office Sought: House Disburser	ent For: 2014	71	,	,
Senate	Primary Gener	ral		
President	Other (specify) ▼			
State: District:	2014 Cont	ribution		
Full Name (Last, First, Middle Initial)				
B. DEMOCRATIC CONGRESSIONAL	. CAMPAIGN CO		Date of Disburseme	ent
Mailing Address 100 COUTU CARTON CTREET			M M / D D	/ Y Y Y Y
Mailing Address 430 SOUTH CAPITOL STREET, S 2ND FLOOR	Ē		03 26	2014
	tate Zip Code			
· · · · · ·	DC 20003		Transaction ID : D	0157278
Purpose of Disbursement				
2014 Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
Office Cought: House Dishurses	ant Fam. co.	Туре	7	3000.00
	ent For: 2014 Primary Gener	ral		
	Other (specify)	lai		
State: District:	2014 Cont	ribution		
Full Name (Last, First, Middle Initial)				
C. DEMOCRATIC CONGRESSIONAL	CAMPAIGN CO	OMMITTEE	Date of Disburseme	ent
			M M / D D	/ Y Y Y Y
Mailing Address 430 SOUTH CAPITOL STREET, SI			03 26	2014
2ND FLOOR				
•	tate Zip Code 20003		Transaction ID : D	157279
Purpose of Disbursement	20003			
2014 Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/	Amount of Each Bio	
		Type		5000.00
	ent For: 2014	·		
	Primary Gener	ral		
	Other (specify) ▼			
State: District:	2014 Conti	ribution		
CURTOTAL of Dishuranments This Dans (astronal)				15000.00
SUBTOTAL of Disbursements This Page (optional)				.5555.55

SCHEDULE B (FEC Form 3X)		l	FOR LINE NUMBER: PAGE 123 OF 141							
IT	EMIZED DISBURSEMENTS		parate schedule(s) category of the		k only	one)				
			Summary Page		21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Λ.	ay information copied from such Departs and Chita	onto ma	not be sold as	od by are:						
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam									
$\setminus$	NAME OF COMMITTEE (In Full)									
$ \rangle$	American Society of Anesthesiolog	ists Po	litical Action	Commi	ittee					
_	Full Name (Last, First, Middle Initial)									
Α.	Markey Committee						f Disburse			
	Mailing Address P.O. Box 526					03	2		2014	Y
	City	State	Zip Code			Trons	action ID	. D4E7400		
	Medford	MA	02155			irans	action iD	: D157490		
	Purpose of Disbursement 2014 Primary Contribution			011		Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Categor	ry/				1000	0.00
	Mr. Edward Markey  Office Sought: House Disbursen	nent For	2014	Туре			-	7	.000	
	X Senate	Primary Other (spe	General							
	State: MA District:	` .	•							
	Full Name (Last, First, Middle Initial)									
В.	FRIENDS OF BOB JOHNSON					Date of	f Disburse		YY	Y
	Mailing Address PO BOX 16401					03	2	6	2014	
	Savannah	State GA	Zip Code 31416			Trans	saction ID	: D157284		
	Purpose of Disbursement 2014 Primary Contribution			011	$\neg$	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Categor	ry/				2000	0.00
	Dr. Bob Johnson M.D.  Office Sought:  House Disbursen			Туре			7	7	2000	5.00
		Primary	2014 General							
		Other (sp								
	State: GA District: 04		•							
_	Full Name (Last, First, Middle Initial)									
C.	HEALTHCARE FREEDOM FUND						f Disburse			
	Mailing Address PO BOX 2485					03	/ D 1:		2014	Y
	City	State	Zip Code					_		
	Springfield	VA	22152			Trans	saction ID	: D157308		
	Purpose of Disbursement 2014 Contribution			1. 1						
	2014 Contribution  Candidate Name			011		Amoun	t of Each	Disbursem	ent this	Period
	Candidate Natife			Categor Type	·y/				5000	0.00
	Office Sought: House Disbursen	nent For:	2014	.ype	-		-	,		
		Primary	General							
		Other (sp	•							
_	State: District:		2014 Contributi	on						
s	UBTOTAL of Disbursements This Page (optional)				•		-,		8000	0.00
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$\Gamma^{\dagger}$	OTAL This Period (last page this line number only)						7	7		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 124 OF 141				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	rate schedule(s) (check only one)		04		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and State						
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Society of Anesthesiolog	gists Political Action	Committee				
Full Name (Last, First, Middle Initial)						
A. HELLERHIGHWATER PAC			Date of Disbursemen			
Mailing Address PO BOX 37062			03 19	2014		
City	State Zip Code		Transaction ID : D1	E7947		
Las Vegas	NV 89137		Transaction ib . Di	3/31/		
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disb	ursement this Period		
Candidate Name		Category/		2500.00		
Office Sought: House Disburse	ment For: 2014	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: District:	2014 Contributi	on				
Full Name (Last, First, Middle Initial)			D (D) !			
