

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street) ▼

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
07 31 2012

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 14 2013

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2012 To: M M / D D / Y Y Y Y Y Y
07 31 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		1770455.33
(b) Cash on Hand at Beginning of Reporting Period.....	1651062.27	
(c) Total Receipts (from Line 19)	96821.90	803985.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1747884.17	2574440.91
7. Total Disbursements (from Line 31)	78927.62	905484.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1668956.55	1668956.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2012

To:

M M / D D / Y Y Y Y Y
07 31 2012
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).....

77185.20

630910.70

(ii) Unitemized

19636.70

167074.88

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

96821.90

797985.58

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

96821.90

797985.58

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

6000.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

96821.90

803985.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

96821.90

803985.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2427.62	30658.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2427.62	30658.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81500.00	658825.00
24. Independent Expenditures (use Schedule E)	0.00	119225.83
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1775.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	-5000.00	-5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-5000.00	-3225.00
29. Other Disbursements	0.00	100000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78927.62	905484.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78927.62	905484.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	96821.90	797985.58
34. Total Contribution Refunds (from Line 28(d))	-5000.00	-3225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	101821.90	801210.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2427.62	30658.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2427.62	30658.53

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Basem B. Abdelmalak M.D.Mailing Address Dept of General Anesthesiology E-3
9500 Euclid Ave.

City	State	Zip Code
Cleveland	OH	44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2012

Transaction ID : C1788570

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John P. Abenstein M.D.

Mailing Address 10978 Eleventh Ave N.W.

City	State	Zip Code
Oronoco	MN	55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2012

Transaction ID : C1786240

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 4303 Evergreen Elm Ct

City	State	Zip Code
Houston	TX	77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2012

Transaction ID : C1788534

Amount of Each Receipt this Period

83.30

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

208.20

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce T Adelman M.D.

Mailing Address 4896 Woodcliff Hill Rd N

City	State	Zip Code
West Bloomfield	MI	48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Hospital West BloomfieldOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : C1787047

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Patrick H. Allaire M.D.

Mailing Address 58991 290th St

City	State	Zip Code
Cambridge	IA	50046-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer
McFarland ClinicOccupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : C1787054

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Kelly J. Allen M.D.

Mailing Address 291 Southhall Lane

City	State	Zip Code
Maitland	FL	32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Anesth. Assoc.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : C1787076

Amount of Each Receipt this Period

41.00

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

123.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Francisco Alvarez-Gil M.D.

Mailing Address 3661 S Miami Ave Ste 504

City State Zip Code
Miami FL 33133-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biscayne Anesthesia Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1796819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jack W. Anderson M.D.

Mailing Address 7149 Wynlakes Blvd

City State Zip Code
Montgomery AL 36117-7545

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Montgomery Surgical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : C1790574

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Jeffrey D. Anderson M.D.

Mailing Address 7000 Forest Dr

City State Zip Code
Johnston IA 50131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Anesthesiologists, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : C1799000

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 9 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan C. Anderson M.D.

Mailing Address 151 Jossie Ln

City

Kalispell

State

MT

Zip Code

59901-6961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Rockies Anesthesia Consultant

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2012

Transaction ID : C1782970

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David Andrews M.D.

Mailing Address 18 Woods Rd

City

Falmouth

State

ME

Zip Code

04105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2012

Transaction ID : C1793763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas W. Andrews M.D.

Mailing Address 1821 Alaqua Dr.

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1775453

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 126

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1164.10

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787056

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1164.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788571

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. James M. Anton M.D.

Mailing Address 2302 Paradise Canyon Dr.

City

Pearland

State

TX

Zip Code

77584-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 06 / 2012

Transaction ID : C1782751

Amount of Each Receipt this Period

50.00

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

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

216.30

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

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

FOR LINE NUMBER: PAGE 11 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett L. Arron M.D.

Mailing Address 52 Lake Street

City

Wakefield

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Narragansett Bay Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788569

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert S. Ascanio M.D.

Mailing Address 98 Starbird Rd

City

Portland

State

ME

Zip Code

04102-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2012

Transaction ID : C1794139

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Matthew Atlas M.D.

Mailing Address 2810 N Swan Rd Ste 100

City

Tucson

State

AZ

Zip Code

85712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : C1796486

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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

FOR LINE NUMBER: PAGE 12 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Craig T. Austin M.D.

Mailing Address 1000 E. Primrose, #520

Ozark Anesthesia Associates

City

Springfield

State

MO

Zip Code

65807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1782938

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Todd D. Bailey M.D.

Mailing Address 7921 Teasdale Ct

City

St. Louis

State

MO

Zip Code

63130

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAAI

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2012

Transaction ID : C1787149

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William E. Baker M.D.

Mailing Address 4968 Spring Rock Rd

City

Mountain Brk

State

AL

Zip Code

35223

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Dept. of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2012

Transaction ID : C1797598

Amount of Each Receipt this Period

500.00

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

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City	State	Zip Code
Miami	FL	33137-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami School of MedicineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : C1795952

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Carolyn F. Bannister M.D.

Mailing Address 5102 Chastleton Drive

City	State	Zip Code
Stone Mountain	GA	30087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University School of MedicineOccupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2012

Transaction ID : C1793771

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Paul E. Banta M.D.

Mailing Address 663 Midvale Ave, Apt 1

City	State	Zip Code
Los Angeles	CA	90024-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Keyes Surgery CenterOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : C1794081

Amount of Each Receipt this Period

350.00

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

516.60

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Beacham M.D.

Mailing Address 2500 N State St

Dept of Anesthesiology

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Ctr

Occupation

Anesthesiologist and Pain Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787066

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Charles R. Beckenstein M.D.

Mailing Address 610 S Rome Ave Apt 602

City

Tampa

State

FL

Zip Code

33606-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer

UniCom Anesthesia Associates, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

07 / 13 / 2012

Transaction ID : C1788502

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Eileen V. Begin M.D.

Mailing Address 110 Irving St. NW #G-226

City

Washington

State

DC

Zip Code

20010-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

07 / 25 / 2012

Transaction ID : C1795953

Amount of Each Receipt this Period

41.60

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

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

166.20

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

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

FOR LINE NUMBER: PAGE 15 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C1788720

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Arthur A. Bert M.D.

Mailing Address Department of Anesthesiology, Davo
Rhode Island/ hasbro Children's Ho

City

Providence

State

RI

Zip Code

02903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rhode Island Hospital Anes.Dept., Davo

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : C1799766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Froukje M. Beynen M.D.

Mailing Address 15364 E Golden Eagle Blvd

City

Fountain Hills

State

AZ

Zip Code

85268-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer

mayo clinic

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1798805

Amount of Each Receipt this Period

250.00

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

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

541.60

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

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

FOR LINE NUMBER: PAGE 16 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julian S Bick M.D.

Mailing Address 4100B Oriole Pl

City

Nashville

State

TN

Zip Code

37215-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ Med Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2012

Transaction ID : C1787098

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David J. Biel A.A.-C

Mailing Address 2929 Edgehill Rd

City

Cleveland Heights

State

OH

Zip Code

44118-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals of Cleveland

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.40

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2012

Transaction ID : C1793774

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Joseph O. Billig M.D.

Mailing Address 3033 Ohio Way

City

Denver

State

CO

Zip Code

80209

FEC ID number of contributing
federal political committee.

C

Name of Employer

CPMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794132

Amount of Each Receipt this Period

500.00

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

624.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert F. Birch M.D.

Mailing Address 582 Summit Ave.

City

St. Paul

State

MN

Zip Code

55102-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Ridges Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 11 / 2012

Transaction ID : C1787099

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Ravi M. Bissessar M.D.

Mailing Address 291 Southhall Lane

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : C1799002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy M. Bittenbinder M.D.

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

City

Temple

State

TX

Zip Code

76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas AM College of Medicine Scott an

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

07 / 25 / 2012

Transaction ID : C1795954

Amount of Each Receipt this Period

83.30

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

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

624.90

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

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

FOR LINE NUMBER: PAGE 18 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Will Blankenship M.D.

Mailing Address 2215 viewmont way w

City State Zip Code
 Seattle WA 98199

FEC ID number of contributing
federal political committee.

C

Name of Employer
swedish medical group

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 25 2012

Transaction ID : C1795950

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Suzanne S. Blaylock M.D.

Mailing Address 155 Wilson Ct.

City State Zip Code
 Muscle Shoals AL 35661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Medical Consultants

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 19 2012

Transaction ID : C1791163

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City State Zip Code
 Lafayette IN 47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesiology Associates, P.C.

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 06 2012

Transaction ID : C1782934

Amount of Each Receipt this Period

50.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 19 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth J. Bochenek M.D.

Mailing Address 2000 Spruce Dr

City

Lafayette

State

IN

Zip Code

47905-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 26 / 2012

Transaction ID : C1799767

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jason A. Boehm D.O.

