

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 Park Ridge IL 60068 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00255752 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 11 / 01 / 2011 through 11 / 30 / 2011

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 12 / 20 / 2011

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)

Write or Type Committee Name

**American Society of Anesthesiologists Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		1200707.26
(b) Cash on Hand at Beginning of Reporting Period.....	1915424.45	
(c) Total Receipts (from Line 19) .....	76489.30	1632586.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1991913.75	2833293.57
7. Total Disbursements (from Line 31).....	159578.16	1026506.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1832335.59	1806787.20
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a 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

Write or Type Committee Name

**American Society of Anesthesiologists Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	60152.50	361148.80
(ii) Unitemized .....	9836.80	34623.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69989.30	1625086.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	74989.30	1630086.31
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.....	1500.00	2500.00
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))..... ▶	76489.30	1632586.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	76489.30	1632586.31

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	10496.16	48024.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10496.16	48024.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	133500.00	831900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	582.00	582.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	582.00	582.00
29. Other Disbursements .....	15000.00	146000.00
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)) ..	159578.16	1026506.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	159578.16	1026506.37

**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) .....	74989.30	1630086.31
34. Total Contribution Refunds (from Line 28(d)) .....	582.00	582.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74407.30	1629504.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10496.16	48024.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10496.16	48024.37

**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 6 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Basem B. Abdelmalak M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of General Anesthesiology  
 9500 Euclid Ave.,  
 City Cleveland State OH Zip Code 44195-0001  
 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 **493.20**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 15 / 2011**  
**Transaction ID : C1505907**  
 Amount of Each Receipt this Period  
**41.60**

**B. Amr E. Abouleish M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4303 Evergreen Elm Ct  
 City Houston State TX Zip Code 77059-3120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Medical Branch Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **904.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2011**  
**Transaction ID : C1507708**  
 Amount of Each Receipt this Period  
**41.00**

**C. Amr E. Abouleish M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4303 Evergreen Elm Ct  
 City Houston State TX Zip Code 77059-3120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Medical Branch Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **904.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 14 / 2011**  
**Transaction ID : C1504038**  
 Amount of Each Receipt this Period  
**83.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.90</b>
<b>TOTAL</b> 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 7 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Thomas G. Adkins M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 Overton Lea Rd.  
 City Nashville State TN Zip Code 37220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2011  
**Transaction ID : C1505682**  
 Amount of Each Receipt this Period 500.00

**B. Mohammed I. Ahmed M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Solomon Pierce Rd.  
 City Lexington State MA Zip Code 02420-2535  
 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 ▼ 1000.00

Date of Receipt 11 / 14 / 2011  
**Transaction ID : C1524241**  
 Amount of Each Receipt this Period 1000.00

**C. Eric J. Albrecht M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 938 Hanover Ave.  
 City Norfolk State VA Zip Code 23508  
 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 ▼ 1125.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507763**  
 Amount of Each Receipt this Period 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Shane C. Angus M.S., A.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2101 16th St NW Apt 324  
 City Washington State DC Zip Code 20009-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Case School of Medicin Occupation Program Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **419.60**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507755**  
 Amount of Each Receipt this Period **83.00**

**B. Shane C. Angus M.S., A.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2101 16th St NW Apt 324  
 City Washington State DC Zip Code 20009-6584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Case School of Medicin Occupation Program Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **419.60**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : C1505919**  
 Amount of Each Receipt this Period **83.30**

**C. Joseph P. Annis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Sundown Parkway  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DARTMOUTH HITCHCOCK Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 07 / 2011**  
**Transaction ID : C1503980**  
 Amount of Each Receipt this Period **500.00**

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. David M. Arend M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : C1503995</b>
Mailing Address 62 Eagle Dr		Amount of Each Receipt this Period 250.00
City Bedford	State NH	Zip Code 03110-4412
FEC ID number of contributing federal political committee. C		
Name of Employer Amoskeag Anesthesia	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Ashburn M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1508146</b>
Mailing Address 1840 South St 2nd fl Tuttleman Ctr		Amount of Each Receipt this Period 41.00
City Philadelphia	State PA	Zip Code 19146-7411
FEC ID number of contributing federal political committee. C		
Name of Employer Penn Pain Medicine and Palliative Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer P. Aunspaugh M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011 <b>Transaction ID : C1524246</b>
Mailing Address 800 Marshall Street Slot 203, S-319		Amount of Each Receipt this Period 500.00
City Little Rock	State AR	Zip Code 72202-3510
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas Childrens Hospital	Occupation Assistant Professor Pediatric Anesthes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.00
<b>TOTAL</b> 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 10 OF 116  
(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. Mac S. Axelrod M.D.**

Mailing Address 8703 Palm Lake Dr.

City Orlando State FL Zip Code 32819-3813

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 ▼ **418.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 01 / 2011**

**Transaction ID : C1507693**

Amount of Each Receipt this Period  
**41.00**

Full Name (Last, First, Middle Initial)  
**B. Mark J Baade D.O.**

Mailing Address 11530 Hidden Spring Trail

City Dewitt State MI Zip Code 48820

FEC ID number of contributing federal political committee. **C**

Name of Employer Ingham Regional Medical Center Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2011**

**Transaction ID : C1504002**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Jennifer Badia M.D.**

Mailing Address 124 Lyons Street

City Fort Collins State CO Zip Code 80521

FEC ID number of contributing federal political committee. **C**

Name of Employer Physican Anesthesia Services 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  
**11 / 17 / 2011**

**Transaction ID : C1509053**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **541.00**

**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 11 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Michael H. Baik M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Amsterdam Ave Apt 1100

City New York	State NY	Zip Code 10023-7496
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Lukes Roosevelt Hospital	Occupation Resident
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2011

**Transaction ID : C1507698**

Amount of Each Receipt this Period  

83.00
-------

**B. Eric J. Baurle M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Ivy Crest Dr

City Brentwood	State TN	Zip Code 37027
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Medical Group, P.C. Busines	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
11	/	17	/	2011

**Transaction ID : C1509015**

Amount of Each Receipt this Period  

250.00
--------

**C. Timothy Beacham M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 N State St  
University of Mississippi Medical

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 ▼ **336.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2011

**Transaction ID : C1507727**

Amount of Each Receipt this Period  

83.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>416.00</b>
<b>TOTAL</b> 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 12 OF 116  
(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**

**A. Robert Y. Beesburg M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Forty Love Pt.  
 City State Zip Code  
 Chapin SC 29036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Anesthesiology Consultants of Columbia Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 451.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C1507695**  
 Amount of Each Receipt this Period  
 41.00

**B. Mordechai Bermann M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Plymouth Ln.  
 City State Zip Code  
 East Brunswick NJ 08816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Medicine and Dentistry of N Anesthesiologist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 913.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C1507531**  
 Amount of Each Receipt this Period  
 41.60

**C. David J. Biel A.A.-C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2929 Edgehill Rd  
 City State Zip Code  
 Cleveland Heights OH 44118-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University Hospitals, Case Medical Cen Anesthesiologist Assistant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C1507749**  
 Amount of Each Receipt this Period  
 41.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 123.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Wendy B. Binstock M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1122 W Montana St  
 City Chicago State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Chicago Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1162.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505921**  
 Amount of Each Receipt this Period 83.30

**B. Kenneth J. Bochenek M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Spruce Dr  
 City Lafayette State IN Zip Code 47905-3944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Associates, P.C. Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1498327**  
 Amount of Each Receipt this Period 50.00

**C. Kenneth J. Bochenek M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Spruce Dr  
 City Lafayette State IN Zip Code 47905-3944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesiology Associates, P.C. Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505869**  
 Amount of Each Receipt this Period 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	183.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Anthony Bonanno M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2011
Mailing Address 17 Pondview		<b>Transaction ID : C1503794</b>
City Saint James	State NY	Zip Code 11780-3164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SUFFOLK ANESTHESIOLOGY ASSOCIATES	Occupation ANESTHESIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Marc R. Brown M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011
Mailing Address 212 Summer Tanager Ln		<b>Transaction ID : C1505972</b>
City Heath	State TX	Zip Code 75032-7646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Metro Anesthesia Consultants. LLP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Kurt T. Budenbender D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2011
Mailing Address 1850 N. Central Ave Ste 1600		<b>Transaction ID : C1507533</b>
City Phoenix	State AZ	Zip Code 85004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.30
Name of Employer Valley Anesthesia Consultants, LTD	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.30
<b>TOTAL</b> 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 15 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Salvatore D. Buffa M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 Nanny Hagen Rd  
 City Thornwood State NY Zip Code 10594-2103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Medical Doctor  
 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  
 11 / 08 / 2011  
**Transaction ID : C1503795**  
 Amount of Each Receipt this Period  
 500.00

**B. Frederick J. Bunke M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Montauk Way  
 City Glastonbury State CT Zip Code 06033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartford Anesthesiology Associates 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  
 11 / 04 / 2011  
**Transaction ID : C1499064**  
 Amount of Each Receipt this Period  
 250.00

**C. Curtis A. Carl M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 916 Wildwood Dr  
 City East Lansing State MI Zip Code 48823-3050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Anesthesia Service 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  
 11 / 11 / 2011  
**Transaction ID : C1504013**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 16 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. John Carney M.D.**  
Full Name (Last, First, Middle Initial)

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 ▼ **334.00**

Date of Receipt **11 / 01 / 2011**

**Transaction ID : C1507785**

Amount of Each Receipt this Period **83.00**

**B. Debra L. Caroli M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4548 Burke St

City Orlando State FL Zip Code 32814

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 ▼ **336.00**

Date of Receipt **11 / 01 / 2011**

**Transaction ID : C1507748**

Amount of Each Receipt this Period **41.00**

**C. Andrei Cernea M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6708 Kenhill Rd

City Bethesda State MD Zip Code 20817-6016

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 ▼ **295.00**

Date of Receipt **11 / 01 / 2011**

**Transaction ID : C1507718**

Amount of Each Receipt this Period **41.00**

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**

**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 17 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Alexander S. Choi M.D., M.P.</b>		Date of Receipt
Mailing Address 230 N. Main St.		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City Zionsville	State IN	Zip Code 46077
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C1505237</b>
Name of Employer Anesthesia Consultants of Indianapolis	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jieun S. Choi M.D.</b>		Date of Receipt
Mailing Address 22 Kilmer Dr		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Hillsborough	State NJ	Zip Code 08844
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C1508867</b>
Name of Employer ACNJ	Occupation Pediatric Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Robin Church-Hajduk M.D.</b>		Date of Receipt
Mailing Address 4242 Medical Dr., Ste 3100		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City San Antonio	State TX	Zip Code 78229
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C1507744</b>
Name of Employer Tejas Anesthesia, PA	Occupation Pediatric Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.00"/>
	<input type="text" value="418.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2041.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. David J. Cohen M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 South Oakland Anesthesia Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **418.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507779**  
 Amount of Each Receipt this Period **41.00**

