

**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) ▼

1061 American Lane

☐ Check if different than previously reported. (ACC)

Schaumburg

IL

60173

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

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

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		2060382.15
(b) Cash on Hand at Beginning of Reporting Period.....	1116866.68	
(c) Total Receipts (from Line 19)	89653.37	627085.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1206520.05	2687467.81
7. Total Disbursements (from Line 31)	149909.50	1630857.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1056610.55	1056610.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

72542.74

415398.29

(ii) Unitemized

17110.63

155687.37

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

89653.37

571085.66

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

89653.37

571085.66

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

6000.00

17. Other Federal Receipts

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

0.00

50000.00

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))..... ▶

89653.37

627085.66

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

89653.37

627085.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3409.50	48030.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3409.50	48030.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	120500.00	662300.00
24. Independent Expenditures (use Schedule E)	0.00	485390.06
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	1000.00	4136.70
(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)).....	1000.00	4136.70
29. Other Disbursements	25000.00	431000.00
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)) ..	149909.50	1630857.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	149909.50	1630857.26

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)	89653.37	571085.66
34. Total Contribution Refunds (from Line 28(d))	1000.00	4136.70
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88653.37	566948.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3409.50	48030.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3409.50	48030.50

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

City	State	Zip Code
Cleveland	OH	44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : C2754391

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

Mailing Address 10978 Eleventh Ave N.W.

City	State	Zip Code
Oronoco	MN	55960-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2014

Transaction ID : C2750921

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 4303 Evergreen Elm Ct

City	State	Zip Code
Houston	TX	77059-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Transaction ID : C2745421

Amount of Each Receipt this Period

83.30

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

208.31

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

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

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

FOR LINE NUMBER:
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerome M. Adams M.D., M.P.

Mailing Address 10959 Harbor Bay Dr

City

Fishers

State

IN

Zip Code

46040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wishard Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754382

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Simon M Adanin D.O.

Mailing Address 2516 Waukegan Rd #353

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Partners

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749937

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Bruce T Adelman M.D.

Mailing Address 4896 Woodcliff Hill Rd N

City

West Bloomfield

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital West Bloomfield

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756917

Amount of Each Receipt this Period

41.67

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

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

125.01

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rita Agarwal M.D.

Mailing Address 13123 E 16th Ave # B090

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Colorado

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 15 / 2014

Transaction ID : C2754601

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Shea D. Aiken M.D.

Mailing Address 3300 Holland Dr

City

Santa Rosa

State

CA

Zip Code

95404-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia and Analgesia Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 08 / 2014

Transaction ID : C2750934

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Eric J. Albrecht M.D.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754576

Amount of Each Receipt this Period

83.34

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

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

625.01

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 180

(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nelson Algarra M.D.

Mailing Address 3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66160-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Univ Med Ctr Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C2749934

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 60975 Billadeau Rd

City

Bend

State

OR

Zip Code

97702-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer

TenetHealth

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID : C2750731

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

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

Mailing Address 60975 Billadeau Rd

City

Bend

State

OR

Zip Code

97702-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer

TenetHealth

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID : C2750732

Amount of Each Receipt this Period

41.67

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

133.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 820 1st N.E.

LL-150, Mail 25

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Western Reserve University

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753932

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James M. Anton M.D.

Mailing Address 2302 Paradise Canyon Dr.

City

Pearland

State

TX

Zip Code

77584-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine - Texas Hea

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764030

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Gregory K. Applegate D.O.

Mailing Address 5950 N Pointe Dr

City

Pepper Pike

State

OH

Zip Code

44124-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals Case Medical Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 15 / 2014

Transaction ID : C2754599

Amount of Each Receipt this Period

41.67

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

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

175.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valerie A. Arkoosh M.D., M.P.

Mailing Address 530 Spring Ln

City

Wyndmoor

State

PA

Zip Code

19038

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764798

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sana Ata M.D.

Mailing Address 41 Mall Rd

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Clinic

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754269

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mark B. Atkinson M.D.

Mailing Address 5729 Stone Pine St

City

Kalamazoo

State

MI

Zip Code

49009-6742

FEC ID number of contributing
federal political committee.

C

Name of Employer

kalamazoo anesthesiology

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750828

Amount of Each Receipt this Period

500.00

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

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

833.34

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

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

FOR LINE NUMBER:
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer P. Aunspaugh M.D.

Mailing Address 1 CHILDRENS WAY

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

Assistant Professor Pediatric Anesthes

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745434

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

208.35

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759203

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Christopher J. Bacani M.D.

Mailing Address 198 Botany Blvd

City

Santa Rosa Beach

State

FL

Zip Code

32459-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764525

Amount of Each Receipt this Period

500.00

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

641.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shawn E. Banks M.D.

Mailing Address 601 NE 36th St Apt 3407

City
Miami

State
FL

Zip Code
33137-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764825

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jaime L. Baratta M.D.

Mailing Address 111 S 11th St

Suite 8290, Gibbon Building - Anes

City

Philadelphia

State

PA

Zip Code

19107-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754393

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. David K. Barclay M.D.

Mailing Address 7615 E 28th Ave #3

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750839

Amount of Each Receipt this Period

500.00

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

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

625.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremy L. Baron M.D.

Mailing Address 45 Burniston Ct

City

Hillsborough

State

NJ

Zip Code

08844-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of NJ LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 18 / 2014

Transaction ID : C2755905

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Lawrence A. Bauss M.D.

Mailing Address 1122 Edgemoor Ave

City

Kalamazoo

State

MI

Zip Code

49008-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750848

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Herman R. Beard M.D.

Mailing Address 2550 Flowood Dr., Suite #400

City

Flowood

State

MS

Zip Code

39232

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA CONSULTANTS

Occupation

ANNESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764765

Amount of Each Receipt this Period

500.00

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

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

1041.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Johnathan L. Beebe M.D.

Mailing Address 169 Gilliland Rd.

City

West Monroe

State

LA

Zip Code

71291

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parish Anesthesia of Monroe LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759170

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Amy C. Benedikt M.D.

Mailing Address 501 Patterson Ave.

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.35

Date of Receipt

06 / 08 / 2014

Transaction ID : C2750922

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Joel A. Bennett M.D.

Mailing Address 3809 French Horn Ct

City

Richmond

State

VA

Zip Code

23233-7677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth Anesthesia Assoc., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2756852

Amount of Each Receipt this Period

250.00

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

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

316.67

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mordechai Bermann M.D.

Mailing Address 7 Plymouth Ln

City

East Brunswick

State

NJ

Zip Code

08816-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754394

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph S. Bernstein M.D.

Mailing Address PO Box 700138

City

Oostburg

State

WI

Zip Code

53070-0138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764785

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Douglas M. Bez D.O.

Mailing Address 3597 Otsego Dr.

City

Okemos

State

MI

Zip Code

48864-5965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mclaren Pain Management Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759162

Amount of Each Receipt this Period

83.34

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

250.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wendy B. Binstock M.D.

Mailing Address 1122 W Montana St

City

Chicago

State

IL

Zip Code

60614-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

university of chicago

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : C2754219

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. David J. Bishop M.D.

Mailing Address 16312 Lucille St

City

Overland Park

State

KS

Zip Code

66062

FEC ID number of contributing
federal political committee.

C

Name of Employer

KUMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : C2759223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Timothy M. Bittenbinder M.D.Mailing Address 2401 South 31st St., Dept. of Anes
MS - 20 - D304

City

Temple

State

TX

Zip Code

76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas AM College of Medicine Scott an

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : C2754397

Amount of Each Receipt this Period

83.34

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

416.64

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew H. Black M.D.

Mailing Address 1720 Louisiana Blvd., NE, #401

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Associates of New Mexico

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul R. Borrelli M.D.

Mailing Address 301 Orlando Rd.

City State Zip Code
 Belleair FL 33756-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sheridan

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2767187

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew J. Boryan M.D.

Mailing Address 347 Stonegate Ct

City State Zip Code
 Chambersburg PA 17201-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Chambersburg Hospital

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755802

Amount of Each Receipt this Period

41.67

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

791.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josue Brainin-Mattos M.D.

Mailing Address 7891 Mount Ranier Dr

City

Jacksonville

State

FL

Zip Code

32256-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745430

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Devin Branstetter M.D.

Mailing Address 1220 S Aurora Ave

City

Tacoma

State

WA

Zip Code

98465-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Army MAMC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749932

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael S. Brown M.D.

Mailing Address DC005.00

One Hospital Drive

City

Columbia

State

MO

Zip Code

65212-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Missouri Anesthesiology

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 08 / 2014

Transaction ID : C2750924

Amount of Each Receipt this Period

83.34

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

216.68

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 569 Fruit Hill Ave

City

North Providence

State

RI

Zip Code

02911-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence VAMC

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2014

Transaction ID : C2754584

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Timothy A. Burke M.D.

Mailing Address 3655 Border Creek Ct

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Anesthesiology Associates

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754295

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. James T. Byland M.D.

Mailing Address 13 Carmel Ln

City

Brentwood

State

TN

Zip Code

37027-8928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

Transaction ID : C2755893

Amount of Each Receipt this Period

41.67

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

166.64

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian E. Campbell M.D.

Mailing Address 418 Meadow Brook Ln

City

Birmingham

State

AL

Zip Code

35213-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources Mangement

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764818

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Frederick Campbell M.D.

Mailing Address 4100 Park Forest Dr Ste 210

City

Traverse City

State

MI

Zip Code

49684-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Traverse Anesthesia Associates, PC

Occupation

physician anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754390

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Daniel Campos III, M.D.

Mailing Address 48 Schooner Ridge Rd

City

Cumb Foreside

State

ME

Zip Code

04110-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Group

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745433

Amount of Each Receipt this Period

41.67

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

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

166.68

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mario Camps M.D.

Mailing Address 520 E. Strawbridge Avenue

City State Zip Code
 Melbourne FL 32901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard Physicians Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 06 / 14 / 2014

Transaction ID : C2754582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Carlsen M.D.

Mailing Address 1958 Common Way Rd

City State Zip Code
 Orlando FL 32814-6332

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
 06 / 24 / 2014

Transaction ID : C2760165

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Debra L. Caroli M.D.

Mailing Address 4548 Burke St

City State Zip Code
 Orlando FL 32814

FEC ID number of contributing
federal political committee.

C

Name of Employer

LCAA

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
 06 / 01 / 2014

Transaction ID : C2745187

Amount of Each Receipt this Period

83.34

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

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

375.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City

New Orleans

State

LA

Zip Code

70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2014

Transaction ID : C2759133

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Dominic S. Carollo M.D.

Mailing Address 6511 Louis XIV St

City

New Orleans

State

LA

Zip Code

70124-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : C2764887

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Andrei Cernea M.D.

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 ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2014

Transaction ID : C2749935

Amount of Each Receipt this Period

41.67

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

124.94

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D. Chafty M.D., J.D.

Mailing Address 900 Peeler Street
P.O. Box 4095

City Kalamazoo State MI Zip Code 49003-4095

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 ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750829

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joshua C. Chance M.D.

Mailing Address 9 Ecurie Ct

City Little Rock State AR Zip Code 72223-8917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UAMS Dept of Anesthesiology

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.62

Date of Receipt

06 / 04 / 2014

Transaction ID : C2747342

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Claire L. Chandler A.A.-C

Mailing Address 1253 Citadel Dr NE

City Atlanta State GA Zip Code 30324-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Emory Healthcare

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754302

Amount of Each Receipt this Period

83.34

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

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

624.94

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce D. Chipkin M.D.

Mailing Address 6 Forrest Way

City

Poughkeepsie

State

NY

Zip Code

12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754569

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Norman A. Cohen M.D.

Mailing Address 0841 SW Gaines St # 504

City

Portland

State

OR

Zip Code

97239-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science Univ. Anes.

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746022

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Peter G. Coles M.D.

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 ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750840

Amount of Each Receipt this Period

500.00

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

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

633.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa A. Conte M.D.

Mailing Address 9219 Cromwell Woods Sq.

City State Zip Code
Orlando FL 32827

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 ▼

250.00

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745214

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John A. Cooley M.D.