Mailing Address 4131 E White Oak Drive

City

Springfield

State

MO

Zip Code

65809-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Johns Clinic Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 06 / 2012

Transaction ID : C1782748

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Manuel Bonilla

Mailing Address 1405 Dogwood Drive

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amer. Soc. of Anesthesiologists

Occupation

Association Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 05 / 2012

Transaction ID : C1779760

Amount of Each Receipt this Period

225.00

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

358.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 126
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara W. Brandom M.D.

Mailing Address 4401 Penn Ave

Department of Anesthesiology

City

Pittsburgh

State

PA

Zip Code

15224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital of Pittsburgh

Occupation

pediatric anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2012

Transaction ID : C1794417

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Brouillard A.A.

Mailing Address 57 Executive Park S

Dept of Anes

City

Atlanta

State

GA

Zip Code

30322-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University School of Medicine

Occupation

AA Pprogram Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2012

Transaction ID : C1782971

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. William M. Brown M.D.

Mailing Address 2810 N Swan Rd Ste 100

Old Pueblo Anesthesia

City

Tucson

State

AZ

Zip Code

85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : C1794121

Amount of Each Receipt this Period

250.00

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

833.30

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

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

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

FOR LINE NUMBER: PAGE 21 OF 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bart J. Bruns M.D.

Mailing Address 145 Echo Canyon Ln.

City State Zip Code
 Roseburg OR 97470

FEC ID number of contributing federal political committee.

C

Name of Employer

Roseburg Anesthesiology Specialists, P

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : C1794134

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kurt T. Budenbender D.O.

Mailing Address 1850 N. Central Ave Ste 1600
 Valley Anes. Consultants, LTD

City State Zip Code
 Phoenix AZ 85004

FEC ID number of contributing federal political committee.

C

Name of Employer

Valley Anesthesia Consultants, LTD

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : C1788721

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lan-Anh Bui M.D., M.P.

Mailing Address Anesthesiology
 2045 Franklin Street, 2nd Floor

City State Zip Code
 Denver CO 80205

FEC ID number of contributing federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : C1789281

Amount of Each Receipt this Period

375.00

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

708.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 25 / 2012

Transaction ID : C1795951

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James Burkman M.D.

Mailing Address 601 Belmont Ave E Apt A12

City

Seattle

State

WA

Zip Code

98102-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 13 / 2012

Transaction ID : C1788499

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Frederick Campbell III, M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City

Traverse City

State

MI

Zip Code

49684-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates, PC

Occupation

physician anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 16 / 2012

Transaction ID : C1788706

Amount of Each Receipt this Period

83.30

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

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

224.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicholas Capone D.O.

Mailing Address 9146 Bay Point Drive

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787077

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. James L. Carlson M.D., M.S.

Mailing Address 8385 Valley Tarn Drive NE

City

Atlanta

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : C1796334

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Carney M.D.

Mailing Address 534 Ridgeview Drive

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787042

Amount of Each Receipt this Period

83.00

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

624.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Corey M. Carpenter M.D.

Mailing Address 845 Secret Garden Dr

City

Chattanooga

State

TN

Zip Code

37421-7440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787091

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Lee Carter M.D.

Mailing Address 2835 Regatta Way

City

Tuscaloosa

State

AL

Zip Code

35406-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 06 / 2012

Transaction ID : C1782932

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elizabeth J. Cavanagh M.D.

Mailing Address 9860 Oak Haven Ave.

City

St. Louis

State

MO

Zip Code

63119-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 05 / 2012

Transaction ID : C1782739

Amount of Each Receipt this Period

500.00

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

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

1041.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chun K. Chan M.D.

Mailing Address 168 Riverwalk Pl

City

Memphis

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

07 / 28 / 2012

Transaction ID : C1797559

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

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

Mailing Address 1253 Citadel Dr NE

City

Atlanta

State

GA

Zip Code

30324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788545

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Edward Chen M.D.

Mailing Address 430 Morton Plant St Ste 210

City

Clearwater

State

FL

Zip Code

33756-3396

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : C1791909

Amount of Each Receipt this Period

250.00

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

374.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wen J. Chen M.D.

Mailing Address 2066 Fostoria CIR

City

Danville

State

CA

Zip Code

94526

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California - San Franci

Occupation

Resident

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 21 / 2012

Transaction ID : C1793772

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Sudhir K. Choudhary M.D.

Mailing Address 7628 N.W. 20th Ct.

City

Hollywood

State

FL

Zip Code

33024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp, Inc. Hospital Bas

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2012

Transaction ID : C1791476

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marlene V. Chua M.D.

Mailing Address 2502 Quail Chase Ct

City

Sellersburg

State

IN

Zip Code

47172-9149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. of Clark County

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : C1795902

Amount of Each Receipt this Period

250.00

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

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

791.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David J. Cohen M.D.

Mailing Address 32630 Bingham Rd

City

Bingham Farms

State

MI

Zip Code

48025-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

746.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787044

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. David J. Cohen M.D.

Mailing Address 32630 Bingham Rd

City

Bingham Farms

State

MI

Zip Code

48025-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Michigan

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

746.00

Date of Receipt

07 / 13 / 2012

Transaction ID : C1788517

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven R. Cohen M.D.

Mailing Address 1819 Denver West Dr Ste 200

City

Golden

State

CO

Zip Code

80401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 06 / 2012

Transaction ID : C1782744

Amount of Each Receipt this Period

250.00

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

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

791.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael M. Conley M.D.

Mailing Address 3585 North 440 West

City

Provo

State

UT

Zip Code

84604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain West Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : C1796331

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William J. Cosgrove Jr., D.O.

Mailing Address 830 S Oxford Rd

City

Grosse Pointe Woods

State

MI

Zip Code

48236-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax American Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1789310

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paula A. Craigo M.D.

Mailing Address Department of Anesthesiology

200 First Street S.W., Charlton 1 -

City

Rochester

State

MN

Zip Code

55905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794118

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan M. Crosta Jr., M.D.

Mailing Address 4 Allen Way

City State Zip Code
 Randolph NJ 07869

FEC ID number of contributing federal political committee.

C

Name of Employer

AAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : C1799763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan G. Curling M.D.

Mailing Address 2727 Kirby Dr Apt 11D

City State Zip Code
 Houston TX 77098-1152

FEC ID number of contributing federal political committee.

C

Name of Employer

North Houston Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.10

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C1788889

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Stephan R. Curry M.D.

Mailing Address 292 Cumberland Head Rd

City State Zip Code
 Plattsburgh NY 12901-6708

FEC ID number of contributing federal political committee.

C

Name of Employer

Champlain Valley Physicians Hospital M

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : C1776343

Amount of Each Receipt this Period

41.60

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

624.90

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel A. Dahl M.D.

Mailing Address 2071 E. Page Avenue

City	State	Zip Code
Gilbert	AZ	85234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gateway Anesthesia Associates, PLLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : C1794072

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Danic M.D.

Mailing Address 14726 Fox

City	State	Zip Code
Redford	MI	48239-3163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

Transaction ID : C1788501

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John H. Danner III, M.D.

Mailing Address 3926 Hidden Trl

City	State	Zip Code
Oneida	WI	54155-8971

FEC ID number of contributing
federal political committee.

C

Name of Employer

bellin Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2012

Transaction ID : C1795916

Amount of Each Receipt this Period

500.00

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

1083.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sharon M. Darrow D.O.

Mailing Address 1115 Huntington Ave

City

Nichols Hills

State

OK

Zip Code

73116-6212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.90

Date of Receipt

07 / 27 / 2012

Transaction ID : C1796546

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Anand S. Dash M.D.

Mailing Address 1915 Wrocklage Ave Unit 306
Unit 306

City

Louisville

State

KY

Zip Code

40205-2172

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Valley Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

07 / 29 / 2012

Transaction ID : C1797588

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Vincent J. Degenhart M.D.

Mailing Address 415 Harden St

City

Columbia

State

SC

Zip Code

29205-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Critical health systems SC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.20

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788555

Amount of Each Receipt this Period

41.60

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

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

166.50

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vincent J. Degenhart M.D.

Mailing Address 415 Harden St

City
Columbia

State
SC

Zip Code
29205-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Critical health systems SC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1796543

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City
Frisco

State
TX

Zip Code
75035-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Spine Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2012

Transaction ID : C1797587

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City
Longmeadow

State
MA

Zip Code
01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787058

Amount of Each Receipt this Period

41.00

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

165.90

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerard J. Desouza M.D.

Mailing Address 1702 N Ed Carey Dr

City
Harlingen

State
TX

Zip Code
78550-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harlingen Anes. Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 28 / 2012

Transaction ID : C1797571

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John F. Di Capua M.D.