B. HOPE FOR CONGRESS			Date of Disbursemen			
Mailing Address PO BOX 3060			03 19	2014		
City Arlington	State Zip Code VA 22203		Transaction ID : D1	57319		
Purpose of Disbursement						
2014 Primary Contribution  Candidate Name		011	Amount of Each Disb	ursement this Period		
Mr. Patrick Hope		Category/ Type		5000.00		
	ment For: 2014	туре				
	Primary General					
President	Other (specify) ▼					
State: VA District: 08						
Full Name (Last, First, Middle Initial)			Date of Disbursemen	<del>t</del>		
C. HOPE FOR CONGRESS			M M / D D	/ Y Y Y Y		
Mailing Address PO BOX 3060			03 19	2014		
City	Ctata Zin Codo					
City Arlington	State Zip Code VA 22203		Transaction ID : D1	57320		
Purpose of Disbursement						
2014 General Contribution	011	Amount of Each Disb	ursement this Period			
Candidate Name		Category/		5000.00		
Mr. Patrick Hope  Office Sought:  House Disburse	ment For: 2014	Туре	7	7		
Senate	Primary General					
President	Other (specify) ▼					
State: VA District: 08	·					
SUBTOTAL of Disbursements This Page (optional).				12500.00		
TOTAL This Davied (lest need this line number out	1					
TOTAL This Period (last page this line number only	J					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 125 OF 141				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)	] 24		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b		
Any information copied from such Reports and State						
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Society of Anesthesiology	gists Political Action	Committee				
Full Name (Last, First, Middle Initial)						
A. LIZBETH BENACQUISTO FOR C	ONGRESS		Date of Disbursemen	nt		
Mailing Address 610 S BOULEVARD			03 05	2014		
City	State Zip Code					
Tampa	FL 33606		Transaction ID : D	157327		
Purpose of Disbursement 2014 Special Primary		011	Amount of Each Dis	bursement this Period		
Candidate Name		Category/		5000.00		
Ms. Lizbeth Benacquisto		Type		5000.00		
Office Sought: House Disburse Senate	ment For: 2014 Primary General					
President	Other (specify)					
State: FL District: 19	Special Prima	ary				
Full Name (Last, First, Middle Initial)						
B. MORE CONSERVATIVES PAC			Date of Disbursemen	nt		
Mailing Address 675 N WASHINGTON STREET SUITE 410				2014		
City ALEXANDRIA	State Zip Code VA 22314		Transaction ID : D	157297		
Purpose of Disbursement 2014 Contribution		011	Amount of Each Dis	bursement this Period		
Candidate Name		Category/ Type	,	5000.00		
	ment For: 2014					
Senate President	Primary General					
State: District:	Other (specify) ▼  2014 Contribu	tion				
Full Name (Last, First, Middle Initial)						
C. NATIONAL REPUBLICAN CONG	RESSIONAL COMM	/ITTEE	Date of Disbursemen	nt		
Moiling Address 000 FIRST OTREET OF			M M / D D	/ Y Y Y Y Y		
Mailing Address 320 FIRST STREET SE			03 26	2014		
City	State Zip Code		Transaction ID : D	157280		
Washington Purpose of Disbursement	DC 20003		Transaction ID . D	10.200		
2014 Contribution		011	Amount of Foot Die	humanan thia Daviad		
Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period 5000.00		
Office Sought: House Disburse	ment For: 2014	Турс		7		
Senate	Primary General					
President	Other (specify) ▼					
State: District:	2014 Contribu	tion				
SUBTOTAL of Disbursements This Page (optional).		·····•	7	15000.00		
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TOTAL This Period (last page this line number only	)			, , , , , ,		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 126 OF 141				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b			
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Any information copied from such Reports and Stor for commercial purposes, other than using the	name and address of any politi	cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Society of Anesthesio	ogists Political Action	Committee	•			
Full Name (Last, First, Middle Initial)		I				
A. OKLAHOMANS FOR CLARK JO	DLLEY		Date of Disbursement			
	· — ·		M   M / D   D / Y   Y   Y   Y			
Mailing Address PO BOX 2082			03 19 2014			
City	State Zip Code					
Oklahoma City	OK 73101		Transaction ID : D157321			
Purpose of Disbursement						
2014 Primary Contribution		011	Amount of Each Disbursement this Period			
Candidate Name Mr. Clark Jolley		Category/	5000.00			
	rsement For: 2014	Type				
Senate	Primary General					
President	Other (specify) ▼					
State: OK District: 05						
Full Name (Last, First, Middle Initial)			B (B)			
B. KINZINGER FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 2365			03 05 2014			
			2011			
City	State Zip Code		Transaction ID : D157326			
OTTAWA Purpose of Disbursement	IL 61350					
2014 Primary Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/				
Rep. Adam Kinzinger		Type	2500.00			
	rsement For: 2014					
Senate President	Primary General					
State: IL District: 16	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
C. ALAN LOWENTHAL FOR CONC	GRESS		Date of Disbursement			
			M M / D D / Y Y Y			
Mailing Address 6380 WILSHIRE BLVD., #1612			03 26 2014			
City	State Zip Code					
LOS ANGELES	CA 90048		Transaction ID : D157296			
Purpose of Disbursement						
2014 Primary Contribution  Candidate Name		011	Amount of Each Disbursement this Period			
Rep. Alan Lowenthal		Category/	2500.00			
•	rsement For: 2014	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: CA District: 47						
			10000.00			
SUBTOTAL of Disbursements This Page (optional	il)	·····•	10000.00			
TOTAL This Period (last page this line number of	nlv)					