Mailing Address 48 Fox Hedge Rd

City State Zip Code
Saddle River NJ 07458-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754587

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Lebron Cooper M.D.

Mailing Address 444 W. Willis St #514

City State Zip Code
Detroit MI 48201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 18 / 2014

Transaction ID : C2755899

Amount of Each Receipt this Period

83.34

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

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

416.64

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George S. Coury M.D.

Mailing Address 5115 Bernard Dr Ste 201

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of VA, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2767207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert M. Craft M.D.

Mailing Address Dept. of Anesthesiology

1924 Alcoa Highway, Box-U109

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759204

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Andrew M. Crell D.O.

Mailing Address 338 Estates Dr

City

Camden Wyoming

State

DE

Zip Code

19934-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASPA

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749969

Amount of Each Receipt this Period

250.00

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

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

541.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Cross M.D.

Mailing Address Department of Anesthesiology
 2401 South 31st Street

City State Zip Code
 Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

MM / DD / YYYY
 06 / 06 / 2014

Transaction ID : C2750728

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Candra A. Cummings M.D.

Mailing Address 2901 Maiden Creek Ct

City State Zip Code
 Davidsonville MD 21035-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dimensions Health Care

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
 06 / 28 / 2014

Transaction ID : C2764778

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Edwin D. Cunningham Jr., M.D.

Mailing Address 4098 Raleigh Millington Rd

City State Zip Code
 Memphis TN 38128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 06 / 03 / 2014

Transaction ID : C2747338

Amount of Each Receipt this Period

250.00

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

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

416.64

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judson P. Cuttino M.D.

Mailing Address 3 Hawkins Ln

City

Savannah

State

GA

Zip Code

31411-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Savannah, P.C

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : C2754387

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mark L. D'Agostino M.D.

Mailing Address 8714 Woolworth Ave

City

Omaha

State

NE

Zip Code

68124

FEC ID number of contributing
federal political committee.

C

Name of Employer

nebraska methodist hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : C2764592

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Thomas E. Daufenbach M.D.

Mailing Address 6618 Oleander Lane

City

Portage

State

MI

Zip Code

49024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2750849

Amount of Each Receipt this Period

500.00

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

1020.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Victor Davila M.D.

Mailing Address 4400 Kipling Rd

City
Columbus

State Zip Code
OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2745225

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Arup De M.D.

Mailing Address 32 Forest Rd

City
Delmar

State Zip Code
NY 12054-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : C2745435

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Kraig S. de Lanzac M.D.

Mailing Address 12 Tara Pl

City
Metairie

State Zip Code
LA 70002-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Slidell Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : C2747422

Amount of Each Receipt this Period

83.34

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

208.35

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

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leisa W. De Venny M.D.

Mailing Address 3090 Yorktown Dr.

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIOLOGY AND PAIN MANAGEMEN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764883

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. David A. Debenham M.D.

Mailing Address P.O. Box 910369

City

St. George

State

UT

Zip Code

84791-0369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mtn. West anesthesia

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764889

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Louis DelCampo M.D.

Mailing Address 2828 N National Ave

City

Springfield

State

MO

Zip Code

65803-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozarks Community Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750943

Amount of Each Receipt this Period

41.67

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

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

166.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allen Dennis M.D.

Mailing Address 14857 Holly Leaf Dr

City
Frisco

State
TX

Zip Code
75035-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Spine Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750942

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Abhijit Desai M.D.

Mailing Address 74 Clairmont St

City

Longmeadow

State

MA

Zip Code

01106-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford Anesthesia Associates, Inc Ane

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745218

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Mitchell A. Dickson M.D.

Mailing Address 5315 Bent River Blvd.

City

Knoxville

State

TN

Zip Code

37919-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Anesthesiology

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2014

Transaction ID : C2747340

Amount of Each Receipt this Period

250.00

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

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

374.94

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christian Diez M.D.

Mailing Address 7915 SW 55 Avenue

City State Zip Code
Miami FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2014

Transaction ID : C2754288

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gary J. DiLisio M.D.

Mailing Address 324 Gannett Dr Ste 200

City State Zip Code
South Portland ME 04106-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Medical Management

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : C275426

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Aristeidie M. Diveris M.D.

Mailing Address 825 N Sheridan Rd

City State Zip Code
Lake Forest IL 60045-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Forerunner Anesthesia Ltd

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2014

Transaction ID : C2755799

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey M. Do M.D.

Mailing Address 19943 Jessee Ct.

City

Castro Valley

State

CA

Zip Code

94552-5076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alameda Anesthesia Associates Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756902

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Heather A. Dobbs M.D.

Mailing Address 8935 Hathaway Rd

City

Kalamazoo

State

MI

Zip Code

49009-6918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Virginia Health System

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Matthew Donovan M.D.

Mailing Address 3333 Evergreen Drive N.E.

City

Grand Rapids

State

MI

Zip Code

49525-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759171

Amount of Each Receipt this Period

41.67

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

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

791.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michelle E. Downing M.D.

Mailing Address 706 Woodland Vlg

City

Birmingham

State

AL

Zip Code

35216-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Dept. of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 09 / 2014

Transaction ID : C2751168

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Donald D. Downs M.D.

Mailing Address 7351 Oliver Woods Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 07 / 2014

Transaction ID : C2750898

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. John J. Doyle M.D.

Mailing Address 120 N River Dr

City

St Augustine

State

FL

Zip Code

32095-8895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Clay County

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756911

Amount of Each Receipt this Period

41.67

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

1125.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clarkson M. Driggers M.D.

Mailing Address 713 N Lake Adair Blvd

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAG

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2756765

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gilbert Drozdow M.D.

Mailing Address 1613 NW 136th Ave Bldg C200

City

Sunrise

State

FL

Zip Code

33323-2896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759338

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Gary M. Druskovich M.D.

Mailing Address 5888 Rolling Pines Ct.

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750841

Amount of Each Receipt this Period

500.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mirsad Dupanovic M.D.

Mailing Address 8012 Belinder Rd

City

Leawood

State

KS

Zip Code

66206-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Medical Center Dept.

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kishan Dwarakanath M.D.

Mailing Address 6720 Bertner Ave. MC 1-226

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Heart Institute CV Anesthesiologist

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 10 / 2014

Transaction ID : C2751366

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Melissa A. Ehlers M.D.

Mailing Address 6 Knollwood Dr

City

Latham

State

NY

Zip Code

12110-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Anes. Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2014

Transaction ID : C2748828

Amount of Each Receipt this Period

500.00

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

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

833.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James P. Eichman M.D.

Mailing Address 8658 Colony Ln.

City

Kalamazoo

State

MI

Zip Code

49009-4579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Theodore J. Ellis Sr., M.D.

Mailing Address 1223 Bonnema Ct

City

Naperville

State

IL

Zip Code

60565-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anesthesiologists Ltd

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754287

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Truitt C. Ellis M.D.

Mailing Address 4421 Sheppard Pl

City

Nashville

State

TN

Zip Code

37205-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group anesthesia

Occupation

Anesthesiologists

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745802

Amount of Each Receipt this Period

250.00

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

791.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth Elmassian D.O.

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2745226

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 3127 Windsong Dr

City

Oakton

State

VA

Zip Code

22124-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C2749921

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Michael R. England M.D.

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 23 / 2014

Transaction ID : C2759205

Amount of Each Receipt this Period

41.67

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

166.61

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence Epstein M.D.

Mailing Address 1 Gustave L Levy Pl Dept Ofanesthe
 Department of Anesthesiology

City State Zip Code
 New York NY 10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Sinai School of Medicine

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.16

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754221

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Christopher R. Erkmann M.D.

Mailing Address 1500 Timberbluff Ct

City State Zip Code
 Chesterfield MO 63017-5570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Anesthesiology Associates

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764807

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Luis Esparza M.D.

Mailing Address 2810 N Swan Rd Ste 100

City State Zip Code
 Tucson AZ 85712-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLD PUEBLO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2766722

Amount of Each Receipt this Period

85.00

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

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

668.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Espinosa M.D.

Mailing Address 25 N Winfield Rd

City

Winfield

State

IL

Zip Code

60190-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Central Anesthesiology Group, Ltd

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750968

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James Evans M.D.

Mailing Address 2302 Kingsmill Cir

City

Tyler

State

TX

Zip Code

75703-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Clinic Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745438

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Joel D. Farmer M.D.

Mailing Address 2804 E Old Orchard Trl

City

Sioux Falls

State

SD

Zip Code

57103-4371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750724

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.88

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754286

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.88

Date of Receipt

06 / 15 / 2014

Transaction ID : C2754595

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.88

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764037

Amount of Each Receipt this Period

83.34

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

249.98

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melvin A. Ferlita M.D.

Mailing Address 320 Jade Ct.

City

Madisonville

State

LA

Zip Code

70447-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

APMC LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 15 / 2014

Transaction ID : C2754598

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Marco A. Fernandez M.D.

Mailing Address 24181 N Grandview

City

Lake Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Suburban Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761353

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Gregory Fiasconaro M.D.

Mailing Address 505 Chestnut St

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology of Middletown

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759212

Amount of Each Receipt this Period

50.00

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

133.27

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory W. Fischer M.D.

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

City State Zip Code
New York NY 10029-6504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Sinai Medical Center

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : C2754379

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Stephen A. Fischer M.D.

Mailing Address 154 Boynton Ave

City State Zip Code
St Johnsbury VT 05819-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
NVRH, St Johnsbury, VT

Occupation
MD Director, Department of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : C2754949

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Melissa Flanigan D.O.

Mailing Address 250 Fredd St

City State Zip Code
Morgantown WV 26501-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
WVUH

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2014

Transaction ID : C2764820

Amount of Each Receipt this Period

41.67

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

166.61

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roberto C. Flores M.D.

Mailing Address 1602 Governors Dr Apt 1922

City

Pensacola

State

FL

Zip Code

32514-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panhandle Anesthesiology Associates, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764824

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael R. Flynn M.D.

Mailing Address 6808 Stone Mill Dr

City

Knoxville

State

TN

Zip Code

37919-7496

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753883

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Charles J. Fox M.D.

Mailing Address 1501 King Hwy
 LSU Health

City

shreveport

State

LA

Zip Code

71130

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSU HSC shreveport

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 24 / 2014

Transaction ID : C2760168

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William A. Frame M.D.

Mailing Address 2300 N Edward St

City

Decatur

State

IL

Zip Code

62526-4163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Decatur Mem Hosp Anes Dept

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754306

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Christopher Frandrup M.D.

Mailing Address 11201 Benton St
mailstop: 112A

City

Loma Linda

State

CA

Zip Code

92357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Defense

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756918

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Eugene Freid M.D.

Mailing Address 291 Southhall Ln

City

Maitland

State

FL

Zip Code

32751-7274

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 ▼

250.02

Date of Receipt

06 / 21 / 2014

Transaction ID : C2759131

Amount of Each Receipt this Period

41.67

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

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

208.35

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas Friesen M.D.

Mailing Address 4013 N Ridge Rd Ste 100

City State Zip Code
 Wichita KS 67205-8858

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Heartland Anesthesia Associates, PA

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745566

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City State Zip Code
 Muskegon MI 49445

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lakeshore Anes. of Muskegon

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750727

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Wayne A. Fuller M.D.

Mailing Address 1269 E. Giles Rd.

City State Zip Code
 Muskegon MI 49445

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lakeshore Anes. of Muskegon

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753884

Amount of Each Receipt this Period

83.34

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

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

666.64

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffery L. Fuqua M.D.

Mailing Address 12419 Mallard Bay Dr.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745425

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 193 Lilac Dr

City

Allentown

State

PA

Zip Code

18104-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allentown Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750967

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Kim M. Geelan M.D.

Mailing Address 707 SW Washington St., Suite 700

City

Portland

State

OR

Zip Code

97205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764764

Amount of Each Receipt this Period

500.00

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

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

683.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom M. George M.D.

Mailing Address 8545 Old Oak Circle

City

Kalamazoo

State

MI

Zip Code

49009-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick Giam M.D.

Mailing Address 2411 Fountain View, Suite 200

Greater Houston Anesthesiology

City

Houston

State

TX

Zip Code

77057-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745431

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. David F. Gloyna M.D.