**B. Steven Cohen M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 The Hunt  
 City St. James State NY Zip Code 11780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUFFOLK ANESTHESIOLOGY ASSOC PC Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 08 / 2011**  
**Transaction ID : C1503796**  
 Amount of Each Receipt this Period **500.00**

**C. Peter G. Coles M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Peeler St. P.O. Box 4095  
 City Kalamazoo State MI Zip Code 49003-4095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kalamazoo Anesthesiology, P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **451.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507741**  
 Amount of Each Receipt this Period **41.00**

**SUBTOTAL** of Receipts This Page (optional)..... **582.00**  
**TOTAL** This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 19 OF 116
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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

A. Mark A. Cook D.O.
Full Name (Last, First, Middle Initial)
Mailing Address Physician Anes. Service
1200 E. Michigan Ave.,#370
City Lansing State MI Zip Code 48912-1812
FEC ID number of contributing federal political committee. C
Name of Employer Physician Anes. Service Occupation ANESTHESIOLOGIST
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt
11 / 11 / 2011
Transaction ID : C1504016
Amount of Each Receipt this Period
250.00

B. Walter M. Crawford M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 4009 Sneed Rd.
City Nashville State TN Zip Code 37215
FEC ID number of contributing federal political committee. C
Name of Employer Anesthesia Medical Group Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1500.00

Date of Receipt
11 / 01 / 2011
Transaction ID : C1498557
Amount of Each Receipt this Period
1000.00

C. Susan G. Curling M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 8234 Magnolia Glen Drive
City Humble State TX Zip Code 77346
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 1000.60

Date of Receipt
11 / 01 / 2011
Transaction ID : C1507720
Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)..... 1333.00
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 20 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Susan G. Curling M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2011 <b>Transaction ID : C1508967</b>
Mailing Address 8234 Magnolia Glen Drive		Amount of Each Receipt this Period 83.30
City Humble	State TX	Zip Code 77346
FEC ID number of contributing federal political committee. C		
Name of Employer North Houston Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.60	

Full Name (Last, First, Middle Initial) <b>B. Stephen Dainesi M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : C1503994</b>
Mailing Address 28 Barrington Dr		Amount of Each Receipt this Period 250.00
City Bedford	State NH	Zip Code 03110-5601
FEC ID number of contributing federal political committee. C		
Name of Employer Amoskeag Anesthesia	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Abhijit Desai M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507747</b>
Mailing Address 74 Clairmont St		Amount of Each Receipt this Period 41.00
City Longmeadow	State MA	Zip Code 01106-1002
FEC ID number of contributing federal political committee. C		
Name of Employer Milford Anesthesia Associates, Inc	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.30
<b>TOTAL</b> 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 21 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Christian Diez M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.60

Date of Receipt 11 / 16 / 2011  
**Transaction ID : C1507522**  
 Amount of Each Receipt this Period 83.30

**B. Gary J. DiLisio M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507733**  
 Amount of Each Receipt this Period 83.00

**C. Robert S. Dorian M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94 Old Short Hills Rd  
 City Livingston State NJ Zip Code 07039-5672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Barnabas Med Ctr Anes Dept Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2011  
**Transaction ID : C1524237**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1166.30  
**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 22 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Donald D. Downs M.D.</b>		Date of Receipt
Mailing Address 7351 Oliver Woods Dr SE		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
Grand Rapids	MI	49546-9707
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1507775</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.00"/>
Name of Employer	Occupation	
Anesthesia Medical Consultants	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="751.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Zoran Drmanovic M.D.</b>		Date of Receipt
Mailing Address 5600 SW Bellflower Ct.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
Palm City	FL	34990
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1507745</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.00"/>
Name of Employer	Occupation	
Sheridan Healthcorp	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="459.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Tate J. Egger D.O.</b>		Date of Receipt
Mailing Address 4916 Sugar Bush Ln		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Holt	MI	48842-1946
FEC ID number of contributing federal political committee.		<b>Transaction ID : C1504003</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="374.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Truitt C. Ellis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4421 Sheppard Pl  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Anesthesia Occupation Anesthesiologists  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 06 / 2011**  
**Transaction ID : C1499787**  
 Amount of Each Receipt this Period **500.00**

**B. Kenneth Elmassian D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2399 Pine Hollow Dr.  
 City East Lansing State MI Zip Code 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 **996.60**

Date of Receipt **11 / 03 / 2011**  
**Transaction ID : C1498636**  
 Amount of Each Receipt this Period **83.30**

**C. Michael R. England M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 Beacon St # 5  
 City Boston State MA Zip Code 02116-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tufts Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 08 / 2011**  
**Transaction ID : C1503793**  
 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: (check only one)	PAGE 24 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Imu A. Esmail M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : C1504004</b>
Mailing Address 13200 Primrose Ln		Amount of Each Receipt this Period 250.00
City Dewitt	State MI	Zip Code 48820-8164
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Luis Esparza M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2011 <b>Transaction ID : C1513127</b>
Mailing Address 2810 N Swan Rd Ste 100		Amount of Each Receipt this Period 50.00
City Tucson	State AZ	Zip Code 85712-6300
FEC ID number of contributing federal political committee. C		
Name of Employer OLD PUEBLO ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. John D. Everett M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : C1504005</b>
Mailing Address 3814 Hemmingway Dr		Amount of Each Receipt this Period 250.00
City Okemos	State MI	Zip Code 48864-3835
FEC ID number of contributing federal political committee. C		
Name of Employer Physician Anesthesia Service, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> 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 25 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Melvin A. Ferlita M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507764</b>
Mailing Address 320 Jade Ct.		Amount of Each Receipt this Period 41.00
City Madisonville	State LA	Zip Code 70447-3128
FEC ID number of contributing federal political committee. C		
Name of Employer APMC, LLC.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.00	

Full Name (Last, First, Middle Initial) <b>B. Scott D. Fielden M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507681</b>
Mailing Address PO Box 401805		Amount of Each Receipt this Period 83.00
City Las Vegas	State NV	Zip Code 89140-1805
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiology Consultants, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

Full Name (Last, First, Middle Initial) <b>C. James E. Fletcher M.B.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2011 <b>Transaction ID : C1503208</b>
Mailing Address Childrens Healthcare of Atlanta 1001 Johnson Ferry Road NE		Amount of Each Receipt this Period 250.00
City Atlanta	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. C		
Name of Employer Childrens Healthcare of Atlanta	Occupation Pediatric Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 116  
(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**

**A. Richard M. Flowerdew M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Hedgerow Dr  
 City Falmouth State ME Zip Code 04105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spectrum Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 913.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2011  
**Transaction ID : C1505908**  
 Amount of Each Receipt this Period  
 83.30

**B. Robert M. Fondacaro M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Bluff Road  
 City St. James State NY Zip Code 11780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUFFOLK ANESTHESIOLOGY ASSOCIATES Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2011  
**Transaction ID : C1503797**  
 Amount of Each Receipt this Period  
 500.00

**C. William Frame M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 N Edward St  
 City Decatur State IL Zip Code 62526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assoc. Anesthesiologists of Decatur Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 996.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011  
**Transaction ID : C1515021**  
 Amount of Each Receipt this Period  
 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 666.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Jeffery L. Fuqua M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12419 Mallard Bay Dr.  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMAET Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507734**  
 Amount of Each Receipt this Period 208.00

**B. Barbara A. Furgason M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11520 Summit  
 City Kansas City State MO Zip Code 64114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates Kansas City Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505868**  
 Amount of Each Receipt this Period 300.00

**C. Edward D. Furst M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1103 Blackacre Trl  
 City West Lake Hills State TX Zip Code 78746-4307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Anesthesiology Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2011  
**Transaction ID : C1513728**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 758.00  
**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 28 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Vineet Gambhir M.D.</b>		Date of Receipt
Mailing Address 30 Turnberry Court		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Dix Hills	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C1503798</b>
Name of Employer SUFFOLK ANESTHESIOLOGY ASSOC PC		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael C. Garbaccio M.D.</b>		Date of Receipt
Mailing Address 1200 E Michigan Ave Ste 370		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City Lansing	State MI	Zip Code 48912-1897
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C1504017</b>
Name of Employer Physician Anesthesia Service		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Phillip Geiger M.D.</b>		Date of Receipt
Mailing Address 1908 W Berkshire Ln		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Hanford	State CA	Zip Code 93230
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C1507746</b>
Name of Employer Naval Hospital Lemoore		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="41.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="543.60"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="791.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Phillip Geiger M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 W Berkshire Ln  
 City Hanford State CA Zip Code 93230  
 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 ▼ 543.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2011  
**Transaction ID : C1499076**  
 Amount of Each Receipt this Period  
 83.30

**B. Martin L. Ginsberg M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Elliot Way, #200  
 City Manchester State NH Zip Code 03103-0350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Amoskeag Anesthesia Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : C1503998**  
 Amount of Each Receipt this Period  
 250.00

**C. David F. Gloyna MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Scott White, Dept. of Anes.  
 2401 South 31st  
 City Temple State TX Zip Code 76508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott and White Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C1507534**  
 Amount of Each Receipt this Period  
 83.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.60
<b>TOTAL</b> 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 30 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Leonid Gorelik M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2935 Woodburn Ave Unit O

City Cincinnati	State OH	Zip Code 45206-1484
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Cincinnati	Occupation 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
11	/	11	/	2011

