

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.

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

(c) 12-Day **PRE-Election** Report for the:

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

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

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

Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		1619106.51
(b) Cash on Hand at Beginning of Reporting Period.....	1734482.35	
(c) Total Receipts (from Line 19)	124771.11	409630.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1859253.46	2028737.03
7. Total Disbursements (from Line 31).....	170166.98	339650.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1689086.48	1689086.48
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

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	95455.13	282276.81
(ii) Unitemized	29315.98	122353.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	124771.11	404630.52
(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)	124771.11	404630.52
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	124771.11	409630.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	124771.11	409630.52

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	3151.90	4377.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3151.90	4377.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	141000.00	222500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	26015.08	112772.67
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)) ..	170166.98	339650.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	170166.98	339650.55

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)	124771.11	404630.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	124771.11	404630.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3151.90	4377.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3151.90	4377.88

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

An increase of \$695 unitemized receipts and \$500 to itemized due to administrative error

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 151
<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

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

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

A. John P. Abenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Anes. Dept. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2013
Transaction ID : C2281331
 Amount of Each Receipt this Period
 83.30

B. John P. Abenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10978 Eleventh Ave N.W.
 City Oronoco State MN Zip Code 55960-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Anes. Dept. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2013
Transaction ID : C2286834
 Amount of Each Receipt this Period
 83.30

C. Amr E. Abouleish M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4303 Evergreen Elm Ct
 City Houston State TX Zip Code 77059-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Branch Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276957
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 151
(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. Virgil M. Airola M.D.

Mailing Address 3841 W Locust Ave

City State Zip Code
 Fresno CA 93711-0630

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

Name of Employer Occupation
 PED ANES ASSOC PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 20 / 2013
Transaction ID : C2293548

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Michael E. Almasi D.O.

Mailing Address 525 Evergreen Ln

City State Zip Code
 Robins IA 52328-9529

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

Name of Employer Occupation
 Linn County Anes ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 13 / 2013
Transaction ID : C2288346

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Charles K. Anderson M.D., M.B.

Mailing Address 60975 Billadeau Rd

City State Zip Code
 Bend OR 97702-8715

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

Name of Employer Occupation
 TenetHealth Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 03 / 04 / 2013
Transaction ID : C2277063

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jonathan C. Anderson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Jossie Ln
 City Kalispell State MT Zip Code 59901-6961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Rockies Anesthesia Consultant Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : C2286466
 Amount of Each Receipt this Period
 100.00

B. Shane C. Angus A.A.-C, M.
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : C228631
 Amount of Each Receipt this Period
 83.30

C. Melinda A. Aquino M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 Midland Ave., #201
 City Bronxville State NY Zip Code 10708-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2013
Transaction ID : C2286841
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	683.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Melinda A. Aquino M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 Midland Ave., #201
 City State Zip Code
 Bronxville NY 10708-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Montefiore Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2013
Transaction ID : C2286842
 Amount of Each Receipt this Period
 500.00

B. Melinda A. Aquino M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 Midland Ave., #201
 City State Zip Code
 Bronxville NY 10708-6853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Montefiore Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2013
Transaction ID : C2286843
 Amount of Each Receipt this Period
 500.00

C. Anthony Arellano-Kruse M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Anesthesia Medical Group
 3330 Lomita Blvd
 City State Zip Code
 Torrance CA 90505-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Torrance Memorial Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : C2295749
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.34
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Brett L. Arron M.D.

Mailing Address 52 Lake Street

City State Zip Code
 Wakefield RI 02879

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

Name of Employer Occupation
 Narragansett Bay Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2013
Transaction ID : C2277000

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Charles R. Austgen M.D.

Mailing Address 10805 Club Point Dr

City State Zip Code
 Fishers IN 46037-2786

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

Name of Employer Occupation
 ANES CONSUL INDPLS ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : C2294679

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Kelly W. Baird M.D.