Mailing Address 74 Byram Ridge Road

City

Armonk

State

NY

Zip Code

10504-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore University Hospital Anesth

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

07 / 22 / 2012

Transaction ID : C1793788

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Christina D. Diaz M.D.

Mailing Address 2433 N Lefebvre Ave

City

Milwaukee

State

WI

Zip Code

53213-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin Children

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 17 / 2012

Transaction ID : C1788893

Amount of Each Receipt this Period

41.60

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

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

374.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mitchell A. Dickson M.D.

Mailing Address 5315 Bent River Blvd.

City

Knoxville

State

TN

Zip Code

37919-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794054

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City

Miami

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C1788707

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Gary J. DiLisio M.D.

Mailing Address 324 Gannett Dr Ste 200

City

South Portland

State

ME

Zip Code

04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787062

Amount of Each Receipt this Period

83.00

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

666.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sounida Douangpraseuth M.D.

Mailing Address 1901 N Paddock Green St

City State Zip Code
 Wichita KS 67206-4427

FEC ID number of contributing federal political committee.

C

Name of Employer
 Cypress Anesthesia Professionals

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : C1799037

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City State Zip Code
 Grand Rapids MI 49546-9707

FEC ID number of contributing federal political committee.

C

Name of Employer
 Anesthesia Practice Consultants

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 22 2012

Transaction ID : C1793786

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. David W. Draper M.D.

Mailing Address 3933 Bobbin Brook Cir

City State Zip Code
 Tallahassee FL 32312-1239

FEC ID number of contributing federal political committee.

C

Name of Employer
 Anesthesiology Assoc. of Tallahassee

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 18 2012

Transaction ID : C1790568

Amount of Each Receipt this Period

250.00

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

833.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zoran Drmanovic M.D.

Mailing Address 5600 SW Bellflower Ct.

City State Zip Code
Palm City FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheridan Healthcorp

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787059

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Jane Easdown M.D.

Mailing Address 5106 Cornwall Dr

City State Zip Code
Brentwood TN 37027-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University Medical Center

Occupation
associate Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787089

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Kenneth Elmassian D.O.

Mailing Address 2399 Pine Hollow Dr.

City State Zip Code
East Lansing MI 48823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ingham Regional Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2012

Transaction ID : C1776342

Amount of Each Receipt this Period

83.30

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

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

165.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. F. Kayser Enneking M.D.

Mailing Address 1600 SW Archer Road PO Box 100254

City State Zip Code
 Gainesville FL 32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Florida in Gainesville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2012

Transaction ID : C1794383

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City State Zip Code
 New York NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Sinai School of Medicine

Occupation
Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 17 / 2012

Transaction ID : C1788892

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
 Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLD PUEBLO ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 19 / 2012

Transaction ID : C1791903

Amount of Each Receipt this Period

50.00

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

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

591.60

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy G. Esser M.D.

Mailing Address 10487 Deerpath S

City State Zip Code
 Traverse City MI 49685

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Traverse Anesthesia Associates, PC

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : C1794089

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 1928

City State Zip Code
 Columbia SC 29202-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesiology Consultants of Columbia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 06 / 2012

Transaction ID : C1782785

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Michael P. Fee M.D.

Mailing Address Department of Anesthesia
 984455 Nebraska Medical Center

City State Zip Code
 Omaha NE 68198-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Nebraska Medical Center

Occupation
 MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : C1798809

Amount of Each Receipt this Period

250.00

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

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

591.60

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 39 OF 126

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott D. Fielden M.D.

Mailing Address PO Box 401805

Anesthesiology Consultants, Inc. C

City State Zip Code
 Las Vegas NV 89140-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc. Crede

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2012

Transaction ID : C1787090

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Paul M. Finer M.D.

Mailing Address 955 Lancaster Drive

City State Zip Code
 Orlando FL 32806-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAC, M.D., P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : C1790570

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gerhard W. Flacke M.D.

Mailing Address 3947 E Ina Rd

City State Zip Code
 Tucson AZ 85718-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 26 / 2012

Transaction ID : C1796530

Amount of Each Receipt this Period

83.30

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

416.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City

Falmouth

State

ME

Zip Code

04105-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788572

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert M. Forstot M.D.

Mailing Address 12340 S Outer Forty

City

Town And Country

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 12 / 2012

Transaction ID : C1788229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. G. Craig Fox M.D.

Mailing Address 21 Melrose Ln

City

Green Village

State

NJ

Zip Code

07935-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 14 / 2012

Transaction ID : C1788532

Amount of Each Receipt this Period

83.30

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

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

416.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth H. Frahm M.D.

Mailing Address 2766 SW Upper Dr

City

Portland

State

OR

Zip Code

97201-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group, P.C.

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

Transaction ID : C1793761

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rosemarie E. Garcia-Getting M.D.

Mailing Address 4107 W Dale AVE

City

Tampa

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moffitt Cancer Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2012

Transaction ID : C1796526

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles J. Garrett M.D.

Mailing Address 1617 Kansas Ave

City

San Angelo

State

TX

Zip Code

76904-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University Hospital Anesthesiolo

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2012

Transaction ID : C1797586

Amount of Each Receipt this Period

83.30

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

833.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ralf E. Gebhard M.D.

Mailing Address University of Miami

1611 NW 12th Avenue, Room C 300

City

Miami

State

FL

Zip Code

33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : C1791904

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787060

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

c. Phillip Geiger M.D.

Mailing Address 1908 W Berkshire Ln

City

Hanford

State

CA

Zip Code

93230-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Naval Hospital Lemoore

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 04 / 2012

Transaction ID : C1779095

Amount of Each Receipt this Period

83.30

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

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

624.30

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chris R. Giordano M.D.

Mailing Address PO Box 100254

City

Gainesville

State

FL

Zip Code

32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Assistant Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 22 / 2012

Transaction ID : C1793781

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Santiago L. Gomez M.D.

Mailing Address 13 Chateau Pontet Canet Dr

City

Kenner

State

LA

Zip Code

70065-2035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane Hospital

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 15 / 2012

Transaction ID : C178556

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Tobey R. Gordon M.D.

Mailing Address 20546 N. 83rd Pl.

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, Ltd.

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : C1786218

Amount of Each Receipt this Period

250.00

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

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

541.60

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dara A. Green M.D.

Mailing Address 13657 Glynshel Drive

City

Winter-Garden

State

FL

Zip Code

34787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arnold Palmer Hospital for Children

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1456.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787084

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

B. Andrew A. Greenberg M.D.

Mailing Address PO Box 400

City

Fallston

State

MD

Zip Code

21047-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franklin Square Hospital Center- Anest

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 22 / 2012

Transaction ID : C1793797

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stefan J. Grenvik M.D.

Mailing Address 350 Blountville Hwy
Suite 207

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

Transaction ID : C1799004

Amount of Each Receipt this Period

500.00

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

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

1708.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew M Gross M.D.

Mailing Address 6801 LAKE DEVONWOOD DR

City

Fort Myers

State

FL

Zip Code

33908-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Center of Florida

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 04 / 2012

Transaction ID : C1779097

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City

Chicago

State

IL

Zip Code

60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Department of An

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1782936

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Osama I. Hafez M.D.

Mailing Address 26637 Castlevue Way

City

Wesley Chapel

State

FL

Zip Code

33544-4740

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOFFITT CANCER CENTER ANESTHESIOLO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : C1791945

Amount of Each Receipt this Period

300.00

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

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

391.60

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron Hammond D.O.

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

City State Zip Code
Tucson AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1782782

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Judith L. Handley M.D.

Mailing Address 8863 Belcaro Dr

City State Zip Code
Edmond OK 73034-8188

FEC ID number of contributing
federal political committee.

C

Name of Employer

OK UNIV HSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2012

Transaction ID : C1788230

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeanette A. Harrington M.D.

Mailing Address 200 Hawkins Dr
Department of Anesthesiology

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa Hospitals and Clini

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1788895

Amount of Each Receipt this Period

83.30

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

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

1166.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald L. Harter M.D.

Mailing Address 7825 Holiston Ct

City State Zip Code
Dublin OH 43016-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1788887

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Daniel L. Hass M.D.

Mailing Address 154 Cloverly Road

City State Zip Code
Grosse Pointe Farms MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Anesthesiology

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : C1796340

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lucas G. Heartsill M.D.

Mailing Address 4710 Muirfield Ave

City State Zip Code
San Angelo TX 76904-1700

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Texas Medical Associates

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794074

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth S. Heeringa D.O.

Mailing Address 3333 Evergreen Dr., NE

City State Zip Code
 Grand Rapids MI 49525

FEC ID number of contributing federal political committee.

C

Name of Employer
 Anesthesia Med. Consultants, P.C.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 27 2012

Transaction ID : C1797538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederic C. Helm M.D.

Mailing Address 9202 N.W. 27th Ave.

City State Zip Code
 Vancouver WA 98665

FEC ID number of contributing federal political committee.