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 127 OF 14							
ITEMIZED DISBURSEMENTS	Use separate schedule(s	) (check only	THOMBETT:						
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26						
		27	28a 28b 28c 29 30b						
Any information copied from such Reports and Sta	,	, , ,	1 1						
or for commercial purposes, other than using the n	ame and address of any polit	ical committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		_							
American Society of Anesthesiolo	ogists Political Action	Committee	•						
Full Name (Last, First, Middle Initial)									
A. ANDY BARR FOR CONGRESS,	INIC		Date of Disbursement						
" AND I BARK FOR CONGRESS,	INC.		M M / D D / Y Y Y Y						
Mailing Address PO BOX 2059			03 05 2014						
City	State Zip Code		Transaction ID : D157324						
LEXINGTON	KY 40588		Transaction 15 : 5107024						
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disbursement this Period						
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Rep. Andy Andy Barr		Category/ Type	1000.00						
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Full Name (Last, First, Middle Initial)									
B. KIRKPATRICK FOR ARIZONA			Date of Disbursement						
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Mailing Address PO BOX 12011			03 26 2014						
City	State Zip Code								
CASA GRANDE	AZ 85130		Transaction ID : D157491						
Purpose of Disbursement									
2014 Primary Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	2500.00						
Rep. Ann Kirkpatrick  Office Sought:	sement For: 2014	Туре							
Senate Sought.	Primary General								
President	Other (specify)								
State: AZ District: 01									
Full Name (Last, First, Middle Initial)									
C. KIRKPATRICK FOR ARIZONA			Date of Disbursement						
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Mailing Address PO BOX 12011			03 26 2014						
City	State Zip Code								
CASA GRANDE	AZ 85130		Transaction ID : D157290						
Purpose of Disbursement									
2014 General Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	2500.00						
Rep. Ann Kirkpatrick		Type	2500.00						
	sement For: 2014								
Senate	Primary General								
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 128 OF 141					
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NAME OF COMMITTEE (In Full)								
$ \; angle$ American Society of Anesthesiolo	gists Political Action	Committee	•					
Full Name (Last, First, Middle Initial)		1						
A. PASCRELL FOR CONGRESS			Date of Disbursement					
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Mailing Address P.O. Box 640			03 26 2014					
City	State 7in Cada							
City Totowa	State Zip Code NJ 07511		Transaction ID : D157289					
Purpose of Disbursement	.10 0/311							
2014 Primary Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	1000.00					
Rep. Bill Pascrell Jr.		Type	1000.00					
	ement For: 2014							
Senate President	Primary General Other (specify) ▼							
State: NJ District: 09	Other (specify)							
Full Name (Last, First, Middle Initial)								
B. FRIENDS OF BILL POSEY			Date of Disbursement					
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Mailing Address P. O. Box 360877			03 26 2014					
City Melbourne	State Zip Code FL 32936		Transaction ID : D157287					
Purpose of Disbursement	1							
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Candidate Name		Category/	2502.00					
Rep. Bill Posey		Type	2500.00					
	ement For: 2014							
Senate President	Primary General							
State: FL District: 08	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. BILLY LONG FOR CONGRESS			Date of Disbursement					
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Mailing Address 1675-F E SEMINOLE			03 26 2014					
City	Ctate 7:- Oada							
City SPRINGFIELD	State Zip Code MO 65804		Transaction ID : D157293					
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2014 General Contribution		011	Amount of Each Disbursement this Period					
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Rep. Billy Long		Type	1000.00					
	ement For: 2014							
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 129 OF 1							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
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A. BILLY LONG FOR CONGRESS			Date of Disbursement						
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Mailing Address 1675-F E SEMINOLE			03 26 2014						
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SPRINGFIELD	MO 65804		Transaction ID: D157493						
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Candidate Name		Category/							
Rep. Billy Long		Type	1000.00						
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			2017						
•	State Zip Code IL 60680		Transaction ID : D157323						
CHICAGO Purpose of Disbursement	IL 60680								
2014 General Contribution			Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
Rep. Bobby L. Rush Office Sought:  House Disbursen	nent For: 2014	Туре	333.00						
	Primary Seneral								
	Other (specify) ▼								
State: IL District: 01									
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c. SWALWELL FOR CONGRESS			Date of Disbursement						
Mailing Address P.O. BOX 2847			03 26 2014						
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City S DUBLIN	State Zip Code CA 94568		Transaction ID : D157285						
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Candidate Name Rep. Eric Swalwell		Category/	1000.00						
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Full Name (Last, First, Middle Initial)  A. DENHAM FOR CONGRESS			Date of Disbursement						