Mailing Address 2401 S 31st

Scott and White, Dept. of Anes.

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott and White, Dept. of Anes.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754585

Amount of Each Receipt this Period

100.00

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

683.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose M. Goldar M.D.

Mailing Address 1453 SW 156th Way

City

Pembroke Pines

State

FL

Zip Code

33027-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcorp

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764039

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Marilyn J. Goldstein M.D.

Mailing Address 412 Ridgepoint Court

City

Piney Flats

State

TN

Zip Code

37686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician- Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : C2781369

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Peter Goldzweig D.O.

Mailing Address 942 Wood Hollow Ln

City

Ridgewood

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745230

Amount of Each Receipt this Period

41.67

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

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

166.68

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan Gombola M.D.

Mailing Address 700 S Park St

St. Marys Hospital - Department of

City

Madison

State

WI

Zip Code

53715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean Clinic

Occupation

physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2014

Transaction ID : C2755805

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael C. Gosney M.D.

Mailing Address 108 Chase Dr

City

Muscle Shoals

State

AL

Zip Code

35661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, LLC

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2014

Transaction ID : C2745221

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ricardo Gotay M.D.

Mailing Address 520 E. straw bridge Ave.

City

Melbourne

State

FL

Zip Code

32901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brevard Physician Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2014

Transaction ID : C2759329

Amount of Each Receipt this Period

1000.00

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

1125.01

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew J. Greenfield M.D.

Mailing Address 670 Carrotwood Terrace

City

Plantation

State

FL

Zip Code

33324

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 ▼

250.02

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745427

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kimberly M. Greenwald M.D.

Mailing Address PO Box 18623

City

Raleigh

State

NC

Zip Code

27619-8623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mednax

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.02

Date of Receipt

06 / 10 / 2014

Transaction ID : C2751646

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Stefan J. Grenvik M.D.

Mailing Address 350 Blountville Hwy
Suite 207

City

Bristol

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749929

Amount of Each Receipt this Period

83.34

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

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

166.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 180
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Q. Gurley Jr., M.D.

Mailing Address 3657 Shandwick Pl.

City

Birmingham

State

AL

Zip Code

35242-6418

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB School of Medicine Anes. Dept. JT

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : C2764759

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Allen N. Gustin M.D.

Mailing Address 653 W Briar Pl Apt 1

City

Chicago

State

IL

Zip Code

60657-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Department of An

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : C2750827

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Shawn M. Hall D.O.

Mailing Address 900 Peeler St

City

Kalamazoo

State

MI

Zip Code

49008-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : C2750842

Amount of Each Receipt this Period

500.00

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ezra A. Hallam M.D.

Mailing Address 883 Augusta Cir

City

North Liberty

State

IA

Zip Code

52317-9419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 10 / 2014

Transaction ID : C2751648

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kimberley D. Haluski M.D.

Mailing Address 4565 Mystic Dr. NE

City

Atlanta

State

GA

Zip Code

30342-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anes., P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759208

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Bruce C. Hammerschlag M.D.

Mailing Address 14 Norgate Rd.

City

Brookville

State

NY

Zip Code

11545-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2014

Transaction ID : C2754611

Amount of Each Receipt this Period

500.00

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

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

625.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron Hammond D.O.

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

City State Zip Code
Tucson AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Arizona Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : C2749924

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James A. Harris D.O.

Mailing Address 1227 Stone Meadows Ct

City State Zip Code
Grovetown GA 30813-5946

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : C2749927

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Alison D. Hartvigson M.D.

Mailing Address 5323 NE 42nd St

City State Zip Code
Seattle WA 98105-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : C2759202

Amount of Each Receipt this Period

41.67

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

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

175.01

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Hattamer M.D.

Mailing Address 8 Prospect St

Nashua Anesthesia Partners

City

Nashua

State

NH

Zip Code

03060-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nashua Anesthesia Partners

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : C2745423

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Adam C. Hauser M.D.

Mailing Address 14 Huntsman Dr

City

Garnet Valley

State

PA

Zip Code

19060-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates in Anesthesia, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2014

Transaction ID : C2750912

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Michael R. Hejtmanek M.D.

Mailing Address 2222 40th St.

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellingham Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2014

Transaction ID : C2754589

Amount of Each Receipt this Period

500.00

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

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

1083.30

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter L. Hendricks M.D.

Mailing Address 1590 Panorama Dr.

City

Vestavia Hills

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2014

Transaction ID : C2754573

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

City

Boston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Womens Hosp - Harvard Med

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761362

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Andrew Herlich M.D.

Mailing Address 116 Haverford Cir

City

Pittsburgh

State

PA

Zip Code

15228-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pittsburgh School of Med

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754277

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Herling D.O.

Mailing Address 31 School Lane

City

Lloyd Harbor

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 20 / 2014

Transaction ID : C2757039

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Linda B. Hertzberg M.D.

Mailing Address 6622 N. Forkner Ave.

City

Fresno

State

CA

Zip Code

93711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda B Hertzberg MD Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745231

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert Hilliard M.D.

Mailing Address 900 Peeler St

Kalamazoo Anesthesiology, PC

City

Kalamazoo

State

MI

Zip Code

49008-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750851

Amount of Each Receipt this Period

500.00

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

666.68

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maggie M. Ho D.O.

Mailing Address 9 Carleys Way

City

Rockaway

State

NJ

Zip Code

07866-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anest. Group St. Clares Hosp.

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2745220

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Douglas A. Hof M.D.

Mailing Address 1755 Kirby Pkwy Ste 330

City

Memphis

State

TN

Zip Code

38120-4398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical anesthesia group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : C2754377

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Lauren B Hojdila A.A.-C, M.

Mailing Address 15605 Hampton Village Drive

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer

sheridan heathcorp

Occupation

anesthesiologist assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2014

Transaction ID : C2755804

Amount of Each Receipt this Period

41.67

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

166.68

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark E. Honska M.D.

Mailing Address P.O. Box 162026

City

Altamonte Springs

State

FL

Zip Code

32716-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	4

Transaction ID : C2750730

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Timothy W. Houseman M.D.

Mailing Address PO Box 1025

City

Fairhope

State

AL

Zip Code

36533-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	4

Transaction ID : C2747426

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. T. John Hsieh M.D.

Mailing Address 136 Spring Vly

City

Irvine

State

CA

Zip Code

92602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newport Harbor Anesth. Consult., Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	1	4

Transaction ID : C2754213

Amount of Each Receipt this Period

500.00

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

666.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

541.47

Date of Receipt

06 / 21 / 2014

Transaction ID : C2759132

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Hayden R. Hughes M.D.

Mailing Address 1941 21st Ave S

City

Birmingham

State

AL

Zip Code

35209-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama Medical Center D

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

541.47

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764909

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Jonathan R. Hughes M.D.

Mailing Address 350 Blountville Hwy Ste 207
Bristol Anesthesia Services

City

Bristol

State

TN

Zip Code

37620-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755806

Amount of Each Receipt this Period

83.34

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

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

208.31

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David S. Hunt M.D.

Mailing Address 1911 Arden Rd.

City

Roanoke

State

VA

Zip Code

24015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2767212

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James M. Hunter Jr., M.D.

Mailing Address Anesthesiology Department
619 S. 19th Street JT926C

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Anesthesiologist and Intensivist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754271

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William E. Hurford M.D.

Mailing Address Department of Anesthesiology
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 ▼

250.02

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755795

Amount of Each Receipt this Period

41.67

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

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

591.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 11626 NW 2nd Ave

City

Gainesville

State

FL

Zip Code

32607

FEC ID number of contributing
federal political committee.

C

Name of Employer

UF

Occupation

Pain Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 18 / 2014

Transaction ID : C2755900

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jaemy M. Hwang M.D.

Mailing Address 250 Breakwater

City

Fishers

State

IN

Zip Code

46037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiologists, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 07 / 2014

Transaction ID : C2750897

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Robert Impastato M.D.

Mailing Address 19 Barrett Hill Rd.

City

Hopewell Junction

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Brothers Hospital Anes. Dept.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764821

Amount of Each Receipt this Period

83.34

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

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

166.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael T Ingoglia M.D.

Mailing Address 1014 Sterling Ridge Dr

City State Zip Code
 Rensselaer NY 12144-8460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761361

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Venesa J. Ingold M.D.

Mailing Address 3901 Rainbow Blvd
 Mail Stop 1034

City State Zip Code
 Kansas City KS 66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

06 / 21 / 2014

Transaction ID : C2759139

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Mark T. Isaac D.O.

Mailing Address 1459 Lexington Ontario Rd

City State Zip Code
 Mansfield OH 44903-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Mansfield

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750969

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shelley M. Jacks M.D.

Mailing Address 421 Summit Ridge Rd

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boise Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759189

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Jacobs M.D.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749922

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. Douglas J. Jacobson M.D.

Mailing Address 345 W. Linda Vista Blvd

City

Tucson

State

AZ

Zip Code

85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764878

Amount of Each Receipt this Period

41.67

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

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

374.97

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Muhammad Jaffar M.D.

Mailing Address 4301 W Markham St Lot 515

Dept of Anes

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas Medical Science

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759210

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Aliraza G. Jaffer M.D.

Mailing Address 5070 Brookdale Road

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754293

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Sanjay K. Jain M.D.

Mailing Address 135 Clark St

City

Newton

State

MA

Zip Code

02459-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Massachusetts

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764797

Amount of Each Receipt this Period

250.00

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

416.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J. Janik M.D.

Mailing Address 15605 E Prentice Dr

City

Centennial

State

CO

Zip Code

80015-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.24

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754280

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Norah R. Janosy M.D.

Mailing Address 13123 E 16th Ave # B090

City

Aurora

State

CO

Zip Code

80045-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Colorado

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764781

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Curby D. Jenkins D.O.

Mailing Address 250 Cabrillo Ln

City

San Luis Obispo

State

CA

Zip Code

93401-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745224

Amount of Each Receipt this Period

41.67

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

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

166.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia L. Jenson M.D.

Mailing Address 434 Main St

City

Waterville

State

ME

Zip Code

04901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Lewiston

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749925

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. J. F. Jimenez M.D.

Mailing Address 116 Seven Iron Ct.

City

Ponte Vedra Beach

State

FL

Zip Code

32082-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Anesthesia Corporation

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 15 / 2014

Transaction ID : C2754597

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Edwin D. Johnston Jr., M.D.

Mailing Address 4617 Old Dalton Rd., N.E.

City

Rome

State

GA

Zip Code

30165-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apollomd

Occupation

MD ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756966

Amount of Each Receipt this Period

1000.00

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

1125.01

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James W. Jones M.D.

Mailing Address 367 Bluff Ridge Cv

City

Cordova

State

TN

Zip Code

38018-7618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754378

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Zachary S. Jones M.D.

Mailing Address 320 Jackson Hill St Apt 105

City

Houston

State

TX

Zip Code

77007-7444

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Houston Anesthesia

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755803

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Raymond S. Joseph M.D.

Mailing Address 1420 Terry Ave Unit 908

City

Seattle

State

WA

Zip Code

98101-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764892

Amount of Each Receipt this Period

41.67

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

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

125.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David M. Kalish III, M.D.

Mailing Address PO Box 54301

City
Macon

State
GA

Zip Code
31208-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Nexus Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : C2757002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott T. Kane M.D.

Mailing Address 4242 Medical Dr Ste 3100

City

San Antonio

State

TX

Zip Code

78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 15 / 2014

Transaction ID : C2754600

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Christopher J. Karsanac M.D., B.S.

Mailing Address 945 Davidson Dr

City

Nashville

State

TN

Zip Code

37205-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : C2762253

Amount of Each Receipt this Period

50.00

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jessica Kenaston M.D.

Mailing Address 6 Alden Rd

City

Poughkeepsie

State

NY

Zip Code

12603-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 18 / 2014

Transaction ID : C2755897

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott Kercheville M.D.

Mailing Address Mail Code 7838

7703 Floyd Curl Drive

City

San Antonio

State

TX

Zip Code

78229-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746020

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Knox Kerr III, M.D.

Mailing Address 2165 Herschel St

City

Jacksonville

State

FL

Zip Code

32204-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida anesthesia Consultants,

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764775

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zachary J. Kerwin D.O.