C

Name of Employer
 retired

Occupation
 retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 27 2012

Transaction ID : C1797526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City State Zip Code
 Vestavia Hills AL 35216

FEC ID number of contributing federal political committee.

C

Name of Employer
 self

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2012

Transaction ID : C1788557

Amount of Each Receipt this Period

83.30

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard L. Henry M.D.

Mailing Address 3046 Obrien Dr

City

Tallahassee

State

FL

Zip Code

32309-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Tallahass

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1782788

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Christopher N. Hillman M.D.

Mailing Address 232 Narrows Drive

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Assoc., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1789294

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jonathan G. Hisghman D.O.

Mailing Address 650 Poinsettia Rd

City

Belleair

State

FL

Zip Code

33756-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Hisghman D.O.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787085

Amount of Each Receipt this Period

41.00

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

582.60

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

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hobson W. Hornbuckle Jr., M.D.

Mailing Address 490 Harrison Rd

City

Roebuck

State

SC

Zip Code

29376

FEC ID number of contributing
federal political committee.

C

Name of Employer

spartanburg regional

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2012

Transaction ID : C1794067

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

07 / 18 / 2012

Transaction ID : C1790593

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Randall B. Hudson M.D.

Mailing Address 412 W. 49th Terrace

City

Kansas City

State

MO

Zip Code

64112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiothoracic Anesthesiology Associat

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 27 / 2012

Transaction ID : C1797518

Amount of Each Receipt this Period

500.00

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

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

833.30

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2012

Transaction ID : C1787064

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2012

Transaction ID : C1793775

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Christine Hunter M.D.Mailing Address 125 Paterson St Cab 3100
Department of Anesthesiology

City

New Brunswick

State

NJ

Zip Code

08901-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMDNJ

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2012

Transaction ID : C1791901

Amount of Each Receipt this Period

250.00

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

416.30

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Hunter Jr., M.D.Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City	State	Zip Code
Birmingham	AL	35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Anesthesiologist and Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2012

Transaction ID : C1787070

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. John H. Huntington M.D.

Mailing Address 3333 Evergreen Dr., NE

City	State	Zip Code
Grand Rapids	MI	49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2012

Transaction ID : C1787083

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 100254- Hurley

City	State	Zip Code
Gainesville	FL	32610-0254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL Med Ctr Anes Dept

Occupation

Pain Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2012

Transaction ID : C1786241

Amount of Each Receipt this Period

41.60

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

123.60

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City State Zip Code
Hopewell Junction NY 12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788558

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Mark T. Isaac D.O.

Mailing Address 1459 Lexington Ontario Rd

City State Zip Code
Mansfield OH 44903-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Mansfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2012

Transaction ID : C1797585

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jeffrey S. Jacobs M.D.

Mailing Address 11041 Pine Lodge Trail

City State Zip Code
Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Florida

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C1788705

Amount of Each Receipt this Period

83.30

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

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

266.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas J. Jacobson M.D.

Mailing Address 345 W. Linda Vista Blvd

City State Zip Code
Tucson AZ 85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

MM / DD / YYYY
07 / 01 / 2012

Transaction ID : C1787039

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Aliraza G. Jaffer M.D.

Mailing Address 5070 Brookdale Road

City State Zip Code
Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 18 / 2012

Transaction ID : C1789399

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City State Zip Code
Centennial CO 80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

MM / DD / YYYY
07 / 15 / 2012

Transaction ID : C1788564

Amount of Each Receipt this Period

83.30

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

1124.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 126
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☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Curby D. Jenkins D.O.

Mailing Address 250 Cabrillo Ln

City

San Luis Obispo

State

CA

Zip Code

93401-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : C1787080

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Cynthia L. Jenson M.D.

Mailing Address 434 Main St.

City

Waterville

State

ME

Zip Code

04901-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : C1776344

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jamie Johnson M.D.

Mailing Address 1207 Silverado Dr

City

Cumming

State

IA

Zip Code

50061-5706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists, P.C. Att

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Transaction ID : C1797650

Amount of Each Receipt this Period

250.00

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

416.30

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

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

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

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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel M. Johnson M.D.

Mailing Address 2025 Southern Light Dr.

City State Zip Code
Lincoln NE 68512-3644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Anesthesiologists, PC

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1798804

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tara C. Johnson-Williams M.D.

Mailing Address 109-G Gainsborough Sq # 182

City State Zip Code
Chesapeake VA 23320-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Anesthesia

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2012

Transaction ID : C1793802

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul M. Johnston M.D.

Mailing Address 51270 Park Place Dr

City State Zip Code
Northville MI 48167-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794038

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vilma A. Joseph M.D.

Mailing Address 682 Frick St

City

Elmont

State

NY

Zip Code

11003-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monetefiore Medical Center Albert Eins

Occupation

Physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : C1797560

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Ravi V. Joshi M.D.

Mailing Address 5323 Harry Hines Blvd.
Anes. Dept.

City

Dallas

State

TX

Zip Code

75390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Texas Southwestern

Occupation

Physician

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794110

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Suzanne B. Karan M.D.

Mailing Address 1410 Highland Ave

City

Rochester

State

NY

Zip Code

14620-1876

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester - Strong Memor

Occupation

Anesthesiologist

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1775450

Amount of Each Receipt this Period

41.60

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

583.20

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tripti Kataria M.D.

Mailing Address 130 S Canal St Apt 419

City
ChicagoState
ILZip Code
60606-3904FEC ID number of contributing
federal political committee.

C

Name of Employer
University of ChicagoOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788559

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jason D. Keller D.O.

Mailing Address 1924 Alcoa Hwy., # U109

City
KnoxvilleState
TNZip Code
37920-1511FEC ID number of contributing
federal political committee.

C

Name of Employer
uaOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

868.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787074

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Jason D. Keller D.O.

Mailing Address 1924 Alcoa Hwy., # U109

City
KnoxvilleState
TNZip Code
37920-1511FEC ID number of contributing
federal political committee.

C

Name of Employer
uaOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

868.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787075

Amount of Each Receipt this Period

41.00

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

207.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida anesthesia Consultants,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2012

Transaction ID : C1793769

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Rubin Kesner D.O.

Mailing Address 35 Hearthstone Dr

City

Gansevoort

State

NY

Zip Code

12831-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group of Albany

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2012

Transaction ID : C1788500

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Sachin Kheterpal M.D., M.B.

Mailing Address Department of Anesthesiology

1500 E Medical Center Dr 1H247UH,

City

Ann Arbor

State

MI

Zip Code

48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2012

Transaction ID : C1782081

Amount of Each Receipt this Period

500.00

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

666.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael S. Kincaid M.D.

Mailing Address 13029 NE 144th Pl

City State Zip Code
Kirkland WA 98034-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Matrix Anesthesia - Evergreen Medical

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2012

Transaction ID : C1793790

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jonathan B. Kozinn M.D.

Mailing Address 721 NE Seabrook Cir

City State Zip Code
Lees Summit MO 64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Services of Eastern Jackson

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : C1786301

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City State Zip Code
Grand Rapids MI 49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Practice Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 04 / 2012

Transaction ID : C1779091

Amount of Each Receipt this Period

83.30

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

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

683.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan D. Kroll M.D.

Mailing Address 3014 NW 58th Blvd

City

Gainesville

State

FL

Zip Code

32606

FEC ID number of contributing
federal political committee.

C

Name of Employer

NFRMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	18	/	2012

Transaction ID : C1790578

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Catherine M. Kuhn M.D.

Mailing Address 14 Kendall Drive

Duke University Medical School

City

Chapel Hill

State

NC

Zip Code

27517-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical School

Occupation

Associate Professor of Anesthesiology R

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	15	/	2012

Transaction ID : C1788546

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	14	/	2012

Transaction ID : C1788529

Amount of Each Receipt this Period

175.00

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

525.00

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

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C1788712

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Howard L. Lakritz M.D.

Mailing Address 21 Cornell Trl

City

Hillsborough

State

NJ

Zip Code

08844-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787088

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787057

Amount of Each Receipt this Period

41.00

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

165.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary Lawson-Boucher M.D.

Mailing Address 5238 Mason Corbin Ct Ste 101

City State Zip Code
 Fort Myers FL 33907

FEC ID number of contributing federal political committee.

C

Name of Employer

Moonlight Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 01 2012

Transaction ID : C1787086

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Lee M.D.

Mailing Address 6650 Pasture Lands Pl.

City State Zip Code
 Winter Garden FL 34787-6229

FEC ID number of contributing federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 11 2012

Transaction ID : C1787101

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Adam B Lesser M.D.

Mailing Address 19 Tappen Dr

City State Zip Code
 Melville NY 11747-1019

FEC ID number of contributing federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 23 2012

Transaction ID : C1794078

Amount of Each Receipt this Period

250.00

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

416.60

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Lance Lichtor M.D.