M DENHAM FOR CONGRESS			M M / D D / Y Y Y	Y					
Mailing Address 2150 RIVER PLAZA DR #150			03 26 2014						
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City SACRAMENTO	State Zip Code CA 95833		Transaction ID : D157291						
Purpose of Disbursement	35055								
2014 Primary Contribution		011	Amount of Each Disbursement this	Period					
Candidate Name		Category/	250	00.00					
Rep. Jeff Denham	amant Fam. 00::	Туре	230	33.00					
Office Sought: House Disburs Senate	ement For: 2014 Primary General								
President	Other (specify)								
State: CA District: 10	(-p								
Full Name (Last, First, Middle Initial)									
B. CASTRO FOR CONGRESS			Date of Disbursement						
Molling Address DO DOV 544			M M / D D / Y Y Y	Y					
Mailing Address PO BOX 544			03 26 2014						
City	State Zip Code		Transaction ID : D157294						
SAN ANTONIO	TX 78292		Transaction ID . D137234						
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Candidate Name			Amount of Each Disbursement this	, i chod					
Rep. Joaquin Castro		Category/ Type	250	00.00					
	ement For: 2014								
	Primary General								
President State: TX District: 20	Other (specify) ▼								
State: TX District: 20  Full Name (Last, First, Middle Initial)									
C. COURTNEY FOR CONGRESS			Date of Disbursement						
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Mailing Address 38 Risley Road			03 26 2014						
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City Vernon	State Zip Code CT 06066		Transaction ID: D157288						
Purpose of Disbursement									
2014 Convention Contribution		011	Amount of Each Disbursement this	Period					
Candidate Name		Category/	100	00.00					
Rep. Joe Courtney  Office Sought:	ement For: 2014	Туре							
Senate Sought.	Primary General								
President	Other (specify) ▼								
State: CT District: 02	Convention								
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	Full Name (Last, First, Middle Initial)										
Α.	COMMITTEE TO RE-ELECT LIND	A SAN	ICHEZ		Date of Disbursement						
	Moiling Address 4040 Q Vistan Blad				03 26 2014						
	Mailing Address 1212 S. Victory Blvd				03 26 2014						
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	BURBANK	CA	91502		Transaction ID : D157273						
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	Candidate Name			011	Amount of Each disbursement this Period						
	Rep. Linda T. Sanchez			Category/ Type	-2500.00						
	Office Sought:	nent For:	2014	.,,,,							
	Senate	Primary	General								
	President	Other (sp	ecify) 🔻								
	State: CA District: 38										
<b>D</b>	Full Name (Last, First, Middle Initial)		101157		Date of Disbursement						
Ο.	COMMITTEE TO RE-ELECT LIND	A SAN	ICHEZ								
	Mailing Address 1212 S. Victory Blvd				03 26 2014						
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	Candidate Name			Category/							
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	Candidate Name  Rep. Linda T. Sanchez  Office Sought: House Disbursen				-2500.00						
	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  House Senate  Disbursen	Primary	General		-2500.00						
	Candidate Name  Rep. Linda T. Sanchez  Office Sought:    House   Disbursen		General		-2500.00						
	Candidate Name  Rep. Linda T. Sanchez  Office Sought:    Yes   House   Senate   President	Primary	General		-2500.00						
<u> </u>	Candidate Name  Rep. Linda T. Sanchez  Office Sought:    House   Disbursen	Primary Other (sp	General ecify) ▼		-2500.00  Date of Disbursement						
— С.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  House Senate President State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND	Primary Other (sp	General ecify) ▼								
C.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President State: CA  District: 38  Full Name (Last, First, Middle Initial)	Primary Other (sp	General ecify) ▼		Date of Disbursement						
<u> </u>	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President  State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd	Primary Other (sp	General ecify) ▼		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
с.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd	Primary Other (sp	General ecify) ▼		Date of Disbursement						
С.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President  State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City BURBANK  Purpose of Disbursement	Primary Other (sp A SAN	General ecify)   ICHEZ  Zip Code	Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
С.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City BURBANK Purpose of Disbursement 2014 Primary Contribution	Primary Other (sp A SAN	General ecify)   ICHEZ  Zip Code		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
С.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City BURBANK Purpose of Disbursement 2014 Primary Contribution  Candidate Name	Primary Other (sp A SAN	General ecify)   ICHEZ  Zip Code	Type  011  Category/	Date of Disbursement  M M / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
С.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City BURBANK Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Linda T. Sanchez	Primary Other (sp A SAN State CA	General ecify)   ICHEZ  Zip Code 91502	Type O11	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