**Transaction ID : C1524258**

Amount of Each Receipt this Period  

250.00
--------

**B. Leonid I. Gorelik M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 E. Michigan Ave., Ste. 370

City Lansing	State MI	Zip Code 48912
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Physian Anesthesia Service	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
11	/	11	/	2011

**Transaction ID : C1504018**

Amount of Each Receipt this Period  

250.00
--------

**C. Michael C. Gosney M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Chase Dr.

City Muscle Shoals	State AL	Zip Code 35661
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1166.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

**Transaction ID : C1505891**

Amount of Each Receipt this Period  

83.30
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>583.30</b>
<b>TOTAL</b> 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 31 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dara A. Green M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507687</b>
Mailing Address 13657 Glynschel Drive		Amount of Each Receipt this Period 208.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Charles D. Gregorius M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2011 <b>Transaction ID : C1499767</b>
Mailing Address 2220 the Knls		Amount of Each Receipt this Period 1000.00
City Lincoln	State NE	Zip Code 68512-1929
FEC ID number of contributing federal political committee. C	Name of Employer Associated Anesthesiologists, P.C.	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>c. David Guadalupe A.A.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507758</b>
Mailing Address PO Box 13681		Amount of Each Receipt this Period 41.00
City Savannah	State GA	Zip Code 31416
FEC ID number of contributing federal political committee. C	Name of Employer Nova Southeastern University	Occupation Assistant Professor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1249.00
<b>TOTAL</b> 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 32 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Ruchika Gupta M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2091 Autumn Hill Dr

City Ann Arbor State MI Zip Code 48103

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Michigan -Anesthesiology 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  
 11 / 17 / 2011

**Transaction ID : C1508946**

Amount of Each Receipt this Period  
 500.00

**B. Aaron Hammond D.O.**  
Full Name (Last, First, Middle Initial)

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

City Tucson State AZ Zip Code 85719

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Arizona Anesthesia Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2011

**Transaction ID : C1499778**

Amount of Each Receipt this Period  
 83.30

**C. James A. Harris D.O.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5574 Burnside Dr Apt 7

City Rockville State MD Zip Code 20853-2461

FEC ID number of contributing federal political committee. **C**

Name of Employer US Army Occupation Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011

**Transaction ID : C1507724**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	608.30
<b>TOTAL</b> 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 33 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Ronald L. Harter M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Ohio State University Medical Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 996.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : C1508965**  
 Amount of Each Receipt this Period  
 83.30

**B. Jonathan C. Hausheer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 771 Dommerich Dr.  
 City State Zip Code  
 Maitland FL 32751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JLR Medical Group Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C1507717**  
 Amount of Each Receipt this Period  
 41.00

**c. Gary Haynes M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3635 Vista at Grand Boulevard  
 3rd Floor Desloge Tower  
 City State Zip Code  
 Saint Louis MO 63110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St Louis University Professor and Chair  
 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  
 11 / 14 / 2011  
**Transaction ID : C1524239**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	374.30
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Michael W. Hays M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Ave N Ste 201  
 City Nashville State TN Zip Code 37203-1458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2011  
**Transaction ID : C1498571**  
 Amount of Each Receipt this Period 250.00

**B. Peter L. Hendricks M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1590 Panorama Dr.  
 City Vestavia Hills State AL Zip Code 35216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 996.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505910**  
 Amount of Each Receipt this Period 83.30

**C. David L. Hepner M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Department of Anesthesiology  
 75 Francis St # L1  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brigham and Womens Hosp Harvard Med Sc Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 22 / 2011  
**Transaction ID : C1513131**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1333.30  
**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)	PAGE 35 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Kirk B. Hickey M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507697</b>
Mailing Address 17104 Saddlecreek Way		Amount of Each Receipt this Period 25.00
City Edmond	State OK	Zip Code 73012-7424
FEC ID number of contributing federal political committee.	C	
Name of Employer Affiliated Anesthesiologists, LLC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J. Hodek D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2011 <b>Transaction ID : C1503802</b>
Mailing Address 1310 McIndoe St		Amount of Each Receipt this Period 250.00
City Wausau	State WI	Zip Code 54403-5083
FEC ID number of contributing federal political committee.	C	
Name of Employer CENTRAL WI ANESTHESIOLOGY	Occupation ANESTHESIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Christopher S. Hosfeld M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2011 <b>Transaction ID : C1509005</b>
Mailing Address 979 Middle Fork Trl.		Amount of Each Receipt this Period 500.00
City Suwanee	State GA	Zip Code 30024
FEC ID number of contributing federal political committee.	C	
Name of Employer GAS, pc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> 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 36 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Hayden R. Hughes M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1941 21st Ave S  
 City Birmingham State AL Zip Code 35209-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama Medical Center D Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **539.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507736**  
 Amount of Each Receipt this Period **83.00**

**B. John H. Huntington M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 Evergreen Dr., NE  
 City Grand Rapids State MI Zip Code 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Consultants, PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **837.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507686**  
 Amount of Each Receipt this Period **41.00**

**C. William E. Hurford M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University of Cincinnati Medical C  
 231 Albert Sabin Way  
 City Cincinnati State OH Zip Code 45267-0531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Cincinnati Medical Cente Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1254.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507761**  
 Amount of Each Receipt this Period **41.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</b>
<b>TOTAL</b> 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 37 OF 116  
(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**

**A. William E. Hurford M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University of Cincinnati Medical C  
 231 Albert Sabin Way  
 City Cincinnati State OH Zip Code 45267-0531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Cincinnati Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1254.00**

Date of Receipt **11 / 14 / 2011**  
**Transaction ID : C1524243**  
 Amount of Each Receipt this Period **1000.00**

**B. Jeffrey S. Jacobs M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11041 Pine Lodge Trail  
 City Davie State FL Zip Code 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 **1046.60**

Date of Receipt **11 / 16 / 2011**  
**Transaction ID : C1507520**  
 Amount of Each Receipt this Period **83.30**

**C. Daniel J. Janik M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15605 E Prentice Dr  
 City Centennial State CO Zip Code 80015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Colorado Denver Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **913.60**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : C1505922**  
 Amount of Each Receipt this Period **83.30**

**SUBTOTAL** of Receipts This Page (optional)..... **1166.60**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Curby D. Jenkins D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 654 Emily Ln.  
 City Haslett State MI Zip Code 48840-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self - Lansing Anesthesiologists, PC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 917.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507689**  
 Amount of Each Receipt this Period 83.00

**B. Cynthia L. Jenson M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 751.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507728**  
 Amount of Each Receipt this Period 83.00

**C. Kenneth E. Johnson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Heather Circle  
 City Jefferson State MA Zip Code 01522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KEJ Anesthesiology, LLC Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507722**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 191.00  
**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 39 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Gary P. Jones A.A.</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2011 <b>Transaction ID : C1507523</b>
Mailing Address 6410 Fannin St Suite 480		Amount of Each Receipt this Period 83.30
City Houston State TX Zip Code 77030-3000	FEC ID number of contributing federal political committee. C	
Name of Employer Case Western Reserve University Occupation Anesthesiologist Assistant Program Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.60

Full Name (Last, First, Middle Initial) <b>B. Zeev N. Kain M.D., M.B.</b>		Date of Receipt MM / DD / YYYY 11 / 14 / 2011 <b>Transaction ID : C1524244</b>
Mailing Address 333 City Blvd W Ste 2150		Amount of Each Receipt this Period 1000.00
City Orange State CA Zip Code 92868-5920	FEC ID number of contributing federal political committee. C	
Name of Employer University of California Irvine Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

Full Name (Last, First, Middle Initial) <b>c. Bhanu V. Kanakamedala M.D.</b>		Date of Receipt MM / DD / YYYY 11 / 14 / 2011 <b>Transaction ID : C1504698</b>
Mailing Address 230 Twin Bridges Dr		Amount of Each Receipt this Period 500.00
City Eads State TN Zip Code 38028	FEC ID number of contributing federal political committee. C	
Name of Employer Metropolitan Anesthesia Alliance Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Tripti Kataria M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 S Canal St Apt 419

City Chicago State IL Zip Code 60606-3904

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Chicago Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 996.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505912**

Amount of Each Receipt this Period 83.30

**B. Amber Keller M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 862 Jefferson Tower  
619 19th St South

City Birmingham State AL Zip Code 35249-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Alabama at Birmingham Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 11 / 03 / 2011  
**Transaction ID : C1498631**

Amount of Each Receipt this Period 41.00

**C. Jason D. Keller D.O.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Hwy., # U109

City Knoxville State TN Zip Code 37920-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer University Anesthesiologists Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1506661**

Amount of Each Receipt this Period 83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.30

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Jason D. Keller D.O.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1924 Alcoa Hwy., # U109

City Knoxville State TN Zip Code 37920-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer University Anesthesiologists Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011

**Transaction ID : C1506662**

Amount of Each Receipt this Period  
 41.00

**B. James K. Kerr III, M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2165 Herschel St

City Jacksonville State FL Zip Code 32204

FEC ID number of contributing federal political committee. **C**

Name of Employer North Florida Anesthesia Consultants P Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2011

**Transaction ID : C1505923**

Amount of Each Receipt this Period  
 83.30

**C. Michael S. Kincaid M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 13029 NE 144th Pl

City Kirkland State WA Zip Code 98034-1305

FEC ID number of contributing federal political committee. **C**

Name of Employer Matrix Anesthesia - Evergreen Medical Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011

**Transaction ID : C1507715**

Amount of Each Receipt this Period  
 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	207.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Jeffrey G. King M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8740 Ingleton Ct.  
 City Orlando State FL Zip Code 32836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JLR Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **418.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C1507757**  
 Amount of Each Receipt this Period  
**41.00**

**B. Jeffrey L. King ,,,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Ave. N., #202  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group, 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  
 11 / 27 / 2011  
**Transaction ID : C1514988**  
 Amount of Each Receipt this Period  
**500.00**

**C. Kevin P. Kinkead M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1776 McConnell Dr.  
 City Williamsport State PA Zip Code 17701-9300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Associates of Williamsport Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2582.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C1507692**  
 Amount of Each Receipt this Period  
**208.00**

**SUBTOTAL** of Receipts This Page (optional)..... **749.00**  
**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 43 OF 116  
(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. Roger D. Kinkor M.D.**

Mailing Address 411 Laurel St Ste 3170

City State Zip Code  
 Des Moines IA 50314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Medical Center Anesthesiologists, PC Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2011

**Transaction ID : C1501522**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Benjamin W. Kirschenbaum M.D.**

Mailing Address 120 Northern Pkwy. West

City State Zip Code  
 Plainview NY 11803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 SUFFOLK ANESTHESIOLOGY ASSOC PC 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  
 11 / 08 / 2011

**Transaction ID : C1503799**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Jerome M. Klafta M.D.**

Mailing Address 4123 Harvey Ave.