Mailing Address PO Box 4668 #8824

City
New York

State Zip Code
NY 10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale University Department of Anesthes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

07 / 18 / 2012

Transaction ID : C1789422

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Cynthia A. Lien M.D.

Mailing Address 333 W End Ave Apt 10B

City
New York

State Zip Code
NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weill Cornell Medical College

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 03 / 2012

Transaction ID : C1779080

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 2502 S. 186th Circle

City
Omaha

State Zip Code
NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Anesthesia Specialists

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788551

Amount of Each Receipt this Period

83.30

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

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

624.90

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen P. Long M.D.

Mailing Address 1501 Maple Ave Ste 301

Commonwealth Pain Specialists, LLC

City State Zip Code
 Richmond VA 23226-2553

FEC ID number of contributing federal political committee.

C

Name of Employer

Commonwealth Pain Specialists, LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : C1790974

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. John Clifford Lucio D.O.

Mailing Address 415 Virginia Trail

City State Zip Code
 Jefferson City MO 65109-1213

FEC ID number of contributing federal political committee.

C

Name of Employer

MID MISSOURI ANESTHESIA
CONSULTANTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2012

Transaction ID : C1793794

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave

N411 Doan Hall

City State Zip Code
 Columbus OH 43210-1240

FEC ID number of contributing federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2012

Transaction ID : C1791929

Amount of Each Receipt this Period

41.60

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

333.20

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moises Lustgarten M.D.

Mailing Address 8755 SW 94 St

City State Zip Code
Miami FL 33176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Pain Management

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : C1799029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Adele S. Lynagh M.D.

Mailing Address 113 Green Leaf Ln.

City State Zip Code
Easley SC 29642-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAA

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2012

Transaction ID : C1788224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anita K. Malhotra M.D.

Mailing Address 1680 sherwood dr

City State Zip Code
Hummelstown PA 17036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey Medical Center Depa

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2012

Transaction ID : C1779101

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Asif M. Malik M.D.

Mailing Address 2760 Charnwood Dr

City State Zip Code
Troy MI 48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford West Bloomfield Hospital An

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1794394

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Mark Mandabach M.D.

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

City State Zip Code
Birmingham AL 35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Department of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787078

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Scott Mantell M.D.

Mailing Address 430 Morton Plant Street
Suite 210

City State Zip Code
Clearwater FL 33756-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Florida Anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : C1791912

Amount of Each Receipt this Period

250.00

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

416.30

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☐ 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2012

Transaction ID : C1779093

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Bobby J. Mathew M.D.

Mailing Address 820 W Rincon Ave

City

Campbell

State

CA

Zip Code

95008-3829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2012

Transaction ID : C1787169

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jerry S. Matsumura M.D.

Mailing Address 18124 Wedge Parkway, Suite 232

City

Reno

State

NV

Zip Code

89511-8134

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2012

Transaction ID : C1793779

Amount of Each Receipt this Period

500.00

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

833.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lena M. Mayes M.D.

Mailing Address 2803 Joliet St

City

Denver

State

CO

Zip Code

80238-3230

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNC Hospitals at Chapel Hill;

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : C1796489

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Maurice G. McCabe M.D.

Mailing Address 126 Appleton Ln

City

Madison

State

AL

Zip Code

35756-4161

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAS OF HUNTSVILLE

Occupation

M.D.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

287.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787041

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Craig S. McCardell M.D.

Mailing Address 3601 W. 13 Mile Rd.

South Oakland Anes. Assoc.

City

Royal Oak

State

MI

Zip Code

48073-9952

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anes. Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2012

Transaction ID : C1788832

Amount of Each Receipt this Period

500.00

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

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

791.00

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Felicia M. McCreary M.D.

Mailing Address 4724 N. 69th St.

City

Scottsdale

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesiology Consultants

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2012

Transaction ID : C1793770

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joel E. McCreary D.O.

Mailing Address 4595 E Calle Redonda

City

Phoenix

State

AZ

Zip Code

85018-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Anesthesia

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2012

Transaction ID : C1782958

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Michael G. McCue M.D.

Mailing Address 881 Watkins St

City

Birmingham

State

MI

Zip Code

48009-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787068

Amount of Each Receipt this Period

83.00

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

308.00

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 5801 S Ellis Ave, RM 514

Dept of Anes & Critical Care

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Chicago

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1796545

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Lee Ann M. McGinnis M.D.

Mailing Address 3716 Pomfret Ln

City

Charlotte

State

NC

Zip Code

28211-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1797522

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian P. McGlinch M.D.

Mailing Address 3364 Hidden Creek Lane, N.E.

City

Rochester

State

MN

Zip Code

55906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anesthesiology

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1081.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788565

Amount of Each Receipt this Period

83.30

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

374.90

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoa L. McLean M.D.

Mailing Address 230 White Tail Lane

City State Zip Code
 Media PA 19063

FEC ID number of contributing federal political committee.

C

Name of Employer

Anesthesia Services PA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2012

Transaction ID : C1799010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard R. McNeer M.D.

Mailing Address 18340 SW 122 St.

City State Zip Code
 Miami FL 33196

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Miami Dept of Anesthesio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 01 2012

Transaction ID : C1787063

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

c. Jaideep H. Mehta M.D.

Mailing Address UTHSC, Dept of Anesthesiology
 6431 Fannin St., MSB 5.020

City State Zip Code
 Houston TX 77030

FEC ID number of contributing federal political committee.

C

Name of Employer

UT Houston

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 06 2012

Transaction ID : C1782784

Amount of Each Receipt this Period

41.70

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

374.70

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109

Anes. Dept.

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787050

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City

Westfield

State

IN

Zip Code

46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACI-LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.80

Date of Receipt

07 / 06 / 2012

Transaction ID : C1782786

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City

Las Vegas

State

NV

Zip Code

89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788566

Amount of Each Receipt this Period

83.30

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

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

207.60

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mitchell F. Minana M.D.

Mailing Address 1306 E Welden Dr

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIAN ANETHESIOLOGIST GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 19 / 2012

Transaction ID : C1791902

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lucas Mitchel M.D.

Mailing Address 465 W Sycamore Street

City

Zionsville

State

IN

Zip Code

46077-9093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ SchL OF MED

Occupation

ANESTHESIA RESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 20 / 2012

Transaction ID : C1794084

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen C. Mnookin M.D.

Mailing Address 5976 Miller Landing Cv

City

Tallahassee

State

FL

Zip Code

32312-9674

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc. of Tallahassee

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 03 / 2012

Transaction ID : C1779081

Amount of Each Receipt this Period

1000.00

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

1600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tibor G. Mohacsi M.D.

Mailing Address 8929 Parallel Pkwy

City

Kansas City

State

KS

Zip Code

66112-1689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Chartered

Occupation

MD

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

Transaction ID : C1782937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas A. Moore II, M.D.

Mailing Address 1748 Vestwood Hills Dr

City

Vestavia

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama School of Medici

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : C1787052

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John J. Moss M.D.

Mailing Address 3533 Roxboro Rd., #6

City

Atlanta

State

GA

Zip Code

30326-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Anesthesiology Consultants

Occupation

Anesthesiologist-Pain Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2012

Transaction ID : C1797590

Amount of Each Receipt this Period

1000.00

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

1375.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City

Springfield

State

VT

Zip Code

05156-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 16 / 2012

Transaction ID : C1788714

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 17 / 2012

Transaction ID : C1788896

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jeffrey A. Myers M.D.

Mailing Address 3777 Bobbin Mill Rd.

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1775448

Amount of Each Receipt this Period

1000.00

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

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

1166.60

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

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

FOR LINE NUMBER: PAGE 77 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sath R. Mysore M.D.

Mailing Address 40 Woods Edge Circle

City State Zip Code
 London KY 40741

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Saint Joseph London, KY1 Hospital

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : C1794042

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Norah N. Naughton M.D.

Mailing Address 4270 Plymouth Road

City State Zip Code
 Ann Arbor MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Michigan

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : C1795948

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Emery Navori M.D.

Mailing Address 412 S Paloma Pl

City State Zip Code
 Tampa FL 33609-3712

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fla Gulf to Bay Anesthesia

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 04 / 2012

Transaction ID : C1779082

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 OF 126

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth M. Nechin M.D.

Mailing Address 12605 Tribunal Lane

City

Potomac

State

MD

Zip Code

20854-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairfax Anesthesiology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : C1797564

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew E. Neice M.D.

Mailing Address 3181 SW Sam Jackson Park Rd
UHS-2

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health Science University, Depa

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1795920

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Danny P. Ngo M.D.

Mailing Address 6647 Regents Park Dr.

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1794146

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 79 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 2580 Hillandale Cir

City

Cumming

State

GA

Zip Code

30041-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University MSA Pr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788548

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Martin Nitsun M.D.