<b>c</b> .	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President  State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City  BURBANK Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Linda T. Sanchez  Office Sought:  House  Disburser	Primary Other (sp A SAN State CA	General ecify)   ICHEZ  Zip Code 91502	Type  011  Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
c.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President  State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City  BURBANK Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Linda T. Sanchez  Office Sought:  House  Disburser	Primary Other (sp  A SAN  State CA	General ecify)   ICHEZ  Zip Code 91502  2014  General	Type  011  Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
c.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City BURBANK Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Linda T. Sanchez  Office Sought:  House Senate  Disburser	Primary Other (sp  A SAN  State CA  nent For: Primary	General ecify)   ICHEZ  Zip Code 91502  2014  General	Type  011  Category/	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
c.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President  State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City  BURBANK  Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Linda T. Sanchez  Office Sought:  House Senate President  State: CA District: 38	Primary Other (sp  A SAN  State CA  nent For: Primary Other (sp	General ecify)   ICHEZ  Zip Code 91502  2014  General ecify)   General ecify)	O11 Category/ Type	Date of Disbursement  M M / 26 / 2014  Transaction ID : D157275  Amount of Each Disbursement this Period						
C.	Candidate Name  Rep. Linda T. Sanchez  Office Sought:  Senate President  State: CA District: 38  Full Name (Last, First, Middle Initial)  COMMITTEE TO RE-ELECT LIND  Mailing Address 1212 S. Victory Blvd  City BURBANK Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Linda T. Sanchez  Office Sought:  House Senate President  Disburser	Primary Other (sp  A SAN  State CA  nent For: Primary Other (sp	General ecify)   ICHEZ  Zip Code 91502  2014  General ecify)   General ecify)	O11 Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
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SCHEDULE B (FEC Form 3X)	11.		FOR LINE	INE NUMBER: PAGE 132 OF 141						
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American Society of Anesthesiolo	วูปเรเร 20	iilical Action	Committee							
Full Name (Last, First, Middle Initial)				D . (D: )						
A. COMMITTEE TO RE-ELECT LIN	DA SAN	CHEZ		Date of Disburseme						
Mailing Address 1212 S. Victory Blvd				03 26	2014					
Cit.	Otata	7:- Cada								
City BURBANK	State CA	Zip Code 91502		Transaction ID : I	D157276					
Purpose of Disbursement										
2014 General Contribution  Candidate Name			011	Amount of Each Di	sbursement this Period					
Rep. Linda T. Sanchez			Category/ Type		2500.00					
	ement For:	2014	.,,,,							
Senate	Primary	General								
State: CA District: 38	Other (sp	ecify) 🔻								
Full Name (Last, First, Middle Initial)										
B. LOUISE SLAUGHTER RE-ELEC	TION CO	OMMITTEE		Date of Disburseme	ent					
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Mailing Address 1150 UNIVERSITY AVE, BLDG.	. 5			03 26	2014					
City	State	Zip Code		Transaction ID :	D157299					
ROCHESTER Purpose of Disbursement	NY	14607								
2014 Primary Contribution			011	Amount of Each Di	sbursement this Period					
Candidate Name			Category/		4000.00					
Rep. Louise M. Slaughter			Type		1000.00					
	ement For: Primary	2014 General								
President	Other (sp									
State: NY District: 25										
Full Name (Last, First, Middle Initial)				Data of District						
C. MICHAEL GRIMM FOR CONGRI	ESS			Date of Disburseme	_					
Mailing Address 560 9th Street				03 26	2014					
Cit.	Otat-	Zim On d								
City Brooklyn	State NY	Zip Code 11215		Transaction ID:	D157298					
Purpose of Disbursement										
2014 Primary Contribution			011	Amount of Each Di	sbursement this Period					
Candidate Name Rep. Michael G. Grimm			Category/ Type		3000.00					
•	ement For:	2014	Type		7					
Senate	Primary	General								
President President	Other (sp	ecify) 🔻								
State: NY District: 11										
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 133 OF 1							
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Full Name (Last, First, Middle Initial)									
A. MIKE HONDA FOR CONGRESS			Date of Disbursement						
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Mailing Address C/O CONTRIBUTION SOLUTIONS	LLC		03 26 2014						
City	tate Zip Code								
	CA 95112		Transaction ID: D157282						
Purpose of Disbursement	-								
2014 Primary Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
Rep. Michael M. Honda  Office Sought:	ent For: 2014	Туре							
	Primary General								
	Other (specify) ▼								
State: CA District: 17									
Full Name (Last, First, Middle Initial)			Data of Dishar						
B. PAUL COOK FOR CONGRESS			Date of Disbursement						
Mailing Address PO BOX 365			03 26 2014						
			25 25,1						
•	tate Zip Code		Transaction ID : D157295						
YUCCA VALLEY Purpose of Disbursement	CA 92286								
2014 Primary Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/							
Rep. Paul Cook		Туре	2500.00						
	ent For: 2014								
	Primary General								
State: CA District: 08	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
C. ROSKAM FOR CONGRESS COM	MITTEE		Date of Disbursement						
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Mailing Address P. O. Box 713			03 12 2014						
City	tate Zip Code		Towns of the D. D. P.						