Mailing Address 10308 Paw Paw Lake Dr.

City

Mattawan

State

MI

Zip Code

49071-9462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald J. Keusch M.D.

Mailing Address 781 NE 37th St

City

Boca Raton

State

FL

Zip Code

33431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delray Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Talal Khan M.D.

Mailing Address 3901 Rainbow Blvd Rm 2467

City

Kansas City

State

KS

Zip Code

66160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Univ Medical Center Anes Dept

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : C2761338

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Kidwell M.D.

Mailing Address 707 Ground Plum Circle

City
Solon

State
IA

Zip Code
52333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linn County Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : C2764894

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Harold Kim M.D.

Mailing Address 68 South Service Road
Suite 350

City
Melville

State
NY

Zip Code
11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

North American Partners in Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : C2746024

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Jeffrey G. King M.D.

Mailing Address 2763 Meeting Pl

City
Orlando

State
FL

Zip Code
32814-6136

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

MM / DD / YYYY
06 / 25 / 2014

Transaction ID : C2761354

Amount of Each Receipt this Period

41.60

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

208.28

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin P. Kinkead M.D.

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

AAW

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759168

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John W. Kinsinger M.D.

Mailing Address 11912 Gwendolyn Ln

City

Oklahoma City

State

OK

Zip Code

73131-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2014

Transaction ID : C2750109

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael S. Klein M.D.

Mailing Address 1408 E. Palomino

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750747

Amount of Each Receipt this Period

500.00

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

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

1583.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Kline M.D.

Mailing Address P.O. Box 434

City

Clarks Summit

State

PA

Zip Code

18411-0434

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 18 / 2014

Transaction ID : C2755901

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Stephania G. Knight M.D.

Mailing Address 4016 W 90th St

City

Sioux Falls

State

SD

Zip Code

57108-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Physicians, LTD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750725

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Peter A Knoester M.D.

Mailing Address 151 W. 12th St.

City

Holland

State

MI

Zip Code

49423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Macatawa Anesthesia, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746010

Amount of Each Receipt this Period

41.67

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

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

166.68

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert F. Koeber M.D.

Mailing Address 541 E Erie St Unit 404

City

Milwaukee

State

WI

Zip Code

53202-6237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : C2754300

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph Koveleskie M.D.

Mailing Address 5500 Prytania St # 435

City

New Orleans

State

LA

Zip Code

70115-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : C2754352

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

C. David M. Krhovsky M.D.

Mailing Address 2248 Shawnee Dr SE

City

Grand Rapids

State

MI

Zip Code

49506-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

Transaction ID : C2745217

Amount of Each Receipt this Period

83.30

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

249.94

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

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew E. Kuestner M.D.

Mailing Address 1113 Rostrevor Cir

City

Louisville

State

KY

Zip Code

40205-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Anaesthesia Associates, PSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : C2764881

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Hung-Chi Kwok M.D.

Mailing Address 2732 Muir Woods Dr., SE

City

Hampton Cove

State

AL

Zip Code

35763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Anes. of Huntsville, LLC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2014

Transaction ID : C2754590

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. John E. La Gorio M.D.

Mailing Address 1543 Forest Park Rd

City

Norton Shores

State

MI

Zip Code

49441-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anesthesia Services

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

MM / DD / YYYY
06 / 01 / 2014

Transaction ID : C2745190

Amount of Each Receipt this Period

83.34

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

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

300.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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. Christopher J. Lace M.D.

Mailing Address 12401 E 17th Ave Ste B113

University of Colorado

City

Aurora

State

CO

Zip Code

80045-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

Transaction ID : C2747420

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Christopher T Lancaster M.D.

Mailing Address 291 Southhall Ln

City

Maitland

State

FL

Zip Code

32751-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : C2764879

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Steven N. Landau M.D.

Mailing Address 2443 Dundee Dr

City

Ann Arbor

State

MI

Zip Code

48103-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2014

Transaction ID : C2764817

Amount of Each Receipt this Period

41.67

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

125.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric L. Larson M.D.

Mailing Address 2215 Cascade Lakes Cir SE

City

Grand Rapids

State

MI

Zip Code

49546

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 ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : C2746015

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Denise LaRue M.D.

Mailing Address 10 Myrtle Ave

City

South Portland

State

ME

Zip Code

04106

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 ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : C2749893

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Phyllis J. Lashley M.D.

Mailing Address 525 S. Burdick St., #5000

City

Kalamazoo

State

MI

Zip Code

49007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : C2750843

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathan Lasiter M.D.

Mailing Address 18904 Shilstone Way

City

Edmond

State

OK

Zip Code

73003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764886

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Gary W. Latson M.D.

Mailing Address 14954 Sunshine Rd

City

Holland

State

TX

Zip Code

76534-5048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor Scott and White Hospital

Occupation

Physician Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754395

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Greg A. Lawrence M.D.

Mailing Address 3390 N. Campbell Ave., Suite 110

City

Tucson

State

AZ

Zip Code

85733

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 ▼

250.02

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755798

Amount of Each Receipt this Period

41.67

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

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

166.68

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Lawrence M.D., M.Ed

Mailing Address 7100 Hollyleaf Dr.

City

Burlington

State

KY

Zip Code

41005

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Cincinnati College of Me

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2014

Transaction ID : C2754567

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Gary-Anthony Lawson-Boucher M.D.Mailing Address 5238 Mason Corbin Ct
#101

City

Fort Myers

State

FL

Zip Code

33907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moonlight Anesthesia

Occupation

Anaesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2014

Transaction ID : C2750893

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 9529 Hopeland Drive

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Anesthesiology Association

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

Transaction ID : C2754327

Amount of Each Receipt this Period

83.30

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

224.97

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jay B. Lee M.D.

Mailing Address 20 Oakwood Circle

City

Roslyn

State

NY

Zip Code

11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 04 / 2014

Transaction ID : C2747344

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745424

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Maxine M. Lee M.D.

Mailing Address 5432 Woodchuck Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants of Virginia

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764784

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brenda S. Lewis D.O.

Mailing Address 646 Charles Pl.

City State Zip Code
 Highland Heights OH 44143-0100

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 ▼

250.02

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745429

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael C. Lewis M.D.

Mailing Address 655 W 8th St
 Professor Chair Anesthesiology

City State Zip Code
 Jacksonville FL 32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida College of Medic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745228

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

City State Zip Code
 New York NY 10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.62

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745188

Amount of Each Receipt this Period

41.67

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

166.68

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

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Lance Lichtor M.D.

Mailing Address PO Box 4668

City

New York

State

NY

Zip Code

10163-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University Department of Anesthes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.62

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749920

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Kristen L. Lienhart M.D.

Mailing Address 4301 W Markham St Lot 515

City

Little Rock

State

AR

Zip Code

72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754291

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 2502 S 186th Cir

City

Omaha

State

NE

Zip Code

68130-2798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Anesthesia Specialists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764783

Amount of Each Receipt this Period

41.67

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

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

166.61

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Asa C. Lockhart M.D.

Mailing Address 2106 Kennebunk Ln.

City State Zip Code
 Tyler TX 75703

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETAA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 04 / 2014

Transaction ID : C2747418

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Jason Lok M.D.

Mailing Address 5496 East Taft Road

City State Zip Code
 North Syracuse NY 13212

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Spine And Wellness Center

Occupation

Anesthesiology And Pain Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745428

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Martin London M.D.

Mailing Address Anesthesia 129
 4150 Clement St.

City State Zip Code
 San Francisco CA 94121-1598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Veterans Affairs Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749971

Amount of Each Receipt this Period

350.00

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

474.97

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter C. Loux D.O.

Mailing Address 1606 Drake Ave SE

City

Huntsville

State

AL

Zip Code

35802

FEC ID number of contributing
federal political committee.

C

Name of Employer

formerly Comprehensive Anesthesia Serv

Occupation

retired Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750972

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Deborah A. Lowery M.D.

Mailing Address 6258 Memorial Dr

City

Dublin

State

OH

Zip Code

43017-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State Univ Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754305

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Rick S. Lozon M.D.

Mailing Address 6080 Rothbury

City

Portage

State

MI

Zip Code

49024-8411

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 ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750852

Amount of Each Receipt this Period

500.00

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

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

1083.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua L. Lumbley M.D.

Mailing Address 410 W 10th Ave
N411 Doan Hall

City State Zip Code
Columbus OH 43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University Medical Cent

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2014

Transaction ID : C2754275

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Claudio Lumermann M.D.

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

City State Zip Code
New Hyde Park NY 11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Med. Ctr.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2014

Transaction ID : C2750894

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Robert I. Macfarlane M.D.

Mailing Address 350 Blountville Highway
Suite 207

City State Zip Code
Bristol TN 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C2749930

Amount of Each Receipt this Period

83.34

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

208.35

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Asif M. Malik M.D.

Mailing Address 2758 Charnwood Dr

City

State

Zip Code

Troy

MI

48098-2184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford West Bloomfield Hospital An

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754283

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mark Mandabach M.D.

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

City

State

Zip Code

Birmingham

AL

35249-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Department of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745185

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Claudine Mansour D.O.

Mailing Address 1000 E Primrose St Ste 520

City

State

Zip Code

Springfield

MO

65807-5180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2756896

Amount of Each Receipt this Period

500.00

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

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

666.68

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

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

FOR LINE NUMBER: PAGE 89 OF 180

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Marcovitz M.D.

Mailing Address 4483 Ford Rd.

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Ann Arbor, P.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 24 / 2014

Transaction ID : C2760166

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Gregory Marino M.D.

Mailing Address 2626 E 66th St

City

Tulsa

State

OK

Zip Code

74136-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue cross oklahoma

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 10 / 2014

Transaction ID : C2751363

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kurt W. Markgraf M.D.

Mailing Address 3663 McKinley Ave

City

Fort Myers

State

FL

Zip Code

33901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia and Pain Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754281

Amount of Each Receipt this Period

83.34

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

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

175.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Archer Martin M.D.

Mailing Address 7651 Gate Pkwy Apt 2301

City

Jacksonville

State

FL

Zip Code

32256-4822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764782

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Donald M. Mathews M.D.

Mailing Address 340 S Willard St

City

Burlington

State

VT

Zip Code

05401-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Vermont

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 18 / 2014

Transaction ID : C2756356

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Nora Matus

Mailing Address 4511 delmont lane

City

bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASA

Occupation

Director of Congressional and Politica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2767196

Amount of Each Receipt this Period

300.00

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

425.01

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

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert D. McKay M.D.

Mailing Address 350 Blountville Hwy Ste 207

City
BristolState
TNZip Code
37620-1671FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2014

Transaction ID : C2754355

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Timothy E. Mercer M.D.

Mailing Address 1670 Enterprise Rd.

City

Piney Flats

State

TN

Zip Code

37686-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : C2764036

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Sharon M. Merker M.D.

Mailing Address 2517 Top Hill Rd.

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williams and Wagner, PSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2014

Transaction ID : C2754380

Amount of Each Receipt this Period

83.34

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

250.02

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brigitte M. Messenger M.D.

Mailing Address 1924 Alcoa Hwy # U109

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University of Tennessee Graduate S

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : C2754385

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Robert K. Michaels M.D.

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2014

Transaction ID : C2759135

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. James K. Miller M.D.

Mailing Address 1924 Alcoa Hwy # U109

Anes. Dept.

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : C2751361

Amount of Each Receipt this Period

100.00

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

225.01

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin M. Miller M.D.

Mailing Address 22223 Cass Ave.

City State Zip Code
 Woodland Hills CA 91364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Health Center

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746025

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael D. Miller M.D.

Mailing Address 15936 Oak Park Ct

City State Zip Code
 Westfield IN 46074-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of Indianapolis

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764040

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Christopher G. Millson M.D.

Mailing Address 2400 Wimbledon Dr

City State Zip Code
 Las Vegas NV 89107-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Anesthesiologists

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754276

Amount of Each Receipt this Period

83.34

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

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

208.35

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen P. Mitchell M.D.

Mailing Address 3838 N Braeswood Blvd Apt 112

City State Zip Code
Houston TX 77025-3005

FEC ID number of contributing federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 23 / 2014

Transaction ID : C2759211

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Karen P. Mitchell M.D.