Mailing Address 1332 Linden Ave

City

Deerfield

State

IL

Zip Code

60015-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evanston Northwestern Healthcare

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2012

Transaction ID : C1794131

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark A. Norling M.D.

Mailing Address 4231 SW Terlyn Ct

City

Portland

State

OR

Zip Code

97221-3683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 30 / 2012

Transaction ID : C1798807

Amount of Each Receipt this Period

500.00

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

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

833.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 126
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd E. Novak M.D.

Mailing Address 1700 N. Bissell Street

City	State	Zip Code
Chicago	IL	60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	2

Transaction ID : C1788833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Oluwatosin Oladipupo M.D.

Mailing Address 1836 S Shores Dr

City	State	Zip Code
Decatur	IL	62521-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anes. of Decatur

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.00

Date of Receipt

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

Transaction ID : C1793821

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Paul M. OLeary M.D.

Mailing Address 1174 Lakeside Drive

City	State	Zip Code
Birmingham	MI	48009-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	2

Transaction ID : C1789398

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 81 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas A. Olen D.O.

Mailing Address 2141 N. Yasimin Ct.

City State Zip Code
Midland MI 48642-8897

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Anesthesiology Group PC

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 04 / 2012

Transaction ID : C1779094

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Steven Ozer M.D.

Mailing Address 9564 E. Charter Oak Drive

City State Zip Code
Scottsdale AZ 85260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Anesthesiology Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1795911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Juhan Paiste M.D.

Mailing Address 1245 S. Cedar Crest Blvd.
Suite 301

City State Zip Code
Allentown, PA PA 18103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allentown Anesthesia Associates, Inc.

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : C1795949

Amount of Each Receipt this Period

83.30

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

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

624.90

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

PAGE 82 OF 126

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chol Y. Pak M.D.

Mailing Address 5716 NW El Rey Dr

City

Camas

State

WA

Zip Code

98607-9120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	1	2		

Transaction ID : C1782747

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brian S. Pallohusky M.D.

Mailing Address 4600 E Berkeley St

City

Springfield

State

MO

Zip Code

65809-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Springfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

868.00

Date of Receipt

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

Transaction ID : C1787040

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Brian S. Pallohusky M.D.

Mailing Address 4600 E Berkeley St

City

Springfield

State

MO

Zip Code

65809-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Springfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

868.00

Date of Receipt

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

Transaction ID : C1787067

Amount of Each Receipt this Period

83.00

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

174.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 126
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

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

Transaction ID : C1793820

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Thomas J. Papadimos M.D.

Mailing Address 4313 Oak Wood Ct

City

Dublin

State

OH

Zip Code

43016-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.20

Date of Receipt

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

Transaction ID : C1788535

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	2

Transaction ID : C1788552

Amount of Each Receipt this Period

83.30

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

208.20

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

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

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

FOR LINE NUMBER: PAGE 84 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

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

City State Zip Code
San Francisco CA 94143-0427

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California - San Francis

Occupation
Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1794431

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Harry G. Parr D.O.

Mailing Address 4725 Tully Rd.

City State Zip Code
Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Oakland Anesthesia Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788553

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. James Pearson M.D.

Mailing Address 200 Hawthorne Lane

City State Zip Code
Charlotte NC 28204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Anesthesia Associates, P.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794039

Amount of Each Receipt this Period

250.00

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sonya M. Pease M.D.

Mailing Address 5373 Pennock Point Road

City

Jupiter

State

FL

Zip Code

33469-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 27 / 2012

Transaction ID : C1796539

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. William J. Pekarske M.D.

Mailing Address 1281 E. Calle De La Cebra

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 30 / 2012

Transaction ID : C1797617

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Jeremie J. Perry M.D.

Mailing Address 2410 Whispering Oaks Ct.

City

Abilene

State

TX

Zip Code

79606-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendrick Anesthesia Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

581.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787055

Amount of Each Receipt this Period

83.00

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

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

916.30

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul W. Pickard M.D.

Mailing Address 5680 Riverview Plantation Drive

City	State	Zip Code
Theodore	AL	36582

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Anesthesia, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2012

Transaction ID : C1794710

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Margaret A. Pitts M.D.

Mailing Address 25 Birchdale Rd

City	State	Zip Code
Bow	NH	03304-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : C1787069

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Plagenhoef M.D.

Mailing Address 1118 Ross Clark Circle, Suite 700

Anesthesia Consultants Medical Gro

City	State	Zip Code
Dothan	AL	36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2012

Transaction ID : C1788568

Amount of Each Receipt this Period

83.30

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

666.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
 Las Vegas NV 89135

FEC ID number of contributing federal political committee.

C

Name of Employer
 Anesthesiology Consultants, Inc

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : C1788716

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City State Zip Code
 Las Vegas NV 89135-1303

FEC ID number of contributing federal political committee.

C

Name of Employer
 VAMC Southern Nevada

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2012

Transaction ID : C1787051

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Roma C. Polce M.D.

Mailing Address 3092 Red Arrow Dr.

City State Zip Code
 Las Vegas NV 89135-1303

FEC ID number of contributing federal political committee.

C

Name of Employer
 VAMC Southern Nevada

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : C1788708

Amount of Each Receipt this Period

83.30

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

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

266.30

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788544

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Vernon L. Pruitt M.D.

Mailing Address 201 Kirk Ln.

City

Dothan

State

AL

Zip Code

36305-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Grp

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1789300

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Q. Public

Mailing Address 520 N. Northwest Hwy

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASA

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

287.00

Date of Receipt

07 / 01 / 2012

Transaction ID : C1787073

Amount of Each Receipt this Period

41.00

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

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

1124.30

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

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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer A. Pugh M.D.

Mailing Address 2121 Coppersmith Court

City State Zip Code
 Saint Louis MO 63131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates, Inc

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 12 / 2012

Transaction ID : C1788228

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William W. Purkey Jr., M.D.

Mailing Address 5445 Pine Hollow Trl.

City State Zip Code
 Oviedo FL 32765-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2012

Transaction ID : C1793800

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ned Radich M.D.

Mailing Address 1930 E. Calle Verde Way

City State Zip Code
 Fresno CA 93730

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Agnes

Occupation

physican

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 10 / 2012

Transaction ID : C1786225

Amount of Each Receipt this Period

250.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Garry E. Rains M.D.

Mailing Address PO Box 99

City

State

Zip Code

Story

WY

82842-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garry E Rains MD LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1797514

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sripad P. Rao M.D.

Mailing Address 1504 Bay Rd Apt 3307

City

State

Zip Code

Miami Beach

FL

33139-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ryder Trauma Center Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787071

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Donna D. Redd M.D.

Mailing Address 564 Lakepointe

City

State

Zip Code

Grosse Pointe Park

MI

48230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2012

Transaction ID : C1799038

Amount of Each Receipt this Period

250.00

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

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

583.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brent Reich M.D.

Mailing Address 2900 12th Ave. N
Suite 205W

City State Zip Code
Billings MT 59101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Partners of Montana

Occupation

Staff anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2012

Transaction ID : C1794087

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark J. Rice M.D.

Mailing Address 3818 SW 21st Dr

City State Zip Code
Gainesville FL 32608-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida College of Medic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 18 / 2012

Transaction ID : C1790567

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas J. Rich M.D.

Mailing Address 2900 Keelingwood Ct.

City State Zip Code
Virginia Beach VA 23454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

07 / 06 / 2012

Transaction ID : C1782789

Amount of Each Receipt this Period

41.60

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

1541.60

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cameron J. Ricks M.D.

Mailing Address 33965 Malaga Dr

City

Dana Point

State

CA

Zip Code

92629-2456

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Irvine Dept Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C1788709

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Joseph M. Rifici A.A.-CMailing Address Lakeside ANES 2532 LKS5007
11100 Euclid Ave.

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788567

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Fred Rock M.D.

Mailing Address 2835 Regatta Way

City

Tuscaloosa

State

AL

Zip Code

35406-2963

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Anesthesia

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1782933

Amount of Each Receipt this Period

500.00

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

624.90

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa A. Rockford M.D.

Mailing Address 10011 Kill Creek Rd

City

De Soto

State

KS

Zip Code

66018-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital Dept of

Occupation

Anesthesia Clinical Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2012

Transaction ID : C1797591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ignacio J. Rodriguez M.D.

Mailing Address 2387 W 68th St Ste 401

City

Hialeah

State

FL

Zip Code

33016-6890

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Miami Pain Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787048

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. John Rogoski D.O.

Mailing Address Dept. of Anesthesiology
Doan Hall N411

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wexner Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : C1789421

Amount of Each Receipt this Period

83.30

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

666.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Medicine

Occupation

Chairman, Department of Anesthesiology

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : C1789424

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City

Jones

State

OK

Zip Code

73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C1788717

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Stephen M. Rupp M.D.