City State Zip Code  
 Western Springs IL 60558-1245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 University of Chicago 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  
 11 / 14 / 2011

**Transaction ID : C1524238**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 116  
(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**

**A. Brian D. Klagges M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Elliot Way Ste 200  
 City Manchester State NH Zip Code 03103-3502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self 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 Y  
 11 / 10 / 2011  
**Transaction ID : C1503997**  
 Amount of Each Receipt this Period  
 250.00

**B. Joseph J. Kochan III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 E. Michigan Ave., #370  
 City Lansing State MI Zip Code 48912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Anesthesia Service, 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 Y  
 11 / 11 / 2011  
**Transaction ID : C1504019**  
 Amount of Each Receipt this Period  
 250.00

**c. Christopher J. Kreuzer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 Scarlet Oak Ct. NE  
 City Ada State MI Zip Code 49301  
 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 ▼ 913.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : C1508974**  
 Amount of Each Receipt this Period  
 41.60

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. David M. Krhovsky M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2248 Shawnee Dr SE  
 City Grand Rapids State MI Zip Code 49506-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Consultants Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 996.60

Date of Receipt 11 / 04 / 2011  
**Transaction ID : C1499072**  
 Amount of Each Receipt this Period 83.30

**B. Michael G. Krogulecki D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 E. Michigan Ave., #370  
 City Lansing State MI Zip Code 48912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician Anesthesia Service Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : C1504006**  
 Amount of Each Receipt this Period 250.00

**C. Scott M. Kuhnert M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4640 Hawk Hollow Dr. E.  
 City Bath State MI Zip Code 48808-8776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lansing Anesthesiologists, P.C. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507691**  
 Amount of Each Receipt this Period 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.30
<b>TOTAL</b> 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 46 OF 116  
(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. Hung-Chi Kwok M.D.**

Mailing Address 2732 Muir Woods Dr., SE

City State Zip Code  
 Hampton Cove AL 35763

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Alabama Anes. of Huntsville, LLC Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2011

**Transaction ID : C1504025**

Amount of Each Receipt this Period  
 175.00

Full Name (Last, First, Middle Initial)  
**B. Mark U. Kyker M.D.**

Mailing Address 10810 Onyx Drive

City State Zip Code  
 Carmel IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 CAA 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  
 11 / 27 / 2011

**Transaction ID : C1514983**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Howard L. Lakritz M.D.**

Mailing Address 21 Cornell Trl

City State Zip Code  
 Hillsborough NJ 08844-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Anesthesia Consultants of New Jersey ANESTHESIOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011

**Transaction ID : C1507679**

Amount of Each Receipt this Period  
 41.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 466.00

**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 47 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Gary Lawson-Boucher M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5391 Hickory Wood Dr  
 City Naples State FL Zip Code 34119-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Griffin Anaesthesia Services, PA Occupation Anaesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507688**  
 Amount of Each Receipt this Period **125.00**

**B. Michael C. Lewis M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University of Miami School of Medi  
 1120 NW 14th Street - Suite 960  
 City Miami State FL Zip Code 33136-1005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Miami School of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1196.60**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : C1505902**  
 Amount of Each Receipt this Period **83.30**

**C. J. Lance Lichtor M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 55071  
 ECM #8824  
 City Boston State MA Zip Code 02205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Mass Med School Dept Anes Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **534.20**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507730**  
 Amount of Each Receipt this Period **41.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.30</b>
<b>TOTAL</b> 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 48 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. J. Lance Lichtor M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2011 <b>Transaction ID : C1509463</b>
Mailing Address PO Box 55071 ECM #8824		Amount of Each Receipt this Period 41.60
City Boston	State MA	Zip Code 02205
FEC ID number of contributing federal political committee. C	Name of Employer Univ. of Mass Med School Dept Anes	
Occupation Physician		Aggregate Year-to-Date ▼ 534.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kristen L. Lienhart M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011 <b>Transaction ID : C1524242</b>
Mailing Address 4301 W Markham St Lot 515		Amount of Each Receipt this Period 1000.00
City Little Rock	State AR	Zip Code 72205-7101
FEC ID number of contributing federal political committee. C	Name of Employer University of Arkansas Medical Science	
Occupation Anesthesiologist		Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John E. Lindsey Jr., M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1505903</b>
Mailing Address 2502 S. 186th Circle		Amount of Each Receipt this Period 83.30
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. C	Name of Employer Orthopaedic Anesthesia Specialists, L.	
Occupation Anesthesiologist		Aggregate Year-to-Date ▼ 666.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1124.90
<b>TOTAL</b> 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 49 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Paul J. Lipson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6425 Edinburgh Dr.  
 City Nashville State TN Zip Code 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group, PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2011  
**Transaction ID : C1505846**  
 Amount of Each Receipt this Period 500.00

**B. Wenshu Liu M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1783 Elk Ln.  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : C1504007**  
 Amount of Each Receipt this Period 250.00

**C. Timothy R. Long M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 1st St SW  
 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 ▼ 500.00

Date of Receipt 11 / 06 / 2011  
**Transaction ID : C1499780**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Joshua L. Lumbley M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 W 10th Ave  
 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 Medical Cent Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **492.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507765**  
 Amount of Each Receipt this Period **41.00**

**B. Asif M. Malik M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2760 Charnwood Dr  
 City Troy State MI Zip Code 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 **751.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507707**  
 Amount of Each Receipt this Period **83.00**

**C. Mark Mandabach M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept. of Anesthesiology  
 619 S. 19th St., JT845  
 City Birmingham State AL Zip Code 35249-6810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Alabama - Birmingham Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1417.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507696**  
 Amount of Each Receipt this Period **83.00**

**SUBTOTAL** of Receipts This Page (optional)..... **207.00**  
**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 51 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Kurt W. Markgraf M.D.</b>		Date of Receipt
Mailing Address 3663 McKinley Ave		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City State Zip Code Fort Myers FL 33901		<b>Transaction ID : C1499074</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.30"/>
Name of Employer Medical Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="913.60"/>	

Full Name (Last, First, Middle Initial) <b>B. Shawn J. Marsh M.D.</b>		Date of Receipt
Mailing Address 9787 S. Isabel Ct.		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
City State Zip Code Highlands Ranch CO 80126		<b>Transaction ID : C1503962</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer South Denver Anesthesiologists, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Timothy Martin M.D.</b>		Date of Receipt
Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City State Zip Code Little Rock AR 72202-3591		<b>Transaction ID : C1507777</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="166.00"/>
Name of Employer University of Arkansas for Medical Sci	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1336.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="749.30"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. George Mashour M.D., Ph.D</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : C1514390</b>
Mailing Address Department of Anes 1500 E Medical Center Dr		Amount of Each Receipt this Period 250.00
City Ann Arbor	State MI	Zip Code 48109
FEC ID number of contributing federal political committee. C	Name of Employer University of Michigan	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Donald M. Mathews M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011 <b>Transaction ID : C1524236</b>
Mailing Address 340 S Willard St		Amount of Each Receipt this Period 500.00
City Burlington	State VT	Zip Code 05401-3908
FEC ID number of contributing federal political committee. C	Name of Employer St. Vincent's Hospital Department of A	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. John E. Maxa M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2011 <b>Transaction ID : C1513730</b>
Mailing Address PO Box 3559		Amount of Each Receipt this Period 250.00
City Suwanee	State GA	Zip Code 30024-0993
FEC ID number of contributing federal political committee. C	Name of Employer New London Anesthesia	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Sam K. Mayeda M.D.**

Mailing Address 15804 W. 63rd Ave.

City Golden	State CO	Zip Code 80403
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Anesthesia Services	Occupation 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
11	/	26	/	2011

**Transaction ID : C1514978**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Joel E. McCreary D.O.**

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 Pacific Anesthesia	Occupation Staff Anesthesiologist
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2011

**Transaction ID : C1507716**

Amount of Each Receipt this Period  
125.00

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2011

**Transaction ID : C1507772**

Amount of Each Receipt this Period  
83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	458.00
<b>TOTAL</b> 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 54 OF 116  
(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**

**A. Brian P. McGlinch M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3364 Hidden Creek Lane, N.E.  
 City Rochester State MN Zip Code 55906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Anesthesiology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505904**  
 Amount of Each Receipt this Period 83.30

**B. Richard R. McNeer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18340 SW 122 St.  
 City Miami State FL Zip Code 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 ▼ 253.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507735**  
 Amount of Each Receipt this Period 83.00

**C. Michael J. Meddows M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8508-B Atlantic Ave.  
 City Virginia Beach State VA Zip Code 23451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlantic Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2011  
**Transaction ID : C1504030**  
 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	FOR LINE NUMBER: (check only one)	PAGE 55 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Robert K. Michaels M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3632 Beech Tree Dr  
 City Orlando State FL Zip Code 32835  
 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 ▼ 418.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507694**  
 Amount of Each Receipt this Period 41.00

**B. Kimberly D. Milhoan M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2850 Lakehills St.  
 City San Antonio State TX Zip Code 78251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tejas Anesthesia Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507737**  
 Amount of Each Receipt this Period 25.00

**C. Michael D. Miller M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 500.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507740**  
 Amount of Each Receipt this Period 41.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.00  
**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 56 OF 116  
(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**

**A. Christopher G. Millson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 Wimbledon Dr  
 City Las Vegas State NV Zip Code 89107  
 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 ▼ 996.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505905**  
 Amount of Each Receipt this Period 83.30