Mailing Address 3838 N Braeswood Blvd Apt 112

City State Zip Code
Houston TX 77025-3005

FEC ID number of contributing federal political committee.

C

Name of Employer
Memorial Hermann Southwest Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : C2764034

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Alddo A. Molinar M.D.

Mailing Address 1044 Belmont Ave
Dept of Anes

City State Zip Code
Youngstown OH 44504-1006

FEC ID number of contributing federal political committee.

C

Name of Employer
BelPark Anesthesia Associates

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : C2754384

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard C. Month M.D.

Mailing Address 2001 Hamilton St Apt 2307

City

Philadelphia

State

PA

Zip Code

19130

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania Dept. of An

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2014

Transaction ID : C2753933

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Raul R. Montague M.D.

Mailing Address 7803 Railyard Dr SW

City

Byron Center

State

MI

Zip Code

49315-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Practice Consultants, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2014

Transaction ID : C2764813

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Barry Moody M.D.Mailing Address 216 Marengo St.,
Suite F

City

Florence

State

AL

Zip Code

35630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barry j Moody DMD,MD,PC

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2014

Transaction ID : C2750885

Amount of Each Receipt this Period

1000.00

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

1124.94

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia M. Moore M.D.

Mailing Address 12 North Pheasant's Ridge

City State Zip Code
 Wilmington DE 19807

FEC ID number of contributing federal political committee.

C

Name of Employer
 anesthesia services, pa

Occupation
 anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : C2762268

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 12707 Crestmoor Cir

City State Zip Code
 Prospect KY 40059-9182

FEC ID number of contributing federal political committee.

C

Name of Employer
 Jewish Physician Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : C2761363

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Caroline Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City State Zip Code
 Germantown TN 38138

FEC ID number of contributing federal political committee.

C

Name of Employer
 Medical Anesthesia Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 29 / 2014

Transaction ID : C2764815

Amount of Each Receipt this Period

83.30

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

374.97

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason E. Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City

Germantown

State

TN

Zip Code

38138-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	4

Transaction ID : C2764814

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Robert R. Morrison M.D.

Mailing Address 5801 Spinnaker Pointe

City

Parkville

State

MO

Zip Code

64152-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	4

Transaction ID : C2750879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John P. Mrachek M.D.

Mailing Address 4520 W. Woodland Rd.

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : C2761364

Amount of Each Receipt this Period

83.34

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

416.64

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jianlong Mu M.D.

Mailing Address 5 Harvest Ln

City

Hockessin

State

DE

Zip Code

19707-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Service, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2014

Transaction ID : C2750886

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joel H. Mumford M.D.

Mailing Address 221 Elm Hill St

City

Springfield

State

VT

Zip Code

05156-2424

FEC ID number of contributing
federal political committee.

C

Name of Employer

V A Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754284

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City

Allen

State

TX

Zip Code

75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Partners In Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755819

Amount of Each Receipt this Period

100.00

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

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

433.34

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sergio A Murillo M.D.

Mailing Address 2170 Trenton Way

City

Allen

State

TX

Zip Code

75013-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Partners In Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2014

Transaction ID : C2756914

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark Murray M.D.

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

City

Knoxville

State

TN

Zip Code

37920

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : C2755903

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

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

Mailing Address 19 Elm Park Blvd.

City

Pleasant Ridge

State

MI

Zip Code

48069-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : C2754383

Amount of Each Receipt this Period

83.34

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

266.64

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey A. Myers M.D.

Mailing Address 3777 Bobbin Mill Rd.

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759187

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter A. Nagi M.D.

Mailing Address 4036 Old Leeds Circle

City

Mountain Brk

State

AL

Zip Code

35213-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Alabama at Birmingham Dept of

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764871

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Mark Y. Nakajima M.D.

Mailing Address 415 E. Pine Street, Apt. 1020

City

Orlando

State

FL

Zip Code

32801-6621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wolverine Anesthesia Consultants, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.02

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754388

Amount of Each Receipt this Period

83.34

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

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

1124.94

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Y. Nakajima M.D.

Mailing Address 415 E. Pine Street, Apt. 1020

City State Zip Code
 Orlando FL 32801-6621

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wolverine Anesthesia Consultants, Inc.

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.02

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 14 / 2014

Transaction ID : C2754574

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Eric J. Neller M.D.

Mailing Address 9316 Autumn Road

City State Zip Code
 Oklahoma City OK 73151

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Eric Neller MD PLLC

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 18 / 2014

Transaction ID : C2756855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 3681 Manor Brook Terrace

City State Zip Code
 Atlanta GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Case Western Reserve University MSA Pr

Occupation
 Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID : C2746018

Amount of Each Receipt this Period

83.34

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

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

683.34

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ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert M. Nicholson IV, M.D.

Mailing Address 311 Grandview Ave

City

Kalamazoo

State

MI

Zip Code

49001-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Virginia Health System

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2750834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Teodora-Orhidee Nicolescu M.D.

Mailing Address PO Box 53188

Department of Anesthesia

City

Oklahoma City

State

OK

Zip Code

73152-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma Health Sciences

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2014			

Transaction ID : C2745232

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Andrew E. Nicoli D.O.

Mailing Address 1262 Marina Dr

City

Grafton

State

WI

Zip Code

53024-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C2747339

Amount of Each Receipt this Period

250.00

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

791.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa O Nikolaidis M.D.

Mailing Address 2230 McClendon St

City

Houston

State

TX

Zip Code

77030-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745437

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Heather C. Nixon M.D.

Mailing Address 4833 W Pratt Ave

City

Lincolnwood

State

IL

Zip Code

60712-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois at Chicago

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756912

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Craig A. Nordhues M.D.

Mailing Address 104 Inverness Dr

City

Dothan

State

AL

Zip Code

36305-7287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Medical Grp

Occupation

Staff Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 09 / 2014

Transaction ID : C2751355

Amount of Each Receipt this Period

1000.00

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

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

1125.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City
Kingsport

State Zip Code
TN 37663-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754354

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph M. Nounou M.D.

Mailing Address 668 Lakeside Dock Dr

City
Kingsport

State Zip Code
TN 37663-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bristol Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756921

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Sang Y. O D.O.

Mailing Address 10432 E. Placita Guanajuato

City
Tucson

State Zip Code
AZ 85749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2014

Transaction ID : C2762252

Amount of Each Receipt this Period

41.67

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

208.35

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aidan P. O'Brien M.D.

Mailing Address 8382 Grand View Dr

City

Los Angeles

State

CA

Zip Code

90046-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital Whittier

Occupation

Chief of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher J. O'Connor M.D.

Mailing Address 511 Columbia Ave

City

Hinsdale

State

IL

Zip Code

60521-4747

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 ▼

220.00

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759206

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 10 White Pine Ln.

City

Rose Valley

State

PA

Zip Code

19063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Society Hill Anesthesia Consultants at

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754572

Amount of Each Receipt this Period

41.67

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

311.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 666 Elm and Carlton St
 Roswell Park Cancer Institute

City State Zip Code
 Buffalo NY 14263-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roswell Park Cancer Institute

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754351

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

B. Kayla O'Toole M.D.

Mailing Address 1656 S Augusta Ave

City State Zip Code
 Springfield MO 65809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ozark Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759352

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elmon Oliver Jr., M.D.

Mailing Address 5200 Swallow Ave.

City State Zip Code
 Portage MI 49002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750844

Amount of Each Receipt this Period

500.00

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

1541.60

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberlee Olsen M.D.

Mailing Address 1236 E Elizabeth St Ste 1

City State Zip Code
 Fort Collins CO 80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Colorado Anesthesia Professio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2014

Transaction ID : C2751358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sheela S. Pai M.D.

Mailing Address 300 Pasteur Dr

City State Zip Code
 Palo Alto CA 94305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford University Hospitals

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Zaheer K. Pajnigar M.D.

Mailing Address 10309 N Fisk Ave

City State Zip Code
 Kansas City MO 64154-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 18 / 2014

Transaction ID : C2755895

Amount of Each Receipt this Period

41.67

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

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

541.67

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

06 / 04 / 2014

Transaction ID : C2747425

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Parag Pandya M.D.

Mailing Address 210 Royal Vw

City

Pittsford

State

NY

Zip Code

14534-9633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geneva General Hospital Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759164

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. John L. Pappas M.D.

Mailing Address 294 Barden Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital Troy

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754220

Amount of Each Receipt this Period

83.30

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

249.98

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Haresh D. Patel M.D.

Mailing Address 1120 Enclave Rd

City

Chattanooga

State

TN

Zip Code

37415-5650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants Exchange

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764882

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Raymond M. Pessa M.D.

Mailing Address 278 Round Swamp Rd

City

Melville

State

NY

Zip Code

11747-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH AMERICAN PARTNERS

ANESTHESIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754568

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Mark C. Phillips M.D.

Mailing Address 619 19th St S

City

Birmingham

State

AL

Zip Code

35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754381

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Estee Piehl M.D.

Mailing Address 27019 E Friend Pl

City

Aurora

State

CO

Zip Code

80016-7278

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver Anesthes

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID : C2750729

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Sara K. Pieren M.D.Mailing Address 1918 E Lafayette Pl
Unit 308-S

City

Milwaukee

State

WI

Zip Code

53202-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Associates of Wisconsin

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2014

Transaction ID : C2764786

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Gail P. Pirie M.D., Ph.D

Mailing Address 2100 Lambeth Way

City

Carmichael

State

CA

Zip Code

95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

staff anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2014

Transaction ID : C2754594

Amount of Each Receipt this Period

250.00

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

333.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margaret A. Pitts M.D.

Mailing Address 1 pillsbury street
Suite 202

City State Zip Code
Concord NH 03301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C2749938

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Poage M.D.

Mailing Address 211 Roan Dr

City State Zip Code
Danville CA 94526-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACMGI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2014

Transaction ID : C2754268

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dean Polce D.O.

Mailing Address 3092 Red Arrow Dr

City State Zip Code
Las Vegas NV 89135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : C2754641

Amount of Each Receipt this Period

100.00

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

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

225.01

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

Use separate schedule(s)
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Detailed Summary Page

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Porter M.D.

Mailing Address 622 Geier Ave

City State Zip Code
 St Henry OH 45883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercer Health, Coldwater, Ohio

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : C2755818

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. George M. Powell M.D.

Mailing Address PO Box 189

City State Zip Code
 Saint Charles IL 60174-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kane Anesthesia Associates, SC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 14 / 2014

Transaction ID : C2754575

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ravindra V. Prasad M.D.

Mailing Address N2201 North Wing CB 7010

City State Zip Code
 Chapel Hill NC 27599

FEC ID number of contributing
federal political committee.

C

Name of Employer

U NC Sch of Med Anes Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : C2750941

Amount of Each Receipt this Period

41.67

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

166.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clyde W. Pray M.D.

Mailing Address 303 Anchor Dr

City

Yorktown

State

VA

Zip Code

23692-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fair Oaks Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764826

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Johnathan L. Pregler M.D.

Mailing Address 10556 Dunleer Dr

City

Los Angeles

State

CA

Zip Code

90064-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 01 / 2014

Transaction ID : C2745223

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 5445 Pine Hollow Trl.

City

Oviedo

State

FL

Zip Code

32765-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2014

Transaction ID : C2750905

Amount of Each Receipt this Period

500.00

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

666.68

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathan M. Rachman M.D.

Mailing Address 1241 Killarney Dr

City

Ormond Beach

State

FL

Zip Code

32174-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halifax Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2014

Transaction ID : C2762250

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Eric J. Radel D.O.

Mailing Address 1180 Dogwood Meadows Dr SE

City

Ada

State

MI

Zip Code

49301-9412

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 ▼

250.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764876

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Nariman Rahimzadeh M.D.

Mailing Address 1885 Manzanita Circle

Nevada Anesthesiology and Perioper

City

Reno

State

NV

Zip Code

89509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Anesthesiology and Perioperativ

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754298

Amount of Each Receipt this Period

83.34

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

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

166.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neeju Ravikant M.D.