Mailing Address 1100 9th Ave # B2-AN

Department of Anesthesiology

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : C1797563

Amount of Each Receipt this Period

500.00

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

666.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rita Fattouch Saikali M.D.

Mailing Address 52 Prince of Wales Ct

City

Williamsville

State

NY

Zip Code

14221-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wagdy Ghaly MD PC

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 29 / 2012

Transaction ID : C1797583

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mahesh P. Sardesai M.D.

Mailing Address 1304 Fairstead Lane

City

Pittsburgh

State

PA

Zip Code

15217

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC Shadyside

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 18 / 2012

Transaction ID : C1789423

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Ian Schaja D.O.

Mailing Address 1601 Clint Moore Rd
Ste 160

City

Boca Raton

State

FL

Zip Code

33487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broad Pain Care Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 29 / 2012

Transaction ID : C1797593

Amount of Each Receipt this Period

250.00

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

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

383.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William A. Schimpke M.D.

Mailing Address 289 Gray Woods Ln

City

Lake Angelus

State

MI

Zip Code

48326-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2012

Transaction ID : C1788722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy Schmale M.D.

Mailing Address 432 S Washington Ave Unit 1204

City

Royal Oak

State

MI

Zip Code

48067-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 25 / 2012

Transaction ID : C1795955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roman Schumann M.D.

Mailing Address 800 Washington Box 298

City

Boston

State

MA

Zip Code

02111-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 07 / 2012

Transaction ID : C1782960

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony L. Schwagerl M.D.

Mailing Address 45 East Newton Street, Apt 707

City State Zip Code
 Boston MA 02118

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMASS Memorial Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2012

Transaction ID : C1794123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert R. Shaffer M.D.

Mailing Address 1520 E 69th St

City State Zip Code
 Kearney NE 68847-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Anesthesia Group

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

Transaction ID : C1799025

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. George Sheplock M.D.

Mailing Address 705 Riley Hospital Drive, Rm 2001

City State Zip Code
 Indianapolis IN 46202-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riley Hospital for Children

Occupation
Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 15 / 2012

Transaction ID : C1788560

Amount of Each Receipt this Period

83.30

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

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

583.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City State Zip Code
 Sherman Oaks CA 91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anes. Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : C1788704

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Michael H. Sikorsky D.O.

Mailing Address 18944 Warwick

City State Zip Code
 Beverly Hills MI 48025

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Oakland Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : C1794108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr

City State Zip Code
 Wappingers Falls NY 12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2012

Transaction ID : C1788561

Amount of Each Receipt this Period

83.30

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

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

416.60

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Simons D.O.

Mailing Address 26 Thistlewood Ln

City

Hendersonville

State

NC

Zip Code

28791-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstream Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1794149

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert H. Small M.D.

Mailing Address 410 W 10th Ave

Dept of Anes - N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788547

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City

Vestavia

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 04 / 2012

Transaction ID : C1779092

Amount of Each Receipt this Period

83.30

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

416.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose R. Soberon M.D.

Mailing Address 2909 Ridgeway Dr

City

Metairie

State

LA

Zip Code

70002-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic Foundation

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
07 / 28 / 2012

Transaction ID : C1797548

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roy G. Soto M.D.

Mailing Address 355 Sycamore Ct

City

Bloomfield Hills

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2012

Transaction ID : C1782957

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. George J. Spessot M.D.

Mailing Address 71 Judson Place

City

Rockville Centre

State

NY

Zip Code

11571-0495

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

MM / DD / YYYY
07 / 01 / 2012

Transaction ID : C1787082

Amount of Each Receipt this Period

83.00

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

1124.60

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John C. Spivak M.D.

Mailing Address 3104 Bradford Place

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiologists Associated, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : C1790597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carolyn P. Sprague M.D.

Mailing Address 4573 Chelsea Ln

City

Bloomfield Hills

State

MI

Zip Code

48301-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : C1788231

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brett M. Sprtel M.D.

Mailing Address 11934 Crossing Deer Ct

City

Roscommon

State

MI

Zip Code

48653-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Grayling Dept of Anesth

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

664.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2012

Transaction ID : C1787045

Amount of Each Receipt this Period

83.00

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

1083.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brett M. Sprtel M.D.

Mailing Address 11934 Crossing Deer Ct

City

Roscommon

State

MI

Zip Code

48653-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Grayling Dept of Anesth

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

664.30

Date of Receipt

07 / 09 / 2012

Transaction ID : C1784321

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Erica Stein M.D.

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

City

Columbus

State

OH

Zip Code

43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ohio state university

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 17 / 2012

Transaction ID : C1788891

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 530

City

Atlanta

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.10

Date of Receipt

07 / 14 / 2012

Transaction ID : C1788538

Amount of Each Receipt this Period

83.30

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

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

249.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Still M.D.

Mailing Address 1701 Main Ave SW Ste E

City	State	Zip Code
Cullman	AL	35055-5385

FEC ID number of contributing federal political committee.

C

Name of Employer
Alabama Pain Center Cullman

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2012

Transaction ID : C1791930

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

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

Mailing Address 1345 Webster

City	State	Zip Code
Palo Alto	CA	94301

FEC ID number of contributing federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2012

Transaction ID : C1786223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gary E. Takahashi D.O.

Mailing Address 5750 Stone Lake Dr.

City	State	Zip Code
Dayton	OH	45429

FEC ID number of contributing federal political committee.

C

Name of Employer
Middletown Anesthesia Consultants, Inc

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2012

Transaction ID : C1794071

Amount of Each Receipt this Period

250.00

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

562.50

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Talarico D.O.

Mailing Address University of Pittsburgh Medical C
200 Lothrop St C-205

City State Zip Code
Pittsburgh PA 15213-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Pittsburgh Medical Center

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788554

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Samuel E. Talsma M.D.

Mailing Address 2110 Dorset Rd.

City State Zip Code
Ann Arbor MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer
anesthesia assoc of ann arbor

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2012

Transaction ID : C1782956

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

c. Joseph A. Taylor M.D.

Mailing Address 26625 W Greentree Ct

City State Zip Code
Olathe KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northland Anesthesiology

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1797644

Amount of Each Receipt this Period

500.00

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

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

624.90

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William M. Taylor Jr., M.D.

Mailing Address 5403 Redfield Circle

City State Zip Code
Dunwoody GA 30338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Specialists in Anesthesia, P

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : C1796517

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City State Zip Code
Englewood CO 80110

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Denver Anesthesiologists, P.C.

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1797618

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Joseph K. Tiojanco M.D.

Mailing Address 15209 Lloyd Cir.

City State Zip Code
Omaha NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia West PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : C1797544

Amount of Each Receipt this Period

250.00

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

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

833.30

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Troy Tortorici M.D.

Mailing Address 17401 Hawks View Ct

City State Zip Code
Edmond OK 73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787072

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Christopher A. Troianos M.D.

Mailing Address 427 Heights Dr

City State Zip Code
Gibsonia PA 15044-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788550

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. William Tronolone M.D.

Mailing Address 11 Heath Rd.

City State Zip Code
Whitehouse Station NJ 08889

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794109

Amount of Each Receipt this Period

1000.00

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

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

1124.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terrence Truxillo M.D.Mailing Address Department of Anesthesiology
1514 Jefferson HighwayCity State Zip Code
New Orleans LA 70121-2429FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 14 2012

Transaction ID : C1788536

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City State Zip Code
Elmhurst IL 60126-4259FEC ID number of contributing
federal political committee.

C

Name of Employer

DVA

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 17 2012

Transaction ID : C1788888

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Celestine Ukah M.D.

Mailing Address 9057 Laurel Ridge Dr

City State Zip Code
Mount Dora FL 32757-9108FEC ID number of contributing
federal political committee.

C

Name of Employer

VAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 18 2012

Transaction ID : C1790598

Amount of Each Receipt this Period

250.00

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

374.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 126
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☐ 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mathew R. Van Vleck M.D.

Mailing Address 1755 Lincolnshire Dr.

City

Rochester Hills

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOAA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2012

Transaction ID : C1787049

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Lisa A. Velasquez M.D.

Mailing Address 2107 Pinnacle Cir S

City

Palm Harbor

State

FL

Zip Code

34684-1763

FEC ID number of contributing
federal political committee.

C

Name of Employer

All Childrens hospital

Occupation

Pediatric anesthesia

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

Transaction ID : C1794082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David T. Verzino M.D.

Mailing Address 2835 Regatta Way

City

Tuscaloosa

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

Transaction ID : C1782930

Amount of Each Receipt this Period

500.00

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

833.00

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas R. Vetter M.D., M.P.

Mailing Address Jefferson Tower - # 865

619 S.19th St., Anes. Dept

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794063

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hector Vila Jr., M.D.