Mailing Address 375 Coventry Park Ln

City State Zip Code
 Winston Salem NC 27104-3677

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

Name of Employer Occupation
 WFU School of Medicine Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288022

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **833.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kimberly M. Balogh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Ryedale Ct
 City Greenville State SC Zip Code 29615-6037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology, P.A. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288355
 Amount of Each Receipt this Period
 500.00

B. Mordechai Bermann M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287968
 Amount of Each Receipt this Period
 83.30

C. Joshua R. Berris D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4340 Strathdale Ln.
 City West Bloomfield State MI Zip Code 48323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Botsford Hospital Dept of Anesthesiolo Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : C2284170
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Andrew Beyzman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Dahill Road
 apt 601
 City Brooklyn State NY Zip Code 11204
 Name of Employer Park Slope Anesthesia Associates Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2013
Transaction ID : C2288279
 Amount of Each Receipt this Period 250.00

B. Peter M. Billharz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S. Arlington Avenue
 City Reno State NV Zip Code 89501
 Name of Employer Associated Anesthesiologists of Reno Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2013
Transaction ID : C2275818
 Amount of Each Receipt this Period 500.00

C. Wendy B. Binstock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 W Montana St
 City Chicago State IL Zip Code 60614-2221
 Name of Employer university of chicago Occupation physican
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt 03 / 12 / 2013
Transaction ID : C2287169
 Amount of Each Receipt this Period 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Timothy M. Bittenbinder M.D.		Date of Receipt
Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Temple	State TX	Zip Code 76508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2288640
Name of Employer Texas AM College of Medicine Scott an	Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.30"/>
	<input type="text" value="499.80"/>	

Full Name (Last, First, Middle Initial) B. Timothy M. Bittenbinder M.D.		Date of Receipt
Mailing Address 2401 South 31st St., Dept. of Anes MS - 20 - D304		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Temple	State TX	Zip Code 76508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2294022
Name of Employer Texas AM College of Medicine Scott an	Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.30"/>
	<input type="text" value="499.80"/>	

Full Name (Last, First, Middle Initial) c. Benjamin B. Blackmon Jr., M.D.		Date of Receipt
Mailing Address 1117 Glenwood Ct		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Columbia	State SC	Zip Code 29204-3361
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2296039
Name of Employer Camden Anesthesiology Associates, LLC	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="666.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Kenneth J. Bochenek M.D.		Date of Receipt 03 / 13 / 2013 Transaction ID : C2288524
Mailing Address 2000 Spruce Dr		Amount of Each Receipt this Period 50.00
City Lafayette	State IN	Zip Code 47905-3944
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiology Associates, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Kenneth J. Bochenek M.D.		Date of Receipt 03 / 27 / 2013 Transaction ID : C2295704
Mailing Address 2000 Spruce Dr		Amount of Each Receipt this Period 50.00
City Lafayette	State IN	Zip Code 47905-3944
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiology Associates, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Kenneth J. Bochenek M.D.		Date of Receipt 03 / 29 / 2013 Transaction ID : C2296105
Mailing Address 2000 Spruce Dr		Amount of Each Receipt this Period 50.00
City Lafayette	State IN	Zip Code 47905-3944
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesiology Associates, P.C.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 151
(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. Srinivas S. Bollimpalli M.D.

Mailing Address 1850 N Central Ave Ste 1600

City State Zip Code
 Phoenix AZ 85004-4633

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

Name of Employer Occupation
 Valley Anes. Consultants, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 03 / 07 / 2013
Transaction ID : C2282949

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Chris G. Boukedes M.D.

Mailing Address 15 Lawson Way

City State Zip Code
 Greenville SC 29605

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

Name of Employer Occupation
 Greenville Anesthesiology ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 13 / 2013
Transaction ID : C2288357

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Frances Boyette M.D.

Mailing Address 8225 Marsh Pointe Dr.