Wheaton	IL 60187		Transaction ID : D157302						
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Candidate Name		011	Amount of Each Disbursement this Period						
Rep. Peter Roskam		Category/ Type	2500.00						
	ent For: 2014	. , , , ,							
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A. RANDY HULTGREN FOR CONGR	FSS		Date of Disbursement
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Mailing Address PO Box 39			03 05 2014
011			
	State Zip Code IL 60510		Transaction ID : D157325
Batavia Purpose of Disbursement	00010		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Randy Hultgren		Type	1500.00
	nent For: 2014		
	Primary General		
State: IL District: 14	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. RON BARBER FOR CONGRESS			Date of Disbursement
- KON BARBER FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO BOX 57715			03 31 2014
,	State Zip Code		Transaction ID : D157271
TUCSON Purpose of Disbursement	AZ 85732		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Ron Barber		Type	2500.00
	nent For: 2014		
	Primary General		
President State: AZ District: 02	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. SEAN PATRICK MALONEY FOR (	CONCRESS		Date of Disbursement
3 SEANT ATRIOR MALONETT OR C	ONONLOG		M M / D D / Y Y Y Y
Mailing Address PO BOX 270			03 26 2014
-			
,	state Zip Code NY 12550		Transaction ID : D157301
Purpose of Disbursement	12550		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Sean Patrick Maloney		Type	1000.00
	nent For: 2014		
	Primary General		
State: NY District: 18	Other (specify) ▼		
State. 141 District. 18			
SUBTOTAL of Disbursements This Page (optional)			5000.00
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TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 135 OF 14								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)							
	Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29	26						
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NAME OF COMMITTEE (In Full)										
American Society of Anesthesiolo	gists Political Action	Committee								
Full Name (Last, First, Middle Initial)										
A. HOYER FOR CONGRESS			Date of Disbursement							
Mailing Address 700 13th Street, NW			03 10 2014	Y						
City	State Zip Code		Transaction ID - D457400							
Washington	DC 20005		Transaction ID : D157489							
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disbursement this F	Period						
Candidate Name		Category/	5000	00						
Rep. Steny H. Hoyer  Office Sought:  House Disburs		Туре	0000							
Office Sought: House Disburs Senate President	ement For: 2014  Primary									
State: MD District: 05										
Full Name (Last, First, Middle Initial)										
B. STIVERS FOR CONGRESS			Date of Disbursement	Υ						
Mailing Address 4679 Winterset Drive			03 19 2014							
City Columbus	State Zip Code OH 43220		Transaction ID : D157315							
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period							
Candidate Name		Category/	2000	. 00						
Rep. Steve Stivers		Type	2000	0.00						
	ement For: 2014  ✓ Primary General  Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
C. DUCKWORTH FOR CONGRESS	8		Date of Disbursement							
Mailing Address P.O. BOX 8867			03 12 7 2014	Y						
City	State Zip Code		Transaction ID : D157314							
ROLLING MEADOWS Purpose of Disbursement	IL 60008									
2014 Primary Contribution		011	Amount of Each Disbursement this F	Period						
Candidate Name		Category/		-						
Rep. Tammy Duckworth		Type	2500	0.00						
Senate President	ement For: 2014 Primary General Other (specify) ▼									
State: IL District: 08										
SUBTOTAL of Disbursements This Page (optional)		·····•	9500	.00						
TOTAL This Period (last page this line number on	y)	·····								

SCHEDULE B (FEC Form 3X)	1	EOD LIVIE	NUMBER: PAGE 136 OF 141						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I   (check only	E NOMBER.						