Mailing Address 4304 W Azelee St

City

Tampa

State

FL

Zip Code

33609-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hector Vila Jr MD PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1788890

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Annette Vizena M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City

Fort Collins

State

CO

Zip Code

80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : C1788516

Amount of Each Receipt this Period

50.00

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

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

633.30

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark M. Vogelhut M.D.

Mailing Address 3603 Hennessy Pl

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Anesthesia Associates PA

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City State Zip Code
Little Rock AR 72202-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arkansas for Medical Sci

Occupation
Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2012

Transaction ID : C1788533

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lance W. Wagner M.D.

Mailing Address 150 55th St

City State Zip Code
Brooklyn NY 11220-2559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788562

Amount of Each Receipt this Period

100.00

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

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

433.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 126
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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204

Rainier Anesthesia Associates

City

Puyallup

State

WA

Zip Code

98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : C1787814

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 7205 Meadowgrass Court

City

Caledonia

State

MI

Zip Code

49316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2012

Transaction ID : C1782955

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William P. Ware D.O.

Mailing Address 9849 Wynchase Cir

City

Montgomery

State

AL

Zip Code

36117-5185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ambulatory Anesthesia Assoc

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

Transaction ID : C1799762

Amount of Each Receipt this Period

500.00

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

600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John M. Warner M.D.

Mailing Address 1093 Whirlaway Ln

City	State	Zip Code
Monroe	GA	30655-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Medical Center AnesthesiaOccupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2012

Transaction ID : C1797578

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Erikka L. Washington M.D.Mailing Address 6431 FANNIN
msb 5.020

City	State	Zip Code
HOUSTON	TX	77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTHSC-Houston Dept of AnesthesiologyOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2012

Transaction ID : C1788540

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Joshua D. Weber M.D.

Mailing Address 2718 W. 49th Terrace

City	State	Zip Code
Westwood	KS	66205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Anesthesia AssociatesOccupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

Transaction ID : C1797649

Amount of Each Receipt this Period

500.00

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

791.60

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr

City State Zip Code
Girard OH 44420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bel-Park Anes. Assoc. Inc.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : C1788563

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

City State Zip Code
Tampa FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Tampa

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1787065

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Murray S. Willis M.D.

Mailing Address 12963 W. Harvard Ave.

City State Zip Code
Lakewood CO 80228-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Anesthesia Services, P.C.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1788932

Amount of Each Receipt this Period

500.00

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

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

624.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey H. Wilner M.D.

Mailing Address 6791 Crestway Dr.

City

Bloomfield Hills

State

MI

Zip Code

48301-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 18 / 2012

Transaction ID : C1790554

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edwin Wilson M.D.

Mailing Address 150 W Reading Way

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 29 / 2012

Transaction ID : C1797589

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michelle M. Wong M.D.

Mailing Address 422 Humboldt St

City

Denver

State

CO

Zip Code

80218-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYS ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 26 / 2012

Transaction ID : C1799764

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glenn M. Woods M.D.

Mailing Address 1956 Stoneridge Dr

City

Auburn

State

AL

Zip Code

36830-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc of East Ala

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 25 / 2012

Transaction ID : C1796273

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City

Nashville

State

TN

Zip Code

37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Spinal Surgery

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.10

Date of Receipt

07 / 16 / 2012

Transaction ID : C1788711

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lawrence I. Young M.D.

Mailing Address 1717 Valley Forge Dr.

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2012

Transaction ID : C1794073

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

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

FOR LINE NUMBER: PAGE 116 OF 126
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Man Dick Young M.D.

Mailing Address 945 N 12th St

Anesthesia and Surgical Services

City

Milwaukee

State

WI

Zip Code

53233-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Sinai Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2012

Transaction ID : C1786174

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary Zhou M.D.

Mailing Address 55 Tulip Tree Dr

City

Guilford

State

CT

Zip Code

06437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University School of medicine

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794035

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

750.00

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

77185.20

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

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRAVE PAC

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For: 2012

☐ Primary	☐ General
☒ Other (specify) ▼	

2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134939

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GEORGE FAUGHT FOR CONGRESS

Mailing Address PO BOX 1450

City Muskogee	State OK	Zip Code 74402
------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary Runoff

Candidate Name

Mr. George Faught

Office Sought:	☒ House
	☐ Senate
	☐ President

State: OK District: 02

Disbursement For: 2012

☐ Primary	☐ General
☒ Other (specify) ▼	

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135365

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GLACIER PACMailing Address 3242 Cummins Way
Suite 603

City Missoula	State MT	Zip Code 59802
------------------	-------------	-------------------

Purpose of Disbursement
2012 Contribution

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For: 2012

☐ Primary	☐ General
☒ Other (specify) ▼	

2012 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134940

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

--

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

PAGE 119 OF 126

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM PENDERGRAPH FOR CONGRESS CAMPAIGN

Mailing Address 658 GRIFFITH RD SUITE 103

City	State	Zip Code
Charlotte	NC	28217

Purpose of Disbursement
2012 Primary Runoff

Candidate Name

Mr. Jim PendergraphOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2012

Transaction ID : D135372

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KREEGEL FOR CONGRESSMailing Address 3821 B TAMIAMI TRAIL
#321

City	State	Zip Code
PORT CHARLOTTE	FL	33952

Purpose of Disbursement
2012 Primary Contribution

Candidate Name

Dr. Paige V. Kreegel M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135117

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City	State	Zip Code
Fort Worth	TX	76105

Purpose of Disbursement
2012 Primary Runoff

Candidate Name

Mr. Marc Allison VeaseyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2012

Transaction ID : D134710

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. New Jersey Democratic State Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Mailing Address 196 WEST STATE STREET

City	State	Zip Code
Trenton	NJ	08608

Transaction ID : D135370Purpose of Disbursement
2012 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2012

☐ Primary	☐ General
☒ Other (specify) ▼	

State: District: 2012 Contribution

Full Name (Last, First, Middle Initial)

B. ALLYSON SCHWARTZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2012

Mailing Address P.O. Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Transaction ID : D134706Purpose of Disbursement
2012 General Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1500.00

Rep. Allyson Y. Schwartz

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012

☐ Primary	☒ General
☐ Other (specify) ▼	

State: PA District: 13

Full Name (Last, First, Middle Initial)

C. MCCOLLUM FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Transaction ID : D135126Purpose of Disbursement
2012 General Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Rep. Betty McCollum

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012

☐ Primary	☒ General
☐ Other (specify) ▼	

State: MN District: 04

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

9000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

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

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135368

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 Maple Avenue, Suite 605

City	State	Zip Code
Dallas	TX	75201

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Eddie Bernice JohnsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135366

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

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

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134938

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Henry A. Waxman

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2012

Transaction ID : D134709

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MCNERNEY FOR CONGRESS

Mailing Address 6250 Village Parkway

City	State	Zip Code
Dublin	CA	94568

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Jerry McNerney

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : D135125

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MCNERNEY FOR CONGRESS

Mailing Address 6250 Village Parkway

City	State	Zip Code
Dublin	CA	94568

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Jerry McNerney

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: CA District: 11

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

Transaction ID : D135373

Amount of Each Disbursement this Period

1500.00

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

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

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Jim Matheson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135123

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ROTHFUS FOR CONGRESS

Mailing Address PO BOX 435

City	State	Zip Code
SEWICKLEY	PA	15143

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Keith Rothfus

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D134558

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. AMODEI FOR NEVADA

Mailing Address 503 N DIVISION ST

City	State	Zip Code
CARSON CITY	NV	89703

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Mark Amodei

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134941

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

PAGE 124 OF 126

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL BROUN COMMITTEE

Mailing Address P.O. Box 1512

City	State	Zip Code
Athens	GA	30601

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Paul BrounCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 10

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : D135367

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Rep. Pete StarkCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 13

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : D135371

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RON BARBER FOR CONGRESS

Mailing Address PO BOX 57715

City	State	Zip Code
TUCSON	AZ	85732

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Ron BarberCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 02

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : D135369

Amount of Each Disbursement this Period

2500.00

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

4500.00

--

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. RON BARBER FOR CONGRESS

Mailing Address PO BOX 57715

City
TUCSONState
AZZip Code
85732Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

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

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135122

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City
CASPERState
WYZip Code
82605Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Sen. John BarrassoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135121

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM

Mailing Address PO Box 65314

City
WashingtonState
DCZip Code
20035-5314Purpose of Disbursement
2012 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D135127

Amount of Each Disbursement this Period

5000.00

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

9000.00

81500.00

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

American Society of Anesthesiologists Political Action Committee

A. VOICE FOR FREEDOM

Mailing Address 2814 Spring Rd SE
Ste 103

City	State	Zip Code
Atlanta	GA	30339-3047

Purpose of Disbursement	refund of 6/12 contribution
-------------------------	-----------------------------

Candidate Name

Category/
Type

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

refund of 6/12 contr

Transaction ID : D148783

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

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

-5000.00

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

-5000.00