City State Zip Code
 Montgomery AL 36117

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 ▼
 1000.00

Date of Receipt
 03 / 26 / 2013
Transaction ID : C2294680

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carlos L. Bracale M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 209 Ryans Run Ct

City Greenville State SC Zip Code 29615-6055

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

Name of Employer GREENVILLE ANESTH Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288358

Amount of Each Receipt this Period
 500.00

B. Jerome L. Bronikowski M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 318 White Oak Farm Dr

City Toccoa State GA Zip Code 30577

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

Name of Employer Gwinnett Anesthesia Service Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C2291299

Amount of Each Receipt this Period
 375.00

C. Richard Brouillard A.A.
Full Name (Last, First, Middle Initial)

Mailing Address 57 Executive Park S
Dept of Anes

City Atlanta State GA Zip Code 30322-0001

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

Name of Employer Emory University School of Medicine Occupation AA Pprogram Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2013
Transaction ID : C2276986

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 151
<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 Brouillard A.A.		Date of Receipt
Mailing Address 57 Executive Park S Dept of Anes		M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2013
City Atlanta	State GA	Zip Code 30322-0001
FEC ID number of contributing federal political committee. C		Transaction ID : C2286467
Name of Employer Emory University School of Medicine		Amount of Each Receipt this Period
Occupation AA Pprogram Director		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		1249.90

Full Name (Last, First, Middle Initial) B. Tanner Brownrigg M.D.		Date of Receipt
Mailing Address 9604 NE 89th St		M M M / D D D / Y Y Y Y Y Y 03 / 07 / 2013
City Kansas City	State MO	Zip Code 64157-8660
FEC ID number of contributing federal political committee. C		Transaction ID : C2286461
Name of Employer Ad Vivum Anesthesiology, PC		Amount of Each Receipt this Period
Occupation Anesthesiologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		500.00

Full Name (Last, First, Middle Initial) C. Daniel L. Bruning M.D.		Date of Receipt
Mailing Address 3 S St		M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2013
City Lake Lotawana	State MO	Zip Code 64086-9430
FEC ID number of contributing federal political committee. C		Transaction ID : C2293538
Name of Employer PAIN CARE		Amount of Each Receipt this Period
Occupation PHYSICIAN		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ethan Bryson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 7 Wharton Ave

City Bridgewater State NJ Zip Code 08807-3226

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

Name of Employer Mount Sinai Med CTR Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2013
Transaction ID : C2288282

Amount of Each Receipt this Period 250.00

B. Kurt T. Budenbender D.O.
Full Name (Last, First, Middle Initial)

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

City Phoenix State AZ Zip Code 85004

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

Name of Employer Valley Anesthesia Consultants, LTD Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.90

Date of Receipt 03 / 16 / 2013
Transaction ID : C2288963

Amount of Each Receipt this Period 83.30

C. Earl A. Bueno M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 64 Watertown Rd.

City Middlebury State CT Zip Code 06762-1501

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

Name of Employer Waterbury Anesthesiolgy Associates Occupation Anesthesiologist, Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2013
Transaction ID : C2295987

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James P. Burdick M.D.		Date of Receipt MM / DD / YYYY 03 / 02 / 2013 Transaction ID : C2276974
Mailing Address 6349 Woodland Dr.		Amount of Each Receipt this Period 500.00
City East Amherst	State NY	Zip Code 14051
FEC ID number of contributing federal political committee. C		
Name of Employer AMAS	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Rebecca C. Burfeind M.D.		Date of Receipt MM / DD / YYYY 03 / 30 / 2013 Transaction ID : C2296061
Mailing Address 8338 Fontana		Amount of Each Receipt this Period 1000.00
City Prairie Village	State KS	Zip Code 66207
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Kansas City	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Frederick W. Burgess M.D., Ph.D		Date of Receipt MM / DD / YYYY 03 / 14 / 2013 Transaction ID : C2288474
Mailing Address 569 Fruit Hill Ave		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.90	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frederick W. Burgess M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 549.90

Date of Receipt
 03 / 25 / 2013
Transaction ID : C2294020
 Amount of Each Receipt this Period
 100.00

B. Jesus Robert R. Calimlim M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4583 Providence Rd.
 City Jamesville State NY Zip Code 13078-9581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upstate Medical University Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 20 / 2013
Transaction ID : C2293645
 Amount of Each Receipt this Period
 250.00

C. Vito A. Cancellaro M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Fox Hunt Ln
 City Greer State SC Zip Code 29651-6848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GAPA Anesthesia Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 13 / 2013
Transaction ID : C2288360
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark E Cannella M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Rosehill DR W
 City Tallahassee State FL Zip Code 32312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Assoc of Tallahassee Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2013
Transaction ID : C2293998
 Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288361
 Amount of Each Receipt this Period
 500.00