**B. Mitchell F. Minana M.D.**  
 Full Name (Last, First, Middle Initial)  
 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  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505876**  
 Amount of Each Receipt this Period 100.00

**C. John D. Mitchell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Chalk St  
 City Cambridge State MA Zip Code 02139-4402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Beth Israel Deaconess Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1524254**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 433.30  
**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)	PAGE 57 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. John S. Mitchell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Physician Anesthesia Service  
 1200 E Michigan Ave Ste 370  
 City Lansing State MI Zip Code 48912-1897  
 Name of Employer Physician Anesthesia Service Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1506251**  
 Amount of Each Receipt this Period 250.00

**B. Karen P. Mitchell M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3838 N Braeswood Blvd Apt 112  
 City Houston State TX Zip Code 77025-3005  
 Name of Employer Memorial Hermann Southwest Hospital Occupation Resident  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 664.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507703**  
 Amount of Each Receipt this Period 41.00

**C. Richard C. Month M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 Spring Garden St Apt 1F  
 City Philadelphia State PA Zip Code 19130-3532  
 Name of Employer Hospital of The University of Pennsylv Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1295.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507706**  
 Amount of Each Receipt this Period 41.00

**SUBTOTAL** of Receipts This Page (optional)..... 332.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Partha S. Mookerjee M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 E Michigan Ave Ste 370

City Lansing State MI Zip Code 48912-1897

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Anesthesia Service, PC Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : C1504008**

Amount of Each Receipt this Period  
250.00

**B. Donald A. Moore M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1614 Oakhurst Dr

City Ooltewah State TN Zip Code 37363-9448

FEC ID number of contributing federal political committee. **C**

Name of Employer Anes. Consultants Exchange Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
11 / 01 / 2011  
**Transaction ID : C1507751**

Amount of Each Receipt this Period  
125.00

**C. James Moore M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address Ronald Reagan UCLA Medical Center  
757 Westwood Plaza, Suite 3325

City Los Angeles State CA Zip Code 90095

FEC ID number of contributing federal political committee. **C**

Name of Employer UCLA Department of Anesthesiology Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 535.60

Date of Receipt  
11 / 10 / 2011  
**Transaction ID : C1503220**

Amount of Each Receipt this Period  
83.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	458.30
<b>TOTAL</b> 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 59 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Thomas A. Moore II, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1748 Vestwood Hills Dr  
 City Vestavia State AL Zip Code 35216-1366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama School of Medici Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1875.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507759**  
 Amount of Each Receipt this Period **125.00**

**B. Joel H. Mumford M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Elm Hill Rd.  
 City Springfield State VT Zip Code 05156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer V A Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1079.60**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507725**  
 Amount of Each Receipt this Period **83.00**

**C. Joel H. Mumford M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Elm Hill Rd.  
 City Springfield State VT Zip Code 05156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer V A Medical Center Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1079.60**

Date of Receipt **11 / 16 / 2011**  
**Transaction ID : C1507524**  
 Amount of Each Receipt this Period **83.30**

**SUBTOTAL** of Receipts This Page (optional)..... **291.30**  
**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)	PAGE 60 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Ross J. Musumeci M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Lincoln St.  
City Weston State MA Zip Code 02493-1803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Anes. Assoc. of Massachusetts Occupation Anesthesiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 451.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507709**  
Amount of Each Receipt this Period 41.00

**B. Norah N. Naughton M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4270 Plymouth Road  
City Ann Arbor State MI Zip Code 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 ▼ 1291.60

Date of Receipt 11 / 25 / 2011  
**Transaction ID : C1514974**  
Amount of Each Receipt this Period 83.30

**C. William W. Nelson M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6044 Yeats Manor Dr.  
City Tampa State FL Zip Code 33616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PPS., Inc Occupation Anesthesiologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1498515**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1124.30  
**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)	PAGE 61 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael S. Nichols A.A.-C</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1505893</b>
Mailing Address 3681 Manor Brook Terrace		Amount of Each Receipt this Period 83.30
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C		
Name of Employer Case Western Reserve University MSA Pr	Occupation Anesthesiologist Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 913.60	

Full Name (Last, First, Middle Initial) <b>B. John Q. niklason</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507705</b>
Mailing Address 520 N Northwest Hwy		Amount of Each Receipt this Period 41.00
City Park Ridge	State IL	Zip Code 60068-2538
FEC ID number of contributing federal political committee. C		
Name of Employer Affiliated Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1751.00	

Full Name (Last, First, Middle Initial) <b>c. Babatunde O. Ogunnaike M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507776</b>
Mailing Address 1008 Brentwood Dr		Amount of Each Receipt this Period 83.00
City Murphy	State TX	Zip Code 75094-4441
FEC ID number of contributing federal political committee. C		
Name of Employer University of Texas Southwestern Medic	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	207.30
<b>TOTAL</b> 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 62 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Oluwatosin Oladipupo M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011
Mailing Address 1836 S Shores Dr		<b>Transaction ID : C1507738</b>
City Decatur	State IL	Zip Code 62521-5529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer Associated Anes. of Decatur	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 751.00	

Full Name (Last, First, Middle Initial) <b>B. Carmelita S. Pablo M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011
Mailing Address 4301 W. Markham, Slot 515		<b>Transaction ID : C1524248</b>
City Little Rock	State AR	Zip Code 72205-7101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of AR for Med Sci Anes Dept	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Brian S. Pallohusky M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011
Mailing Address 4255 E Ridgeview St		<b>Transaction ID : C1507726</b>
City Springfield	State MO	Zip Code 65809-3427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer St Johns Clinic	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.00
<b>TOTAL</b> 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 63 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Brian S. Pallohusky M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4255 E Ridgeview St

City Springfield State MO Zip Code 65809-3427

FEC ID number of contributing federal political committee. **C**

Name of Employer St Johns Clinic Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **11 / 01 / 2011**

**Transaction ID : C1507786**

Amount of Each Receipt this Period **41.00**

**B. Parag Pandya M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 Royal Vw

City Pittsford State NY Zip Code 14534

FEC ID number of contributing federal political committee. **C**

Name of Employer Geneva General Hospital Anesthesiology Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **583.30**

Date of Receipt **11 / 23 / 2011**

**Transaction ID : C1514959**

Amount of Each Receipt this Period **83.30**

**C. John L. Pappas M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 294 Barden Rd

City Bloomfield Hills State MI Zip Code 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer William Beaumont Hospital Troy Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **996.60**

Date of Receipt **11 / 15 / 2011**

**Transaction ID : C1505906**

Amount of Each Receipt this Period **83.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>207.60</b>
<b>TOTAL</b> 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 64 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Samuel M. Parnass M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6938 N Kilpatrick Ave

City Lincolnwood State IL Zip Code 60712-2414

FEC ID number of contributing federal political committee. **C**

Name of Employer North Shore Skokie Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 01 / 2011**

**Transaction ID : C1507684**

Amount of Each Receipt this Period  
**25.00**

**B. Harry G. Parr D.O.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4725 Tully Rd.

City Bloomfield Hills State MI Zip Code 48302

FEC ID number of contributing federal political committee. **C**

Name of Employer South Oakland Anesthesia Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **913.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 15 / 2011**

**Transaction ID : C1505895**

Amount of Each Receipt this Period  
**83.30**

**C. William J. Pekarske M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1281 E. Calle De La Cabra

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **996.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 01 / 2011**

**Transaction ID : C1507783**

Amount of Each Receipt this Period  
**83.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>191.30</b>
<b>TOTAL</b> 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 65 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. William J. Pekarske M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1281 E. Calle De La Cabra  
 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  General  Other (specify)   
 Aggregate Year-to-Date **996.30**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : C1519722**  
 Amount of Each Receipt this Period **83.30**

**B. Manuel A. Perez M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Country Oaks Rd.  
 City Lebanon State NJ Zip Code 08833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACNJ, LLC Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 18 / 2011**  
**Transaction ID : C1509554**  
 Amount of Each Receipt this Period **500.00**

**C. William P. Peterson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3704 Fairhills Dr.  
 City Okemos State MI Zip Code 48864  
 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 **250.00**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : C1506187**  
 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: (check only one)	PAGE 66 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Thomas J. Petrou M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5105 Madison Ave Apt B2

City Okemos State MI Zip Code 48864-5125

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : C1504009**

Amount of Each Receipt this Period 250.00

**B. Margaret A. Pitts M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Birchdale Rd

City Bow State NH Zip Code 03304-4405

FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Associates PA Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 917.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507712**

Amount of Each Receipt this Period 83.00

**C. Jeffrey Plagenhoef M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1118 Ross Clark Circle, Suite 700

City Dothan State AL Zip Code 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 ▼ 1166.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505924**

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Harvey Plosker M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2011
Mailing Address 501 Glades Rd		<b>Transaction ID : C1503209</b>
City Boca Raton	State FL	Zip Code 33432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Broad Anesthesia Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Jeff A. Poage M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011
Mailing Address 211 Roan Drive		<b>Transaction ID : C1507780</b>
City Danville	State CA	Zip Code 94526-1916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MACMGI	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dean Polce D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2011
Mailing Address 3092 Red Arrow Dr		<b>Transaction ID : C1507701</b>
City Las Vegas	State NV	Zip Code 89135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
Name of Employer Anesthesiology Consultants, Inc	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 917.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Roma C. Polce M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3092 Red Arrow Dr.  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VAMC Southern Nevada Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 834.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C1507770**  
 Amount of Each Receipt this Period  
 83.00

**B. Roma C. Polce M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3092 Red Arrow Dr.  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VAMC Southern Nevada Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 834.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C1507525**  
 Amount of Each Receipt this Period  
 83.30

**C. Rex C. Pritchard M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17268 Ridge Crest Dr  
 City Flint State TX Zip Code 75762-9450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Texas Anesthesiology Assoc. 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  
 11 / 15 / 2011  
**Transaction ID : C1505969**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.30
<b>TOTAL</b> 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 69 OF 116  
(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. Eduardo W. Quesada M.D., M.Sc**