Mailing Address 875 W Glengarry Circle

City

Bloomfield Hills

State

MI

Zip Code

48301-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia associates of ann arbor

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 16 / 2014

Transaction ID : C2754639

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. J. Ann Rea M.D.

Mailing Address P.O. Box 70

City

Summit

State

MS

Zip Code

39666-0070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Mississippi Regional Medical

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754399

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Patrick R. Reddan M.D.

Mailing Address 8499 Sierra Madre Trl

City

Kalamazoo

State

MI

Zip Code

49009-6946

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 ▼

1000.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750853

Amount of Each Receipt this Period

500.00

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

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

633.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick R. Reddan M.D.

Mailing Address 8499 Sierra Madre Trl

City

Kalamazoo

State

MI

Zip Code

49009-6946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750854

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert E. Rensch M.D.

Mailing Address 8151 Glenwynd Dr.

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, P.C.

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Blake Reuter M.D.

Mailing Address 15200 Burning Spring Rd

City

Edmond

State

OK

Zip Code

73013-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750944

Amount of Each Receipt this Period

41.67

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

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

1041.67

SCHEDULE A (FEC Form 3X)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Richardson M.D.

Mailing Address PO Box 3355

City
PrincetonState
NJZip Code
08543-3355FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of NJ

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : C2754296

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jeffrey M. Ricketts D.O.

Mailing Address 880 Bradford Holw NE

City

Grand Rapids

State

MI

Zip Code

49525-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Consultants, P.C.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	4

Transaction ID : C2764774

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

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

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Hosp of Cleveland Case Med Ctr

Occupation

Anesthesiologist Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : C2754396

Amount of Each Receipt this Period

83.34

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

216.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L. Ringering D.O.

Mailing Address Department of Anesthesia

City State Zip Code
 Norwich CT 06360

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 ▼

500.04

Date of Receipt

06 / 17 / 2014

Transaction ID : C2755801

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Robert L. Ringering D.O.

Mailing Address Department of Anesthesia

City State Zip Code
 Norwich CT 06360

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 ▼

500.04

Date of Receipt

06 / 18 / 2014

Transaction ID : C2756357

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Daniel Rivera M.D.

Mailing Address 26015 Meadowlark Bay

City State Zip Code
 San Antonio TX 78260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hutchinson Regional Medical Center Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 04 / 2014

Transaction ID : C2747424

Amount of Each Receipt this Period

41.67

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

125.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul G. Robertie M.D.

Mailing Address 2860 SW 58th St

City

Ocala

State

FL

Zip Code

34471-9510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ocala Heart Institute

Occupation

cardiac anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2014

Transaction ID : C2761342

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin W. Roberts M.D.

Mailing Address 240 Walnut Ln.

City

Slingerlands

State

NY

Zip Code

12159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 20 / 2014

Transaction ID : C2757040

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Vonn E. Roberts M.D.

Mailing Address 5111 Cavy Rd

City

Lincoln

State

NE

Zip Code

68516-3415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

Transaction ID : C2764017

Amount of Each Receipt this Period

250.00

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

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

791.67

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward S. Robinson M.D.

Mailing Address 417 E 37th St

City

Kansas City

State

MO

Zip Code

64109-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2014

Transaction ID : C2754579

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City

Dallas

State

PA

Zip Code

18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilkes-Barre General Hospital Anesthes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : C2751367

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Shay E. Robinson M.D.

Mailing Address 809 Homestead Dr Unit 85

City

Dallas

State

PA

Zip Code

18612-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilkes-Barre General Hospital Anesthes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : C2755898

Amount of Each Receipt this Period

83.34

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

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

250.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa A. Rockford M.D.

Mailing Address 10011 Kill Creek Rd

City

De Soto

State

KS

Zip Code

66018-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Hospital Dept of

Occupation

Anesthesia Clinical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750964

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Leopoldo V. Rodriguez M.D.

Mailing Address 21050 NE 38th Ave Apt 305

City

Aventura

State

FL

Zip Code

33180-4073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Inc

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753934

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Luis I. Rodriguez M.D.

Mailing Address 1611 NW 12th Ave. C-300

City

Miami

State

FL

Zip Code

33136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754386

Amount of Each Receipt this Period

50.00

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

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

183.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott T. Roethle M.D.

Mailing Address 5005 W 131 Terr

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAKC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

06 / 04 / 2014

Transaction ID : C2747417

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Olivia B. Romano M.D.

Mailing Address 4022 Osceola St

City

Denver

State

CO

Zip Code

80212-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado Denver

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759169

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Gerald P. Rosen M.D.

Mailing Address 4300 Alton Rd., #1401

City

Miami

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miami Beach Anesthesiology Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746021

Amount of Each Receipt this Period

41.60

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

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

166.57

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James F. Rosenbaum M.D.

Mailing Address 9140 El Dorado Ave

City

Kalamazoo

State

MI

Zip Code

49009

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 ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750845

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thea Rosenbaum M.D.

Mailing Address 260 River Ridge Pt

City

Little Rock

State

AR

Zip Code

72227-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754297

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Frank A. Rosinia M.D.

Mailing Address 23 Idlewood Pl

City

River Ridge

State

LA

Zip Code

70123-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulane University School of Medicine

Occupation

Chairman, Department of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 07 / 2014

Transaction ID : C2750891

Amount of Each Receipt this Period

41.67

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

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

625.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian S. Rothman M.D.

Mailing Address 1301 Medical Center Dr # 4648

City

Nashville

State

TN

Zip Code

37232-0028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Medical Center

Occupation

Assistant Professor - Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759165

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Lawrence J. Roy M.D.

Mailing Address 2420 Freeman Manor Dr

City

Jones

State

OK

Zip Code

73049-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754274

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Stephen M. Rublaitus D.O.

Mailing Address 278 E Oneida Avenue

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dupage Valley Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764885

Amount of Each Receipt this Period

100.00

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

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

225.01

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judith Ruiz M.D.

Mailing Address 601 West Dr

City

Memphis

State

TN

Zip Code

38112-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754270

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Michael Saccocci D.O.

Mailing Address 1358 East Drive SW

City

Roanoke

State

VA

Zip Code

24015-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anesthesia, P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 20 / 2014

Transaction ID : C2757041

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Joseph J. Sandor M.D.

Mailing Address 8625 E. Clydesdale Tr.

City

Scottsdale

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consultants, Ltd.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761358

Amount of Each Receipt this Period

41.67

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

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166.61

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dawood Sayed M.D.

Mailing Address 3901 Rainbow Blvd MS 1034

City

Kansas City

State

KS

Zip Code

66103-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Univ Med Ctr Anes Dept

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jenifer L Schmidt D.O.

Mailing Address 2996 Diamond Ln

City

Cedar Rapids

State

IA

Zip Code

52403-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paula A. Schriemer M.D.

Mailing Address 14105 Waterview

City

Vicksburg

State

MI

Zip Code

49097

FEC ID number of contributing
federal political committee.

C

Name of Employer

KALAMAZOO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750836

Amount of Each Receipt this Period

500.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory D. Schrock M.D.

Mailing Address 7956 Bent Tree Rd.

City

Kalamazoo

State

MI

Zip Code

49009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750846

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Armin Schubert M.D., M.B.

Mailing Address 1514 Jefferson Hwy

Department of Anesthesiology

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

Professor and Chair

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764884

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Steven B. Schulman M.D.

Mailing Address 100 Port Washington Blvd

City

Roslyn

State

NY

Zip Code

11576-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer

NY Cardiovascular Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754353

Amount of Each Receipt this Period

83.34

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

625.01

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Debra A. Schwinn M.D.

Mailing Address 451 Newton Road 212 Cmaab

City State Zip Code
 Iowa City IA 52242

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Dean, Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : C2745243

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Papiya Sengupta M.B.

Mailing Address 90 Apple Gate Unit 95

City State Zip Code
 Southington CT 06489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Milford Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 08 / 2014

Transaction ID : C2750923

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

c. Robert P. Shafer M.D.

Mailing Address 6516 Fairway View Trail

City State Zip Code
 Roanoke VA 24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACV Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : C2757037

Amount of Each Receipt this Period

41.67

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

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

583.27

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fred E. Shapiro D.O.

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

City State Zip Code
Boston MA 02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Medical School

Occupation

Assistant Professor of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

MM / DD / YYYY
06 / 01 / 2014

Transaction ID : C2745216

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Mickel B. Sharp M.D.

Mailing Address 1878 E Somerset Ridge Dr

City State Zip Code
Draper UT 84020-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mickel Sharp MD PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2014

Transaction ID : C2745233

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Steven Sheils M.D.

Mailing Address 1600 7th Ave South
420 Lowder Bldg

City State Zip Code
Birmingham AL 35233-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAPC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : C2746005

Amount of Each Receipt this Period

500.00

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

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

633.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roland T Short III, M.D.Mailing Address the University of Alabama at Birmi
JT 865 619 19th St S

City	State	Zip Code
Birmingham	AL	35249

FEC ID number of contributing
federal political committee.

C

Name of Employer

The University of Alabama at Birmingha

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
06	/	28	/	2014

Transaction ID : C2764806

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark J. Shulkosky M.D.

Mailing Address 2880 Valley View Circle

City	State	Zip Code
Erie	PA	16509

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2014

Transaction ID : C2750883

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Karen S. Sibert M.D.

Mailing Address 4146 Sunnyslope Ave.

City	State	Zip Code
Sherman Oaks	CA	91423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center Anes. Dept

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2014

Transaction ID : C2749928

Amount of Each Receipt this Period

83.34

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

833.34

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Afreen Siddiqui M.B.,B.S.

Mailing Address 1 Darl Ct

City

East Greenwich

State

RI

Zip Code

02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Afreen Siddiqui DBA

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746012

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. John A. Sikora M.D.

Mailing Address 900 Peeler St

Kalamazoo Anesthesiology, PC

City

Kalamazoo

State

MI

Zip Code

49008-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kirsten J. Simanonok M.D.

Mailing Address N78 W14573 Appleton Ave., #212

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Hospital Of Wisconsin

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 10 / 2014

Transaction ID : C2751369

Amount of Each Receipt this Period

41.67

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

583.34

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael B. Simon M.D.

Mailing Address 35 Gellatly Dr

City

Wappingers Falls

State

NY

Zip Code

12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 09 / 2014

Transaction ID : C2750966

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Rohit G. Singh M.D.

Mailing Address 140 Stevenson Rd

City

Clarks Summit

State

PA

Zip Code

18411-8977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Community Medical Center

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754339

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 134 SE Via Verona

City

Port Saint Lucie

State

FL

Zip Code

34984

FEC ID number of contributing
federal political committee.

C

Name of Employer

TeamHealth

Occupation

Anesthesiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745432

Amount of Each Receipt this Period

83.34

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

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

666.68

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert H. Small M.D.

Mailing Address 410 W 10th Ave

Dept of Anes - N411 Doan Hall

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754278

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Blair Smith M.D.

Mailing Address 1046 Lake Colony Ln

City

Vestavia

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750733

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Perry W. Smith M.D.

Mailing Address 4017 Old Leeds Rdg

City

Mountain Brk

State

AL

Zip Code

35213

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 ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764611

Amount of Each Receipt this Period

500.00

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

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

666.68

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul R. Smythe M.D.

Mailing Address Department of Anesthesiology
1500 E. Medical Center Drive

City State Zip Code
Ann Arbor MI 48109

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

faculty anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2014

Transaction ID : C2761355

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert L. Snyder D.O.

Mailing Address 2367 Deer Valley Rd.

City State Zip Code
Midland MI 48642

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

retired anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C2749968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Shannon M. Sorah D.O.

Mailing Address 11743 Couch Mill Road

City State Zip Code
Knoxville TN 37932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Methodist Med. Ctr. Anes. Gr.

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : C2755892

Amount of Each Receipt this Period

41.67

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

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

341.67

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Souter M.B.,Ch.B.Mailing Address 325 9th Ave, Box 359724
Box 359724

City	State	Zip Code
Seattle	WA	98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harborview Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754285

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Spiro G. Spanakis D.O.

Mailing Address 65 Lake Ave., #1005

City	State	Zip Code
Worcester	MA	01604

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Massachussetts Medical S

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

Transaction ID : C2759201

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. David C. Spann M.D.