C. Richard Carithers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., Suite B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288362
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Stephen D. Carlson M.D., Ph.D		Date of Receipt
Mailing Address 3030 Briarwood Dr		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Allegany	NY	14706-9655
FEC ID number of contributing federal political committee.		Transaction ID : C2278600
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Southern Tier Anesthesiologists, PC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Claire L. Chandler A.A.-C		Date of Receipt
Mailing Address 1253 Citadel Dr NE		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Atlanta	GA	30324
FEC ID number of contributing federal political committee.		Transaction ID : C2287172
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.30"/>
Name of Employer	Occupation	
Emory Healthcare	Anesthesiologist Assistant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Katherine A. Chang M.D.		Date of Receipt
Mailing Address 831 Berkeley St.		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Santa Monica	CA	90403
FEC ID number of contributing federal political committee.		Transaction ID : C2288288
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John C. Chatelain M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 S.9th St.
 City Fargo State ND Zip Code 58103-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : C2287956
 Amount of Each Receipt this Period
41.60

B. John C. Chatelain M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 S.9th St.
 City Fargo State ND Zip Code 58103-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013
Transaction ID : C2289028
 Amount of Each Receipt this Period
41.60

c. Tyler G. Church M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18678 E Ashridge Dr
 City Queen Creek State AZ Zip Code 85242-3662
 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 M / D D D / Y Y Y Y Y Y
03 / 25 / 2013
Transaction ID : C2294664
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **583.20**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Nathan S. Clark M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Loch Loyal Ct
 City Penfield State NY Zip Code 14526-9567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2013**
Transaction ID : C2278564
 Amount of Each Receipt this Period **250.00**

B. Melvin A. Cohen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Pheasant Way
 City Centerville State MA Zip Code 02632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Anes. Assoc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 07 / 2013**
Transaction ID : C228290
 Amount of Each Receipt this Period **250.00**

C. Norman A. Cohen M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 0841 SW Gaines St # 504
 City Portland State OR Zip Code 97239-2976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Health and Science Univ. Anes. Occupation Associate Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 03 / 2013**
Transaction ID : C2276999
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....	583.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John A. Cooley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Fox Hedge Rd
 City Saddle River State NJ Zip Code 07458-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anes Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : C2288480
 Amount of Each Receipt this Period
83.30

B. Clayton W. Cordell III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4435 Ridgeway Dr
 City Belden State MS Zip Code 38826-9760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tupelo Anesthesia Group Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : C2295828
 Amount of Each Receipt this Period
500.00

C. Mary K. Craddock M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5514 Western Ave.
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2295693
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	833.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David A Cross M.D.		Date of Receipt 03 / 06 / 2013 Transaction ID : C2281330
Mailing Address Department of Anesthesiology 2401 South 31st Street		Amount of Each Receipt this Period 83.30
City Temple	State TX	
Zip Code 76508		Aggregate Year-to-Date ▼ 249.90
FEC ID number of contributing federal political committee. C		
Name of Employer Scott and White Healthcare	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. David K. Crumley M.D.		Date of Receipt 03 / 27 / 2013 Transaction ID : C2295703
Mailing Address 1550 Boyson Rd 1550 Boyson Rd.		Amount of Each Receipt this Period 250.00
City Hiawatha	State IA	
Zip Code 52233-2362		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer LINN COUNTY ANESTH	Occupation ANESTHESIOLOGIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) c. Jay D. Cunningham D.O.		Date of Receipt 03 / 14 / 2013 Transaction ID : C2288477
Mailing Address 18808 Saddle River Dr		Amount of Each Receipt this Period 83.30
City Edmond	State OK	
Zip Code 73012-4104		Aggregate Year-to-Date ▼ 249.90
FEC ID number of contributing federal political committee. C		
Name of Employer Affiliated Anesthesiologist	Occupation anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Susan G. Curling M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2727 Kirby Dr Apt 11D
 City Houston State TX Zip Code 77098-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Houston Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 01 / 2013**
Transaction ID : C2276000
 Amount of Each Receipt this Period **83.30**