Mailing Address One Elliot Way, Suite 200

City State Zip Code  
 Manchester NH 03103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Amoskeag Anesthesia 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  
 11 / 10 / 2011  
**Transaction ID : C1503996**

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 Occupation  
 Ryder Trauma Center Anesthesiology Staff Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 751.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C1507714**

Amount of Each Receipt this Period  
 83.00

Full Name (Last, First, Middle Initial)  
**C. Syed A. Razvi M.D.**

Mailing Address One Elliot Way, Suite 200

City State Zip Code  
 Manchester NH 03103-3502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Amoskeag Anesthesia 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  
 11 / 10 / 2011  
**Transaction ID : C1503993**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **583.00**

**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 70 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Michael Richardson M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 3355  
 City PRINCETON State NJ Zip Code 08543  
 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 **1166.60**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : C1505896**  
 Amount of Each Receipt this Period **83.30**

**B. Joseph M. Rifici A.A.-C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Lakeside ANES 2532 LKS5007  
 11100 Euclid Ave.  
 City Cleveland State OH Zip Code 44106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ Hosp of Cleveland Case Med Ctr Occupation Anesthesiologist Assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **996.60**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : C1505913**  
 Amount of Each Receipt this Period **83.30**

**C. Kevin W. Roberts M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 240 Walnut Ln.  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical Center Hospital Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1996.00**

Date of Receipt **11 / 14 / 2011**  
**Transaction ID : C1524245**  
 Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1166.60**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Candace A. Robertson M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 <b>Transaction ID : C1518336</b>
Mailing Address 5230 Hickory Hollow Rd.		Amount of Each Receipt this Period 250.00
City Knoxville	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C		
Name of Employer Maryville Anesthesiologists, PC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Melanie J. Robinson-Woodard M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1506188</b>
Mailing Address 4060 Springer Way Apt 1823		Amount of Each Receipt this Period 250.00
City East Lansing	State MI	Zip Code 48823-8340
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Leopoldo V. Rodriguez M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1505914</b>
Mailing Address 21050 NE 38th Ave Apt 305 Atlantic 3 at the Point		Amount of Each Receipt this Period 83.30
City Aventura	State FL	Zip Code 33180
FEC ID number of contributing federal political committee. C		
Name of Employer Surgery Center of Aventura	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.30
<b>TOTAL</b> 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 72 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. David L. Rogers 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 Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.00

Date of Receipt  
11 / 01 / 2011  
**Transaction ID : C1507743**

Amount of Each Receipt this Period  
41.00

Full Name (Last, First, Middle Initial)  
**B. John Rogoski D.O.**

Mailing Address 915 Olentangy River Rd Ste 1000  
Dept of Anes

City Columbus State OH Zip Code 43212

FEC ID number of contributing federal political committee. **C**

Name of Employer OSUMC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1166.60

Date of Receipt  
11 / 18 / 2011  
**Transaction ID : C1509462**

Amount of Each Receipt this Period  
83.30

Full Name (Last, First, Middle Initial)  
**C. Frank Rosemeier M.D.**

Mailing Address 10004 Crystalline Ct  
JLR Medical Group

City Orlando State FL Zip Code 32836-6024

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 ▼  
254.00

Date of Receipt  
11 / 01 / 2011  
**Transaction ID : C1507756**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Elliot R. Rossein M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Orchard Dr.  
 City Northport State NY Zip Code 11768-2633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUFFOLK ANESTHESIA ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2011  
**Transaction ID : C1503803**  
 Amount of Each Receipt this Period  
 500.00

**B. Lawrence J. Roy M.D.**  
 Full Name (Last, First, Middle Initial)  
 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 Medical Doctor  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 581.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C1507526**  
 Amount of Each Receipt this Period  
 83.30

**C. Arthur Runyon-Hass M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1503 Kimberleigh Ct.  
 City Franklin State TN Zip Code 37069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : C1503116**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1083.30
<b>TOTAL</b> 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 74 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Benjamin P. Sampang M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W192N5702 Spencers Pass  
 City Menomonee Falls State WI Zip Code 53051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aurora Medical Group Anesthesiology Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 20 / 2011**  
**Transaction ID : C1510170**  
 Amount of Each Receipt this Period **250.00**

**B. John M. Schneider M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1570 W Battlefield St # 110  
 City Springfield State MO Zip Code 65807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Johns Physicians and Clinics Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1498526**  
 Amount of Each Receipt this Period **1000.00**

**C. Debra A. Schwinn M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1959 N.E. Pacific Street Rm. BB1461, Box 356540  
 City Seattle State WA Zip Code 98195-6540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Washington Medical Cente Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 14 / 2011**  
**Transaction ID : C1524247**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Kenneth L. Sears M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 29th Avenue North, Suite 201  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 03 / 2011**  
**Transaction ID : C1498641**  
 Amount of Each Receipt this Period **1000.00**

**B. Mark S. Seifer M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 Moraine Way  
 City Heath State TX Zip Code 75032-8904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 15 / 2011**  
**Transaction ID : C1505971**  
 Amount of Each Receipt this Period **500.00**

**C. Fred E. Shapiro D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Brookline Ave # F-407  
 Department of Anesthesiology  
 City Boston State MA Zip Code 02215-5400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Harvard Medical School Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **834.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507750**  
 Amount of Each Receipt this Period **83.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1583.00**  
**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 116  
(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. Kevin M. Shaw M.D.**

Mailing Address 5 Tallwood Ln

City Weatogue      State CT      Zip Code 06089

FEC ID number of contributing federal political committee. **C**

Name of Employer Hartford Anesthesiology Associates      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  
**11 / 01 / 2011**

**Transaction ID : C1498318**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. George J. Sheplock M.D.**

Mailing Address 702 Barnhill Dr Rm 2001

City Indianapolis      State IN      Zip Code 46202

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 ▼ **666.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 15 / 2011**

**Transaction ID : C1505915**

Amount of Each Receipt this Period  
**83.30**

Full Name (Last, First, Middle Initial)  
**C. Roland Short III, M.D.**

Mailing Address 26 Peachtree St

City Mountain Brk      State AL      Zip Code 35213-3018

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Perioperative Services      Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1081.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2011**

**Transaction ID : C1514967**

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Karen S. Sibert M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4146 Sunnyslope Ave.

City Sherman Oaks State CA Zip Code 91423

FEC ID number of contributing federal political committee. **C**

Name of Employer Cedars-Sinai Medical Center Anes. Dept Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **666.60**

Date of Receipt **11 / 16 / 2011**

**Transaction ID : C1507518**

Amount of Each Receipt this Period **83.30**

**B. Timothy M. Sievers M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Elliot Way, Suite 200

City Manchester State NH Zip Code 03103-0350

FEC ID number of contributing federal political committee. **C**

Name of Employer Amoskeag Anesthesia, P.L.L.C. Occupation ANESTHESIOLOGIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 10 / 2011**

**Transaction ID : C1503999**

Amount of Each Receipt this Period **250.00**

**C. Jean A. Simonson M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 924 20th Ave. Cir.

City Blair State NE Zip Code 68008

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Nebraska Medical Center Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 17 / 2011**

**Transaction ID : C1509033**

Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>833.30</b>
<b>TOTAL</b> 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 78 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Jonathan H. Slonin M.D., M.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 SE Via Verona  
 City Port Saint Lucie State FL Zip Code 34984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sheridan Healthcare Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1129.60

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507710**  
 Amount of Each Receipt this Period 83.00

**B. Jonathan H. Slonin M.D., M.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 SE Via Verona  
 City Port Saint Lucie State FL Zip Code 34984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sheridan Healthcare Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1129.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505897**  
 Amount of Each Receipt this Period 83.30

**C. Robert H. Small M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 W 10th Ave  
 N411 Doan Hall, Dept. of Anes.  
 City Columbus State OH Zip Code 43210-1240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ohio State University Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 996.60

Date of Receipt 11 / 15 / 2011  
**Transaction ID : C1505892**  
 Amount of Each Receipt this Period 83.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Blair Smith M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1046 Lake Colony Ln.

City Birmingham	State AL	Zip Code 35242
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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 ▼  
996.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2011

**Transaction ID : C1499073**

Amount of Each Receipt this Period  
833.30

**B. David W. Smith M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 W. Hillwood Dr.

City Nashville	State TN	Zip Code 37205-1340
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FEC ID number of contributing federal political committee. **C**

Name of Employer Anesthesia Medical Group	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : C1503991**

Amount of Each Receipt this Period  
500.00

**C. Gail L. Smith M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6875 Ann Arbor Saline Rd.

City Saline	State MI	Zip Code 48176
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Physician Anesthesia Services	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
11	/	11	/	2011

**Transaction ID : C1504015**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.30
<b>TOTAL</b> 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 80 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Ryan W. Smith M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 98 Holly Ln

City Myrtle Beach State SC Zip Code 29572-5625

FEC ID number of contributing federal political committee. **C**

Name of Employer CAMG, LLC Occupation Resident

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 451.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011

**Transaction ID : C1507721**

Amount of Each Receipt this Period  
 41.00

**B. Richard P. Spaulding M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Brick Mill Road

City Bedford State NH Zip Code 03110

FEC ID number of contributing federal political committee. **C**

Name of Employer Amoskeag Anes., PLLC 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  
 11 / 10 / 2011

**Transaction ID : C1504000**

Amount of Each Receipt this Period  
 250.00

**C. Brett M. Sprtel M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 11934 Crossing Deer Ct

City Roscommon State MI Zip Code 48653-7538

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Hospital Grayling Dept of Anesth Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011

**Transaction ID : C1507771**

Amount of Each Receipt this Period  
 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.00
<b>TOTAL</b> 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 81 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. P. Greg St. Claire M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3049 Summergate Lane  
 City Okemos State MI Zip Code 48864-5919  
 Name of Employer Physician Anesthesia Services Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2011  
**Transaction ID : C1504010**  
 Amount of Each Receipt this Period 250.00

**B. Gustav E. Stahl Jr., M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 14th Avenue South  
 City Fargo State ND Zip Code 58103  
 Name of Employer Innovis Health Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : C1507690**  
 Amount of Each Receipt this Period 41.00