Mailing Address 3940 Pointe Dr

City	State	Zip Code
Lakeland	TN	38002-9888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754272

Amount of Each Receipt this Period

41.67

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

166.61

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leon Specthrie M.D.

Mailing Address 53 Green Hill Rd

City

Kinnelon

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764890

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Matthew F. Spont M.D.

Mailing Address 6065 Allwood Dr

City

North Little Rock

State

AR

Zip Code

72116-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750721

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Kathryn E. Stack M.D.

Mailing Address 6200 Mountain Brook Ln NW

City

Sandy Springs

State

GA

Zip Code

30328-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory University School of Medicine De

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764836

Amount of Each Receipt this Period

250.00

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

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Stangl M.D.

Mailing Address 314 Martin Luther King Jr Way Ste

City State Zip Code
Tacoma WA 98405-4292

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tacoma Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2014

Transaction ID : C2754586

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. Richard A. Stark M.D.

Mailing Address 915 E Eagle Lake Dr

City State Zip Code
Kalamazoo MI 49009-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

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
06 / 06 / 2014

Transaction ID : C2750837

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Glen L Steeves M.D.

Mailing Address 24 Eagle Dr

City State Zip Code
Bedford NH 03110-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Care Group PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2014

Transaction ID : C2745219

Amount of Each Receipt this Period

50.00

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

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

633.30

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erica Stein M.D.

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

City State Zip Code
Columbus OH 43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ohio state university

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753931

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City State Zip Code
Lloyd Harbor NY 11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750722

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Steven P. Stein M.D.

Mailing Address 18 Harbor Hill Dr

City State Zip Code
Lloyd Harbor NY 11743-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750723

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : C2745422

Amount of Each Receipt this Period

83.30

Full Name (Last, First, Middle Initial)

B. John H. Stephenson M.D.

Mailing Address 5671 Peachtree Dunwoody Road
Suite 610

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : C2756922

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mark A. Stevens M.D.

Mailing Address 1420 S Taylor St

City State Zip Code
Little Rock AR 72204-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS Dept of Anesthesiology

Occupation

Assistant Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : C2754292

Amount of Each Receipt this Period

41.67

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

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

208.31

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 140 OF 180
(check only one)

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Still M.D.Mailing Address 1800 Alabama Highway 157 Ste 201
Cullman Primary Care

City	State	Zip Code
Cullman	AL	35058-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Pain Center Cullman

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : C2761360

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Richard J. Stilz M.D.

Mailing Address 1354 Herschel Ave

City	State	Zip Code
Cincinnati	OH	45208-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

anesthesia assoc of cincinnati

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754273

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Tracy D. Strandhagen M.D.

Mailing Address 600 Riders Trl

City	State	Zip Code
Austin	TX	78733-1838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Anesthesiology Group

Occupation

MD Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754301

Amount of Each Receipt this Period

41.67

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

166.68

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew D. Sunderlin M.D.

Mailing Address 16099 Surrey Way

City

Spring Lake

State

MI

Zip Code

49456-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeshore Anes.Services

Occupation

Physician Anesthesiologisst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 21 / 2014

Transaction ID : C2759138

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Esther Sung M.D.

Mailing Address 3710 SW US Veterans Hospital Rd
P3 ANES

City

Portland

State

OR

Zip Code

97239-2964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portland VAMC Operative Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

06 / 07 / 2014

Transaction ID : C2750896

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Frank M. Sutton Jr., M.D.

Mailing Address 3 Light Cahill Ct

City

Biltmore Lake

State

NC

Zip Code

28715

FEC ID number of contributing
federal political committee.

C

Name of Employer

AllCare Clinical Associates, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.35

Date of Receipt

06 / 15 / 2014

Transaction ID : C2754592

Amount of Each Receipt this Period

41.67

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

208.35

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven L. Sween M.D.

Mailing Address 240 Marchand Ct NW

City

Atlanta

State

GA

Zip Code

30328-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2014

Transaction ID : C2745229

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Thomas H. Swygert M.D.

Mailing Address 7014 Prestonshire Ln

City

Dallas

State

TX

Zip Code

75225-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Anesthesia Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : C2754282

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Joselito L. Syfu M.D.

Mailing Address 6709 W Dovewood Ln

City

Fresno

State

CA

Zip Code

93723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madera Community Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : C2754348

Amount of Each Receipt this Period

250.00

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

416.68

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 770 Brookwood Walke

City State Zip Code
 Bloomfield Hills MI 48304

FEC ID number of contributing
federal political committee.

C

Name of Employer
 South Oakland Anesthesia Associates

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764032

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Jefferson B. Taylor M.D.

Mailing Address 3171 Green Valley Rd # 411

City State Zip Code
 Vestavia AL 35243-5239

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Resource Management, Inc.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Aaron A. Tebbs M.D.

Mailing Address 9 Edes Rd

City State Zip Code
 Cumberland ME 04021-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Associates of Lewiston-Aubu

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2014

Transaction ID : C2762251

Amount of Each Receipt this Period

41.67

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

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

625.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary J. Theisen M.D.

Mailing Address 3818 E Gull Lake Dr.

City

Hickory Corners

State

MI

Zip Code

49060-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer

KALAMAZOO ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2750847

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kyle Thompson M.D.

Mailing Address 333 W Hampden Ave #600

City

Englewood

State

CO

Zip Code

80110

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Denver Anesthesiologists, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : C2764873

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. David Tompa D.O.

Mailing Address 6131 N Lake Dr

City

Whitefish Bay

State

WI

Zip Code

53217-4320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C2747337

Amount of Each Receipt this Period

250.00

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

833.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald L. Torline M.D.

Mailing Address 14109 Kessler St

City

Overland Park

State

KS

Zip Code

66221-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University Anesthesia Foundatio

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2014

Transaction ID : C2754047

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Troy Tortorici M.D.

Mailing Address 17401 Hawks View Ct

City

Edmond

State

OK

Zip Code

73012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 13 / 2014

Transaction ID : C2754376

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Gary L. Trummel M.D.

Mailing Address 5940 Mount Normandale Dr

City

Minneapolis

State

MN

Zip Code

55438-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Anesthesia, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746013

Amount of Each Receipt this Period

83.34

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

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

625.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary F. Tzeng M.D.

Mailing Address 582 S Rex Blvd

City

Elmhurst

State

IL

Zip Code

60126-4259

FEC ID number of contributing
federal political committee.

C

Name of Employer

DVA

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754299

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mercy A. Udoji M.D.

Mailing Address 619 19th St S
JT 862

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Dept of Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756916

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Mark J. Uggeri M.D.

Mailing Address 8727 2nd Street

City

Mattawan

State

MI

Zip Code

49071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750856

Amount of Each Receipt this Period

500.00

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

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

625.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul S. Uppal M.D.

Mailing Address 40 Front St

City

Binghamton

State

NY

Zip Code

13905-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2014

Transaction ID : C2760160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Varlotta D.O.

Mailing Address 1303 Bayshore Blvd.

City

Tampa

State

FL

Zip Code

33606-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Florida Anesthesiologists

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

83.34

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745567

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Todd A Versteegh M.D.

Mailing Address 2500 North State Street

Department of Anesthesiology

City

Jackson

State

MS

Zip Code

39216

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2014

Transaction ID : C2762249

Amount of Each Receipt this Period

41.67

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

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

375.01

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David T. Verzino M.D.

Mailing Address 2835 Regatta Way

City State Zip Code
Tuscaloosa AL 35406

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2014

Transaction ID : C2764012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Annette Vizona M.D.

Mailing Address 1236 East Elizabeth, Suite 1

City State Zip Code
Fort Collins CO 80524-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Co Anesthesia Professional

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : C2766720

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. J. Michael Vollers M.D.

Mailing Address 1 Childrens Way
Slot 203, S-319

City State Zip Code
Little Rock AR 72202-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Professor of Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2014

Transaction ID : C2754290

Amount of Each Receipt this Period

83.34

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

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

633.34

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A. Wahl M.D.

Mailing Address 4339 Monterey Pine Ave.

City State Zip Code
 Portage MI 49024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalamazoo Anesthesiology, PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : C2750838

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David B. Waisel M.D.

Mailing Address 15 Beechwood Rd

City State Zip Code
 Wellesley MA 02482-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harvard Medical School Childrens Hospi

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754289

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Aaron D. Wallace M.D.

Mailing Address 6969 Brockton Ave
 Suite B

City State Zip Code
 Riverside CA 92506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Medical Group of Riverside

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754222

Amount of Each Receipt this Period

41.67

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

583.34

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

SCHEDULE A (FEC Form 3X)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian E. Wallace M.D.

Mailing Address 400 E Pioneer Ste 204

City

Puyallup

State

WA

Zip Code

98372-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	4

Transaction ID : C2760169

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 7313 Stoney Creek Dr

City

Augusta

State

MI

Zip Code

49012-8873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Anesthesia Services

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : C2747421

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. James J. Walsh M.D.

Mailing Address 166 83rd St.

City

Brooklyn

State

NY

Zip Code

11209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAPA

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : C2750726

Amount of Each Receipt this Period

41.67

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

241.67

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Travis A. Warner M.D.

Mailing Address 5773 N Winding Woods Pl

City State Zip Code
Tucson AZ 85718-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Old Pueblo Anesthesia PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 03 / 2014

Transaction ID : C2746014

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Paul S. Webster M.D.

Mailing Address 825 E Oak St

City State Zip Code
Kissimmee FL 34744-5838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors Pain Management Associates

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754223

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ivan Jared Weiner M.D.

Mailing Address 10527 Emerald Chase Dr

City State Zip Code
Orlando FL 32836-5862

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 ▼

583.34

Date of Receipt

06 / 04 / 2014

Transaction ID : C2747416

Amount of Each Receipt this Period

83.30

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

208.31

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

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

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ivan Jared Weiner M.D.

Mailing Address 10527 Emerald Chase Dr

City

Orlando

State

FL

Zip Code

32836-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.34

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764877

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Toby Weingarten M.D.

Mailing Address Department of Anesthesiology
200 First St. SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764872

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Toby Weingarten M.D.

Mailing Address Department of Anesthesiology
200 First St. SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764888

Amount of Each Receipt this Period

41.67

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

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

135.01

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

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Weiss M.D.

Mailing Address 960 Royal Arms Dr

City
GirardState
OHZip Code
44420FEC 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 ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : C2754294

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Steven L. Weissman M.D.

Mailing Address 155 Baltic Circle

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

C

Name of Employer

Florida Hospital Tampa

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : C2761357

Amount of Each Receipt this Period

41.60

Full Name (Last, First, Middle Initial)

C. Brian J. West M.D.

Mailing Address 4048 Evans Ave Ste 303

City
Fort MyersState
FLZip Code
33901-9390FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesth. and Pain Mgt. Consulta

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : C2755793

Amount of Each Receipt this Period

41.67

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

166.61

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ezekiel J. Wetzel M.D.

Mailing Address 3315 DEBORAH DR
Suite 401

City State Zip Code
Monroe LA 71201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parish Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C2749926

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City State Zip Code
Albuquerque NM 87122-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

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

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : C2764035

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Nathan L. Williams M.D.

Mailing Address PO Box 5050

City State Zip Code
Silver City NM 88062-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C2750825

Amount of Each Receipt this Period

500.00

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

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

850.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Renee A. Woodford M.D.

Mailing Address 1300 Kildeer Ct.

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia, Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754562

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Granville B. Work M.D.

Mailing Address 3749 Lynnfield Dr

City

Virginia Beach

State

VA

Zip Code

23452-4721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sentara Norfolk General Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 08 / 2014

Transaction ID : C2750920

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jason Workman M.D.

Mailing Address 7575 W Washington Ave
Suite 127-374

City

Las Vegas

State

NV

Zip Code

89128-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764038

Amount of Each Receipt this Period

83.34

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

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

416.68

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. W. Bradley Worthington M.D.

Mailing Address 101 Hillwood Blvd

City

Nashville

State

TN

Zip Code

37205-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Spinal Surgery

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754279

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Crystal C. Wright M.D.

Mailing Address 3032 Jarrard St.