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NAME OF COMMITTEE (In Full)									
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Full Name (Lock First Middle Initial)		-							
Full Name (Last, First, Middle Initial)			Date of Disbursement						
A. GRAVES FOR CONGRESS									
Mailing Address PO BOX 335			03 12 2014						
•	tate Zip Code		Transaction ID : D157307						
0,12,100,1	GA 30703		11a115activii ID . D13/30/						
Purpose of Disbursement 2014 Primary Contribution	l r	011	Amount of Each Disbursement this Period						
Candidate Name			Amount of Each Dispursement this Period						
Rep. Tom Thomas Graves Jr.		Category/ Type	2000.00						
•	nent For: 2014	.,,,,							
	Primary General								
President	Other (specify)								
State: GA District: 14									
Full Name (Last, First, Middle Initial)									
B. GRAVES FOR CONGRESS			Date of Disbursement						
Martin Address = = = = = :			M   M / D   D / Y   Y   Y   Y   Y						
Mailing Address PO BOX 335			03 26 2014						
City	tate Zip Code								
	GA 30703		Transaction ID: D157283						
Purpose of Disbursement									
2014 General Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	2500.00						
Rep. Tom Thomas Graves Jr.	ant fam and	Туре	2000.00						
	ent For: 2014  Primary								
	Other (specify)								
State: GA District: 14									
Full Name (Last, First, Middle Initial)									
C. Republican State Leadership Comr	nittee		Date of Disbursement						
	<del></del>		M M / D D / Y Y Y Y						
Mailing Address 1800 Diagnole Rd			03 12 2014						
Suite 230									
,	tate Zip Code VA 22314		Transaction ID : D157306						
Purpose of Disbursement	V/\								
2014 Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/							
		Type	40000.00						
	ent For: 2014								
	Primary General								
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State: District:	2014 Membership Du	ıes							
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 137 OF 14							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
	Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29						
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NAME OF COMMITTEE (In Full)									
American Society of Anesthesiolog	sts Political Action	Committee							
Full Name (Last, First, Middle Initial)									
A. SHORE PAC			Date of Disbursement						
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Mailing Address PO Box 3157			03 19 2014						
City	tate Zip Code								
Long Branch	NJ 07740-3157		Transaction ID : D157316						
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/							
Frank Pallone		Type	5000.00						
	ent For: 2014								
	Primary General  Other (specify) ▼								
State: District:	Strict (specify)								
Full Name (Last, First, Middle Initial)									
B. VANILA SINGH FOR CONGRESS	2014		Date of Disbursement						
Mailing Address DO Day 44007			M M / D D / Y Y Y Y Y						
Mailing Address PO Box 14037			03 19 2014						
•	tate Zip Code CA 94539		Transaction ID : D157318						
Fremont Purpose of Disbursement	94539								
2014 Primary Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	2500.00						
Dr. Vanila Singh M.D.  Office Sought:  House Disbursen		Туре	2500.00						
	ent For: 2014 Primary General								
	Other (specify)								
State: CA District: 17									
Full Name (Last, First, Middle Initial)									
c. Vanila singh for congress	2014		Date of Disbursement						
Mailing Address PO Box 14037			03 12 2014						
•	tate Zip Code CA 94539		Transaction ID: D157313						
Purpose of Disbursement	0,000								
2014 Primary Contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	2500.00						
Dr. Vanila Singh M.D.  Office Sought:  House Disbursen	ent For: 2014	Туре	7						
	Primary General								
	Other (specify)								
State: CA District: 17									
			10000.00						
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SCHEDULE B (FEC Form 3X)		FOR LINE		NIE NI	E NUMBER: PAGE 138 OF 141								
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$\setminus$	NAME OF COMMITTEE (In Full)	<del>-</del>											
$  \rangle$	American Society of Anesthesiolog	ists Political Action	Com	mit	tee								
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_	Full Name (Last, First, Middle Initial)												
A.	Steven B. Schulman M.D.					Date o	f Dis	sburse	ment				
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	Mailing Address 100 Port Washington Blvd					03		19	9	2014	1		
	City	State Zip Code			_								
	Roslyn	NY 11576-1353				Trans	sacti	ion ID	: D15732	22			
	Purpose of Disbursement	11070 1000			_								
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	Candidate Name		Cat	egory/	,	_	-	-		-	_		
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	Office Sought: House Disburser	nent For: 2014											
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	President	Other (specify) ▼											
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	Full Name (Last, First, Middle Initial)												
В.	Michael A. Walter M.D.					Date o	f Dis	sburse	ment				
					_	M = M	/	D		Y		1	
	Mailing Address 55 Lagunita Dr.					03 12 2014							
	City	State Zip Code											
	Laguna Beach	CA 92651-4237				Transaction ID : D157310							
	Purpose of Disbursement			-	_								
	Refund of 1/14 Contribution	01			ш	Amount of Each Disbursement this Period					riod		
	Candidate Name		egory	,									