**C. Erica Stein M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall  
 City Columbus State OH Zip Code 43210  
 Name of Employer The Ohio State University Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 996.60

Date of Receipt 11 / 17 / 2011  
**Transaction ID : C1508969**  
 Amount of Each Receipt this Period 83.30

**SUBTOTAL** of Receipts This Page (optional).....▶ 374.30  
**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)	PAGE 82 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. John Stephenson M.D.**  
Full Name (Last, First, Middle Initial)

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 Anes., P.C. Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **751.00**

Date of Receipt **11 / 01 / 2011**

**Transaction ID : C1507762**

Amount of Each Receipt this Period **83.00**

**B. Maya S. Suresh M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 Dryden Rd Ste 1700  
Dept. of Anesthesiology, MS: BCM 1

City Houston State TX Zip Code 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer Baylor College of Medicine Occupation Physician- Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **502.00**

Date of Receipt **11 / 01 / 2011**

**Transaction ID : C1507702**

Amount of Each Receipt this Period **83.00**

**C. Frank M. Sutton Jr., M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 S Lexington Ave  
Unit 301

City Asheville State NC Zip Code 28801

FEC ID number of contributing federal political committee. **C**

Name of Employer Asheville Anesthesia Associates, PA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 03 / 2011**

**Transaction ID : C1499058**

Amount of Each Receipt this Period **600.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>766.00</b>
<b>TOTAL</b> 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 83 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Johan P. Suyderhoud M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1506255</b>
Mailing Address 3467 N Venice St		Amount of Each Receipt this Period 500.00
City Arlington	State VA	Zip Code 22207-4446
FEC ID number of contributing federal political committee. C		
Name of Employer Georgetown Hospital	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph Talarico D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1505898</b>
Mailing Address Department of Anesthesiology 200 Lothrop St C-205		Amount of Each Receipt this Period 41.60
City Pittsburgh	State PA	Zip Code 15213
FEC ID number of contributing federal political committee. C		
Name of Employer University of Pittsburgh Medical Cente	Occupation Assistant Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 493.20	

Full Name (Last, First, Middle Initial) <b>C. Kyle Thompson M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507739</b>
Mailing Address 333 W Hampden Ave #600		Amount of Each Receipt this Period 125.00
City Englewood	State CO	Zip Code 80110
FEC ID number of contributing federal political committee. C		
Name of Employer South Denver Anesthesiology, P.C.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.60
<b>TOTAL</b> 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 84 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Thomas Toomey M.D., Ph.D</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2011 <b>Transaction ID : C1510164</b>
Mailing Address 704 Sweet Cherry Court		Amount of Each Receipt this Period 500.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Medical Group	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Jason C. Tratechaud D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2011 <b>Transaction ID : C1504011</b>
Mailing Address 3653 Lake Vista Court		Amount of Each Receipt this Period 250.00
City Milford	State MI	Zip Code 48327
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Christopher A. Troianos M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1505900</b>
Mailing Address 427 Heights Dr		Amount of Each Receipt this Period 83.30
City Gibsonia	State PA	Zip Code 15044
FEC ID number of contributing federal political committee. C		
Name of Employer Western Pennsylvania Hospital	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.30
<b>TOTAL</b> 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 85 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Lance T. Turner M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011 <b>Transaction ID : C1503800</b>
Mailing Address 55 Irving Dr		Amount of Each Receipt this Period 500.00
City Woodbury	State NY	Zip Code 11797-1307
FEC ID number of contributing federal political committee. C		
Name of Employer SUFFOLK ANESTHESIOLOGY ASSOCIATES I	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Rebecca S. Twersky M.D., M.P.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2011 <b>Transaction ID : C1513768</b>
Mailing Address 450 Clarkson Ave # 30006		Amount of Each Receipt this Period 1000.00
City Brooklyn	State NY	Zip Code 11203
FEC ID number of contributing federal political committee. C		
Name of Employer SUNY Downstate Medical Center	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. John A. Ulatowski M.D., Ph.D</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011 <b>Transaction ID : C1524240</b>
Mailing Address 600 N. Wolfe St., Blalock 1415		Amount of Each Receipt this Period 500.00
City Baltimore	State MD	Zip Code 21287-4965
FEC ID number of contributing federal political committee. C		
Name of Employer Johns Hopkins University School of Med	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Jonathan D. Uri M.D.</b>		Date of Receipt
Mailing Address 593 Eddy St Anes. Dept.		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : C1498826</b>
Providence	RI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="250.00"/>
02903-4923		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Clifton O. Van Putten M.D.</b>		Date of Receipt
Mailing Address 6936 N Autumn Ave		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : C1503981</b>
Clovis	CA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="500.00"/>
93619-9474		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Anesthesia Consultants of Fresno	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Varlotta D.O.</b>		Date of Receipt
Mailing Address 1303 Bayshore Blvd.		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : C1507519</b>
Tampa	FL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="83.30"/>
33606		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
GFA Anesthesia	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="664.60"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="833.30"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 87 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Hector Vila Jr., M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2011 <b>Transaction ID : C1508968</b>
Mailing Address 4304 W Azeele St		Amount of Each Receipt this Period 83.30
City Tampa	State FL	Zip Code 33609
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Florida Office Anesthesia	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.60	

Full Name (Last, First, Middle Initial) <b>B. Sandhya Rani Vinta M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2011 <b>Transaction ID : C1507729</b>
Mailing Address 1551 Moncrey Ave		Amount of Each Receipt this Period 83.00
City League City	State TX	Zip Code 77573-2078
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UTMB Anesthesiology	Occupation Faculty Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.00	

Full Name (Last, First, Middle Initial) <b>C. Annette D. Vizena M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C1505871</b>
Mailing Address 919 Skipping Stone Ct		Amount of Each Receipt this Period 50.00
City Timnath	State CO	Zip Code 80547-4406
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North Co Anesthesia Professional	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 88 OF 116
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: PAGE 88 OF 116 (check only one)
[X] 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

A. J. Michael Vollers M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1 Childrens Way
Slot 203, S-319
City Little Rock State AR Zip Code 72202
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 996.60
Date of Receipt 11 / 14 / 2011
Transaction ID : C1504037
Amount of Each Receipt this Period 83.30

B. Teresa G. Walker M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 3519 Riviere Du Chien Rd.
City Mobile State AL Zip Code 36693
FEC ID number of contributing federal political committee. C
Name of Employer Self Occupation Medical Doctor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt 11 / 19 / 2011
Transaction ID : C1510153
Amount of Each Receipt this Period 1000.00

C. Alan Weiss M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 960 Royal Arms Dr.
City Girard State OH Zip Code 44420-1652
FEC ID number of contributing federal political committee. C
Name of Employer Bel-Park Anes. Assoc. Inc. Occupation Anesthesiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 664.60
Date of Receipt 11 / 15 / 2011
Transaction ID : C1505918
Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... 1166.60
TOTAL This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Michael Weiss M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 68 Hennessy Drive

City State Zip Code  
Huntington NY 11743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUFFOLK ANESTHESIOLOGY ASSOC 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  
11 / 08 / 2011  
**Transaction ID : C1503801**

Amount of Each Receipt this Period  
500.00

**B. Marc L. Weller M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2028 N. Shorewood Ave.

City State Zip Code  
Upland CA 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Marc L Weller MD Inc 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  
11 / 20 / 2011  
**Transaction ID : C1510168**

Amount of Each Receipt this Period  
250.00

**C. Brian J. West M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 407 W. Springs Meadows Lane

City State Zip Code  
Dewitt MI 48820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : C1504012**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 90 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Marisa A. Wiktor D.O.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 N Water St Apt 206  
 City Milwaukee State WI Zip Code 53202-1589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic Foundation Occupation Resident  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **377.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507732**  
 Amount of Each Receipt this Period **41.00**

**B. Kenny F. Williard ,,,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5809 Beauregard Dr.  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Medical Group Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 20 / 2011**  
**Transaction ID : C1510167**  
 Amount of Each Receipt this Period **500.00**

**C. Brett E. Winthrop M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 Hammill Ln  
 City Reno State NV Zip Code 89511-2045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sierra Anesthesia, Inc Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **668.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : C1507774**  
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Kenneth A. Woodward M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2011 <b>Transaction ID : C1499782</b>
Mailing Address 34365 Deerwood Dr		Amount of Each Receipt this Period 250.00
City Eugene	State OR	Zip Code 97405
FEC ID number of contributing federal political committee. C		
Name of Employer Northwest Anesthesia Physicians	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Granville B. Work M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011 <b>Transaction ID : C1504039</b>
Mailing Address 3749 Lynnfield Dr		Amount of Each Receipt this Period 83.30
City Virginia Beach	State VA	Zip Code 23452
FEC ID number of contributing federal political committee. C		
Name of Employer Sentara Norfolk General Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.60	

Full Name (Last, First, Middle Initial) <b>C. W. Bradley Worthington M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : C1507528</b>
Mailing Address 202 Deer Park Drive		Amount of Each Receipt this Period 83.30
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C		
Name of Employer Center for Spinal Surgery	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.60
<b>TOTAL</b> 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 92 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

**A. Theodore M. Wynnychenko M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 Elm St  
 City Winnetka State IL Zip Code 60093-2120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Evanston Northwestern 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  
 11 / 15 / 2011  
**Transaction ID : C1506254**  
 Amount of Each Receipt this Period  
 500.00

**B. Steve Yun M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2132  
 City Orange State CA Zip Code 92859-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2011  
**Transaction ID : C1503804**  
 Amount of Each Receipt this Period  
 250.00

**c. Jonathan R. Zucker M.B.,Ch.B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1612 Saint Gregory Drive  
 City Las Vegas State NV Zip Code 89117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nevada Anesthesia Consultants Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 996.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : C1507529**  
 Amount of Each Receipt this Period  
 83.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.30
<b>TOTAL</b> This Period (last page this line number only).....▶	60152.50

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

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

FOR LINE NUMBER: PAGE 93 OF 116  
(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**

**A. ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2341 McCallie Ave  
 PO BOX 3549  
 City Chattanooga State TN Zip Code 37404-3231  
 FEC ID number of contributing federal political committee. **C** C00491969  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : C1525538**  
 Amount of Each Receipt this Period  
 5000.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 OF 116  
(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. COMMON VALUES PAC**