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine Dept. of An

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

06 / 12 / 2014

Transaction ID : C2754304

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Manoj B. Wunnavu M.D.

Mailing Address 109 Bennington Parkway

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2014

Transaction ID : C2755906

Amount of Each Receipt this Period

25.00

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

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

191.68

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Manoj B. Wunnava M.D.

Mailing Address 109 Bennington Parkway

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2014

Transaction ID : C2764033

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. James K. York M.D.

Mailing Address 129-4 Hidden Creek Circle

City

Dothan

State

AL

Zip Code

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants Med. Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754578

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jason E. York M.D.

Mailing Address 6910 Hunters Knl NE

City

Atlanta

State

GA

Zip Code

30328-1763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia, P

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 26 / 2014

Transaction ID : C2762248

Amount of Each Receipt this Period

41.67

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

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

150.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence I. Young M.D.

Mailing Address 1717 Valley Forge Dr.

City

Hixson

State

TN

Zip Code

37343

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 25 / 2014

Transaction ID : C2761359

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Sherif Zaafran M.D.

Mailing Address 2411 Fountainview
Suite 200

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Anesthesia Partners

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754566

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Dino G. Zacharakos M.D.

Mailing Address 20 Spectacle Ln.

City

Ridgefield

State

CT

Zip Code

06877

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMCARE

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

06 / 21 / 2014

Transaction ID : C2759136

Amount of Each Receipt this Period

83.34

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

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

291.68

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

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

FOR LINE NUMBER: PAGE 159 OF 180
(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. Fernando L. Zaragoza M.D.

Mailing Address 4242 Medical Dr Ste 3100

City

San Antonio

State

TX

Zip Code

78229-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tejas Anesthesia, P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764874

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mitchell J. Zeitler M.D.

Mailing Address 6650 Nature Preserve Ct.

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Naples

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749933

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Matthew W. Zeleznik M.D.

Mailing Address 5671 Peachtree Dunwoody Rd Ste 530

City

Atlanta

State

GA

Zip Code

30342-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physician Specialists in Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.60

Date of Receipt

06 / 22 / 2014

Transaction ID : C2759160

Amount of Each Receipt this Period

41.60

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

124.94

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

72542.74

<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

American Society of Anesthesiologists Political Action Committee

A. First Data

Category/
Type

3359.50

State: District: ☐ Credit Card Merchant

B. State of New Hampshire

Category/
Type

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	50

State: District:

C.

Category/
Type

State: District:

3409.50

3409.50

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. AARON WOOLF FOR CONGRESS

Mailing Address PO BOX 248

City	State	Zip Code
Elizabethtown	NY	12932

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

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

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : D159342

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESSMailing Address 200 E ST JULIAN ST
SUITE 603

City	State	Zip Code
Savannah	GA	31401

Purpose of Disbursement
2014 Primary Runoff Contribution

Candidate Name

Mr. Leroy Earl CarterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : D158974

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Chesapeake PACMailing Address 2470 Daiell's bridge rd
121

City	State	Zip Code
Athens	GA	30606

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: District:

Date of Disbursement

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

Transaction ID : D158757

Amount of Each Disbursement this Period

5000.00

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

15000.00

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: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : D159342

Reported wrong date due to a clerical error. Correct date of disbursement is 6/23/2014.

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR MICHAEL WAGER

Mailing Address PO BOX 779

City	State	Zip Code
Chagrin Falls	OH	44022

Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159350

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DR MONICA WEHBY FOR US SENATE

Mailing Address PO BOX 3375

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement
2014 General Contribution

Candidate Name

Dr. Monica WehbyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159355

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lincoln PAC

Mailing Address PO Box A3968

City	State	Zip Code
Chicago	IL	60690-3968

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: District: 00

2014 Contribution

Date of Disbursement

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

Transaction ID : D158752

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. M-PACMailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : D159318

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MAKING A REAL CHANGE - MARC PAC

Mailing Address PO BOX 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: MD District: 2014 Contribution

Date of Disbursement

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

Transaction ID : D158750

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Michigan First PACMailing Address 815 king st
ste 308

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: MI District: 01 2014 Contribution

Date of Disbursement

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

Transaction ID : D158748

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. MOOLEANAAR FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE SUITE 100

City	State	Zip Code
Midland	MI	48640

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

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

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	17	/	2014

Transaction ID : D159155

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

City	State	Zip Code
Martinsburg	WV	25402

Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159325

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MR SMITH PAC

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: District: 2014 Contribution

Date of Disbursement

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

Transaction ID : D158749

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NORTH CAROLINA REPUBLICAN PARTY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Mailing Address 1506 HILLSBOROUGH STREET

City	State	Zip Code
Raleigh	NC	27605

Transaction ID : D159357Purpose of Disbursement
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District: 2014 Contribution

Full Name (Last, First, Middle Initial)

B. PAC TO THE FUTURE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Mailing Address PMB 3230
268 Bush Street

City	State	Zip Code
San Francisco	CA	94104

Transaction ID : D158982Purpose of Disbursement
2014 Contribution

Amount of Each Disbursement this Period

Candidate Name

011
Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District: 2014 Contribution

Full Name (Last, First, Middle Initial)

C. PAUL DEMARCO FOR CONGRESS, INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Mailing Address PO BOX 59088

City	State	Zip Code
Homewood	AL	35259

Transaction ID : D158975Purpose of Disbursement
2014 Primary Runoff Contribution

Amount of Each Disbursement this Period

Candidate Name

Mr. Paul DeMarco

011
Category/ Type

5000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: AL District: 06 Runoff

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

15000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PENINSULA PACMailing Address 555 CAPITOL MAL
SUITE 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	17	/	2014

Transaction ID : D159154

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SCHOCK FOR CONGRESS

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159330

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : D158978

Amount of Each Disbursement this Period

1000.00

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

11000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 100

City
TEANECKState
NJZip Code
07666Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : D159477

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BYRNE FOR CONGRESS INC

Mailing Address PO BOX 2743

City
MOBILEState
ALZip Code
36652Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Bradley R ByrneOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159326

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CORRINE BROWN

Mailing Address PO BOX 40087

City
JACKSONVILLEState
FLZip Code
32203Purpose of Disbursement
2014 Primary Contribution

Candidate Name

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

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : D158979

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 230

City SYRACUSE	State NY	Zip Code 13201
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

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

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : D159157

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 230

City SYRACUSE	State NY	Zip Code 13201
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

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

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : D160341

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DANIEL WEBSTER FOR CONGRESS

Mailing Address 3400 Old Winter Garden Road

City Orlando	State FL	Zip Code 32805
-----------------	-------------	-------------------

Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: FL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : D159363

Amount of Each Disbursement this Period

1000.00

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

3000.00

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: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : D159157

Redesignation of contribution will occur on August Monthly Report.

Form/Schedule: SB23

Transaction ID: D160341

Redesignation of contribution will appear on August monthly report.

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City
LAKELANDState
FLZip Code
33807Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Dennis A. RossOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : D159348

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CLEAVER FOR CONGRESS

Mailing Address 4801 Main Street, Suite 1000

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Emanuel Cleaver IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : D159360

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. CLEAVER FOR CONGRESS

Mailing Address 4801 Main Street, Suite 1000

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Emanuel Cleaver IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : D159361

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street

City	State	Zip Code
Laredo	TX	78042

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Henry Cuellar

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 28

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159366

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JEFF DUNCAN FOR CONGRESS

Mailing Address PO BOX 732

City	State	Zip Code
CLINTON	SC	29325

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Jeff Duncan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: SC	District: 03

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

Date of Disbursement

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

Transaction ID : D146085

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. HIMES FOR CONGRESSMailing Address 857 POST ROAD, #312
312

City	State	Zip Code
FAIRFIELD	CT	06824

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Jim Himes

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CT	District: 04

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : D158976

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZMailing Address 410 1ST ST SE
SUITE 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
void of 4/14 check

Candidate Name

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

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2014

Transaction ID : D158016

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City ROCHESTER State NY Zip Code 14607

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

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

State: NY District: 25

Date of Disbursement

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

Transaction ID : D158751

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Redesignation of 4/30 Contribution

Candidate Name

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

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : D159898

Amount of Each Disbursement this Period

-2500.00

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

-2000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka	State KS	Zip Code 66601
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Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : D159899

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MICHELLE

Mailing Address 7240 Evans Mill Rd

City McLean	State VA	Zip Code 22101-3422
----------------	-------------	------------------------

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Michelle Lujan GrishamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159328

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus	State OH	Zip Code 43231
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Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159367

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Paul Tonko

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 20

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : D158973

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City	State	Zip Code
BURLINGTON	VT	05402

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Peter Welch

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: VT	District: 00

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : D159359

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RANDY HULTGREN FOR CONGRESS

Mailing Address PO Box 717

City	State	Zip Code
Saint Charles	IL	60174

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Randy Hultgren

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 14

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : D159329

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBIN KELLY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Mailing Address PO BOX 6953

City	State	Zip Code
CHICAGO	IL	60680

Transaction ID : D158981Purpose of Disbursement
2014 General Contribution

011

Amount of Each Disbursement this Period

Candidate Name

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

State: IL District: 02

2000.00

Full Name (Last, First, Middle Initial)

B. SCALISE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Mailing Address PO Box 23219

City	State	Zip Code
Jefferson	LA	70183

Transaction ID : D159364Purpose of Disbursement
2014 Primary ContributionCategory/
Type

Amount of Each Disbursement this Period

Candidate Name

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

State: LA District: 01

1000.00

Full Name (Last, First, Middle Initial)

C. STIVERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Transaction ID : D159358Purpose of Disbursement
2014 General ContributionCategory/
Type

Amount of Each Disbursement this Period

Candidate Name

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

State: OH District: 15

2000.00

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SUSAN DAVIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Mailing Address 1212 S. Victory Blvd.

City	State	Zip Code
Burbank	CA	91502

Transaction ID : D159327Purpose of Disbursement
2014 General Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Susan A. DavisCategory/
Type

1000.00

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

State: CA District: 53

Full Name (Last, First, Middle Initial)

B. CLAY JR. FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Mailing Address P.O. BOX 4544

City	State	Zip Code
ST. LOUIS	MO	63108

Transaction ID : D159156Purpose of Disbursement
2014 General Contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. William Lacy ClayCategory/
Type

1000.00

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

State: MO District: 01

Full Name (Last, First, Middle Initial)

C. REED COMMITTEE

Date of Disbursement

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

Mailing Address PO BOX 8628

City	State	Zip Code
Cranston	RI	02920

Transaction ID : D158756Purpose of Disbursement
2014 Primary Contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Jack ReedCategory/
Type

1000.00

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

State: RI District: 00

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement
2016 Primary Contribution

Candidate Name

Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : D158980

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Mailing Address P.O. Box 2489

City	State	Zip Code
Cornelius	NC	28031

Purpose of Disbursement
2014 General Contribution

Candidate Name

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

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159356

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICSMailing Address 228 S. Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2014 Contribution

Candidate Name

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

State: District: 2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

Transaction ID : D159324

Amount of Each Disbursement this Period

2500.00

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

8500.00

120500.00

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

American Society of Anesthesiologists Political Action Committee

A. David Varlotta D.O.

City	State	Zip Code
Tampa	FL	33606-2911

Purpose of Disbursement	refund of 5/14 contribution
-------------------------	-----------------------------

010

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☐ General

☒ Other (specify) ▼

refund of 5/14 contr

Amount of Each Disbursement this Period

B.

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

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) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

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) ▼		

Amount of Each Disbursement this Period

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

1000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 180

<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. Republican Party of Kentucky

Mailing Address P.O. Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

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

Non- Federal Contrib

Date of Disbursement

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

Transaction ID : D158753

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Republican State Leadership CommitteeMailing Address 1800 Diagnose Rd
Suite 230

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

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

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : D159476

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Tim Melson for State Senate

Mailing Address PO Box 550

City	State	Zip Code
Florence	AL	35631-0550

Purpose of Disbursement
2014 Non-Federal Contribution

Candidate Name

Dr. Tim Melson M.D.

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AL District:

Disbursement For: 2014

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

2014 Non-Federal Con

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : D157272

Amount of Each Disbursement this Period

10000.00

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

25000.00

25000.00