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	Office Sought: House Disburser	nent For: 2014											
	Senate	Primary General											
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	Full Name (Last, First, Middle Initial)												
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	Mailing Address					_	4	_			-		
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	Purpose of Disbursement		_	_	_								
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	Office Sought: House Disburser	nent For:											
	Senate	Primary General											
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8	SUBTOTAL of Disbursements This Page (optional)				•			7		12	233.36	,	
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 139 OF 141		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
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NAME OF COMMITTEE (In Full)					
American Society of Anesthesiolog	ists Political Action (	Committee			
Full Name (Last, First, Middle Initial)					
A. Democratic Attorneys General Asse		Date of Disbursement			
Mailing Address 1580 Lincoln St	03 12 2014				
Ste 1125					
•	State Zip Code CO 80203-1501		Transaction ID : D157309		
Denver Purpose of Disbursement	80203-1501				
2014 Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	50000.00		
Office Sought: House	ant For Cott	Туре	30000.00		
	nent For: 2014  Primary General				
	Other (specify)				
State: District:	2014 Membership [	Dues			
Full Name (Last, First, Middle Initial)					
B. Democratic Governors Association			Date of Disbursement		
Mailing Address 1401 K Street NW Suite 200	03 12 2014				
Washington	State Zip Code DC 20005		Transaction ID : D157305		
Purpose of Disbursement 2014 Contribution	Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	100000.00		
Office Sought: House Disbursen	nent For: 2014	.,,,,	, , ,		
	Primary General				
	Other (specify) ▼	D			
State: District:	2014 Membership I	Dues			
Full Name (Last, First, Middle Initial)  C. DEMOCRATIC LEGISLATIVE CAN		==	Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 1401 K St NW Ste 201			03 12 2014		
,	tate Zip Code DC 20005-3497		Transaction ID : D157311		
Purpose of Disbursement 2014 Contribution					
2014 Contribution 011 Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	25000.00		
Office Sought: House Disbursen	nent For: 2014	турс	,		
	Primary General				
	Other (specify) ▼				
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TOTAL This Period (last page this line number only).		_			

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ITEMIZED DISBURSEME		ate schedule(s) ategory of the	(check only one)			
		ummary Page	21b 27	22 23 28b	24 25 26 28c <b>X</b> 29 30b	
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NAME OF COMMITTEE (In Full)						
American Society of An	esthesiologists Polit	ical Action C	ommittee			
Full Name (Last, First, Middle Initia	,			D		
A. House Conservatives F		Date of Disbursem	/ Y Y Y Y Y			
Mailing Address 228 S. Washingtor Ste. 115				03 26	2014	
City	State VA	Zip Code		Transaction ID :	D157286	
Arlington Purpose of Disbursement	VA	22201				
2014 Contribution			011	Amount of Each D	isbursement this Period	
Candidate Name			Category/ Type	7	5000.00	
Office Sought: House	Disbursement For: 20					
Senate	Primary Other (anali	General				
State: President District:	Other (speci	<ul><li>Ty) ▼</li><li>2014 Contribution</li></ul>				
Full Name (Last, First, Middle Initia	<u> </u>	2014 CONTINUED	'			
B. Republican Attorney's C	,	(RAGA)		Date of Disbursem		
Mailing Address 1201 F St NW Ste 675				03 / 12	2014	
City Washington	State DC	Zip Code 20004-1218		Transaction ID :	D157312	
Purpose of Disbursement 2014 Contribution 011				Amount of Each Disbursement this Period		
Candidate Name			Category/ Type		100000.00	
Office Sought: House	Disbursement For: 20		Турс			
Senate	Primary	General				
President	Other (speci					
State: District:		014 Membership D	ues			
Full Name (Last, First, Middle Initial C. Republican Governors A	,			Date of Disbursem	ent	
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Mailing Address 1747 Pennsylvania	a Ave, NW			03 12	2014	
City Washington	State DC	Zip Code 20006		Transaction ID :	D157304	
Purpose of Disbursement						
2014 Contribution			011	Amount of Each D	isbursement this Period	
Candidate Name			Category/ Type		100000.00	
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SCHEDULE B (FEC Form 3X)		FOR 1 117	FOR LINE NUMBER: PAGE 141 OF 14		
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NAME OF COMMITTEE (In Full)					
American Society of Anesthesiologic	ists Political Action	Committee			
Full Name (Last, First, Middle Initial)	Date of Disbursement				
A. Tim Melson for State Senate					
Mailing Address PO Box 550	03 31 2014				
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City	State Zip Code		Transaction ID : D157272		
	AL 35631-0550		Transaction ID . D13/2/2		
Purpose of Disbursement 2014 Non-Federal Contribution		044	Assessed of Early Bishamous and this Boston		
		011	Amount of Each Disbursement this Period		
Dr. Tim Melson M.D.	Candidate Name  Category/				
	nent For: 2014	Туре			
	Primary General				
President	Other (specify) ▼				
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Office Cought	ant Fam	Туре	7 7 7		
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