Mailing Address 901 N WASHINGTON ST  
SUITE 102

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00442368

Name of Employer Occupation

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  
11 / 09 / 2011  
**Transaction ID : C1525539**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Credit Card Merchant

State: District:

Date of Disbursement

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

Transaction ID : D122094

Amount of Each Disbursement this Period

10496.16

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10496.16

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

10496.16

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ALAMO PAC**

Mailing Address 919 CONGRESS AVE SUITE 1400  
FROST BANK PLAZA

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

Transaction ID : D122376

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COMMON VALUES PAC**

Mailing Address 901 N WASHINGTON ST  
SUITE 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : D122018

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. DAVID ROUZER FOR CONGRESS**

Mailing Address PO BOX 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Mr. David Cheston Rouzer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

Transaction ID : D121554

Amount of Each Disbursement this Period

5000.00
---------

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

12500.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DEMOCRATS WIN SEATS (DWS PAC)**

Mailing Address 1071 TWIN BRANCH LN

City WESTON State FL Zip Code 33326

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : D122366

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. ELIZABETH CHILDS FOR CONGRESS COMMITTEE**

Mailing Address 157 WALNUT STREET

City Brookline State MA Zip Code 02445

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : D122353

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. GARAGIOLA FOR CONGRESS**

Mailing Address 13421 WINTERSPOON LANE

City GERMANTOWN State MD Zip Code 20874

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

Transaction ID : D121727

Amount of Each Disbursement this Period

5000.00
---------

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

15000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JOBS, ECONOMY AND BUDGET FUND (JEB FUND)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		08		2011

Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

**Transaction ID : D122377**

City Bethesda State MD Zip Code 20814

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2011 Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Full Name (Last, First, Middle Initial)

**B. MAGGIE'S LIST**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2011

Mailing Address 6675 WEEPING WILLOW WAY

**Transaction ID : D122352**

City Tallahassee State FL Zip Code 32311

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2011 Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Full Name (Last, First, Middle Initial)

**C. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND A.K.A MIKE R FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2011

Mailing Address PO Box 2485

**Transaction ID : D121704**

City Springfield State VA Zip Code 22152

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2011 Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

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

12500.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MONTANA DEMOCRATIC PARTY**

Mailing Address PO BOX 802

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : D122354

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. NORTH CAROLINA REPUBLICAN PARTY**

Mailing Address 1506 HILLSBOROUGH STREET

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : D121552

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH**

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2011

Transaction ID : D121669

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RAJA FOR CONGRESS**

Mailing Address P.O. Box 958033

City Hoffman Estates State IL Zip Code 60195

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Mr. Raja Krishnamoorthi**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : D121550

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. RANDY ALTSCHULER FOR CONGRESS**

Mailing Address POST OFFICE BOX 657

City Stony Brook State NY Zip Code 11790

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Mr. Randy Altschuler**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NY District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

Transaction ID : D121725

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Anna G. Eshoo**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : D121558

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Anna G. Eshoo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

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

**Transaction ID : D121559**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BILL OWENS FOR CONGRESS**

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Bill Owens**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

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

**Transaction ID : D122368**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. BILLY LONG FOR CONGRESS**

Mailing Address 1675-F E SEMINOLE

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Billy Long**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

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

**Transaction ID : D122362**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ELECT BLAKE FARENTHOLD COMMITTEE**

Mailing Address P.O. Box 3369

City State Zip Code  
Corpus Christi TX 78463

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Blake Farenthold**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 27

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : D121722**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BASS VICTORY COMMITTEE**

Mailing Address PO Box 3451

City State Zip Code  
Concord NH 03302

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Charles Bass**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : D121724**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BASS VICTORY COMMITTEE**

Mailing Address PO Box 3451

City State Zip Code  
Concord NH 03302

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Charles Bass**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : D121730**

Amount of Each Disbursement this Period

500.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Charles Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

**Transaction ID : D122371**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Charles Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

**Transaction ID : D122372**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO Box 951

City State Zip Code  
NORTH BRANCH MN 55056

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Chip Cravaack**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : D121729**

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LUMMIS FOR CONGRESS**

Mailing Address 2015 CENTRAL AVE. SUITE 200

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Cynthia M. Lummis**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: WY District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

Transaction ID : D122370

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BENISHEK FOR CONGRESS**

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Dan Benishek**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : D122355

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT CONGRESSMAN DANA ROHRABACHER**

Mailing Address PO BOX 823

City HUNTINGTON BEACH State CA Zip Code 92648

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Dana Rohrabacher**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 46

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

Transaction ID : D122369

Amount of Each Disbursement this Period

2000.00

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

5500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ENGEL FOR CONGRESS**

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

**Transaction ID : D121556**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. CLEAVER FOR CONGRESS**

Mailing Address 4801 Main Street, Suite 1000

City State Zip Code  
Kansas City MO 64112

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Emanuel Cleaver II**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

**Transaction ID : D122361**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. LUCAS FOR CONGRESS**

Mailing Address Post Office Box 1726

City State Zip Code  
Oklahoma City OK 73101

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Frank D. Lucas**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OK District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

**Transaction ID : D122357**

Amount of Each Disbursement this Period

2500.00

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

**Transaction ID : D121703**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. GIFFORDS FOR CONGRESS**

Mailing Address PO Box 12886

City State Zip Code  
Tucson AZ 85732

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Gabrielle Giffords**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

**Transaction ID : D122373**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. GARY MILLER FOR CONGRESS**

Mailing Address 721 S. Brea Canyon Road, Suite 7

City State Zip Code  
Diamond Bar CA 91789

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Gary G. Miller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 42

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

**Transaction ID : D122358**

Amount of Each Disbursement this Period

2500.00
---------

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

8500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILIRAKIS FOR CONGRESS**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Gus Bilirakis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

**Transaction ID : D121705**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BUCK MCKEON FOR CONGRESS**

Mailing Address 23942 Lyons Ave #105

City Santa Clarita State CA Zip Code 91321

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Howard P. McKeon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

**Transaction ID : D122363**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. DENHAM FOR CONGRESS**

Mailing Address 2150 RIVER PLAZA DR #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Jeff Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

**Transaction ID : D121555**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JEFF DUNCAN FOR CONGRESS**

Mailing Address PO BOX 732

City CLINTON State SC Zip Code 29325

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Jeff Duncan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : D121726**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. John Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	02	/	2011

**Transaction ID : D122365**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KURT SCHRADER FOR CONGRESS**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name

**Rep. Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	16	/	2011

**Transaction ID : D121560**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MICHAEL GRIMM FOR CONGRESS**

Mailing Address 560 9th Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2011			

City State Zip Code  
Brooklyn NY 11215

**Transaction ID : D121667**

Purpose of Disbursement  
2012 Primary Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Michael G. Grimm**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Full Name (Last, First, Middle Initial)

**B. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. Providence Road

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

City State Zip Code  
Media PA 19063

**Transaction ID : D121553**

Purpose of Disbursement  
2012 General Contribution

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. Patrick Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Full Name (Last, First, Middle Initial)

**C. PAUL TONKO FOR CONGRESS**

Mailing Address 911 Central Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2011			

City State Zip Code  
Albany NY 12206

**Transaction ID : D121668**

Purpose of Disbursement  
2012 Primary Contribution

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Paul Tonko**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

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

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 823047

City State Zip Code  
Dallas TX 75382

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Pete Sessions**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

**Transaction ID : D122360**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

**Transaction ID : D122359**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. GINGREY FOR CONGRESS**

Mailing Address PO Box U

City State Zip Code  
Marietta GA 30060

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Phil Gingrey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

**Transaction ID : D122374**

Amount of Each Disbursement this Period

1500.00
---------

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

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

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address PO BOX 311

City JASPER State TN Zip Code 37347

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Scott DesJarlais**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : D121551

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. STEVE ROTHMAN FOR NEW JERSEY INC.**

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Steven R. Rothman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : D121549

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. SUSAN DAVIS FOR CONGRESS**

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. Susan A. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 53

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : D121557

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TERRI SEWELL FOR CONGRESS**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Terri A. Sewell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

**Transaction ID : D122364**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. TIM WALZ FOR US CONGRESS**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Tim Walz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

**Transaction ID : D122375**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name

**Rep. Tom Price**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2011

**Transaction ID : D121670**

Amount of Each Disbursement this Period

2500.00

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

5500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CLAY JR. FOR CONGRESS**

Mailing Address P.O. BOX 4544

City ST. LOUIS State MO Zip Code 63108

Purpose of Disbursement  
2012 Primary Contribution

011

Candidate Name  
**Rep. William Lacy Clay**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MO District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2011

Transaction ID : D122356

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement  
2012 General Contribution

011

Candidate Name  
**Sen. Benjamin L. Cardin**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MD District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

Transaction ID : D121706

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. RICHARD BURR COMMITTEE; THE**

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
Contribution to a fed comm

Category/  
Type

Candidate Name  
**Sen. Richard M. Burr**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2011

Transaction ID : D121329

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TEXAS FREEDOM FUND**

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

**Transaction ID : D122378**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. VOICE FOR FREEDOM**

Mailing Address 2814 Spring Road Ste. 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District: 2011 Contribution

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : D121723**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

8000.00

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

133500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Amr E. Abouleish M.D.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2011
Mailing Address 4303 Evergreen Elm Ct		<b>Transaction ID : D121765</b>
City Houston	State TX	
Purpose of Disbursement REFUNDS TO INDIVIDUAL		Amount of Each Disbursement this Period 82.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Joseph P. Annis M.D.</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2011
Mailing Address 3 Sundown Parkway		<b>Transaction ID : D121764</b>
City Austin	State TX	
Purpose of Disbursement REFUNDS TO INDIVIDUAL		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	582.00
<b>TOTAL</b> This Period (last page this line number only).....	582.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Governors Association**

Mailing Address 1401 K Street NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Non-Federal Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2011 Membership Dues

State: District:

Date of Disbursement

/  /

**Transaction ID : D122367**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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