B. Sharon M. Darrow D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Huntington Ave
 City Nichols Hills State OK Zip Code 73116-6212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **749.90**

Date of Receipt **03 / 27 / 2013**
Transaction ID : C2295232
 Amount of Each Receipt this Period **83.30**

C. Michael J. Davis D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Sunflower Circle
 City Lumberton State NJ Zip Code 08048
 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 **03 / 27 / 2013**
Transaction ID : C2295695
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **416.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John E. Davis III III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 517 Merrimans Ln.
 City Winchester State VA Zip Code 22601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Anesthesiologists Inc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : C2288999
 Amount of Each Receipt this Period
 250.00

B. Kraig S. de Lanzac M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Tara Pl
 City Metairie State LA Zip Code 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 ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287969
 Amount of Each Receipt this Period
 83.30

c. Abhijit Desai M.D.
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2276005
 Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional).....▶	374.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Abhijit Desai M.D.
Full Name (Last, First, Middle Initial)

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 **03 / 20 / 2013**

Transaction ID : C2292511

Amount of Each Receipt this Period **41.60**

B. Laura I. Dew M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3009 Cason St

City Houston State TX Zip Code 77005-3812

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

Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.90**

Date of Receipt **03 / 02 / 2013**

Transaction ID : C2276958

Amount of Each Receipt this Period **83.30**

C. John F. Di Capua M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 74 Byram Ridge Road

City Armonk State NY Zip Code 10504-1210

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

Name of Employer North Shore University Hospital Anesth Occupation Anesthesiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.90**

Date of Receipt **03 / 22 / 2013**

Transaction ID : C2293736

Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional)..... **208.20**

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

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

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

FOR LINE NUMBER: PAGE 31 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Andrew E. Dick M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 South CR 150 West
 City State Zip Code
 Brownstown IN 47220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Schneck Medical Center Anesthesiology Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2295692
 Amount of Each Receipt this Period
 250.00

B. Christian Diez M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 University of Miami Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : C228961
 Amount of Each Receipt this Period
 83.30

C. Renee Godbey Diskin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Hawkins Lane
 City State Zip Code
 St. Simons Island GA 31522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2281904
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lauren H. Doar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd Ste B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology, P.A. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288363
 Amount of Each Receipt this Period
500.00

B. Rhett A. Dodge M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288364
 Amount of Each Receipt this Period
500.00

C. Jennifer R. Dollar M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 869 Shades Crest Rd.
 City Birmingham State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Anesthesia Assoc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276951
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 33 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald D. Downs M.D.
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt 03 / 22 / 2013
Transaction ID : C2293734
 Amount of Each Receipt this Period 83.30

B. Nichole M. Doyle M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5820 Darnell St
 City Shawnee State KS Zip Code 66216-4501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAKC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2013
Transaction ID : C2289779
 Amount of Each Receipt this Period 500.00

C. Glenn M. Dragon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Fawnwood Dr
 City Voorhees State NJ Zip Code 08043-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Jersey Anesthesia and Pain Physi Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2013
Transaction ID : C2294657
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Victor A. Dudzik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2616 Whitchurch Lane
 City Naperville State IL Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Valley Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276966
 Amount of Each Receipt this Period
 1000.00

B. David L. Dugan M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14207 Independence Ct
 City Basehor State KS Zip Code 66007-5203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : C2288283
 Amount of Each Receipt this Period
 250.00

C. Jonathan A. Eash M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 Robinhood Ln
 City South Bend State IN Zip Code 46614-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mizhiara Anesth Care Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2295674
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kenneth Elmassian D.O.		Date of Receipt
Mailing Address 2399 Pine Hollow Dr.		M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2013
City	State	Zip Code
East Lansing	MI	48823
FEC ID number of contributing federal political committee. C		Transaction ID : C2275998
Name of Employer Ingham Regional Medical Center		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	249.90	

Full Name (Last, First, Middle Initial) B. Jesse Epps M.D., Ph.D		Date of Receipt
Mailing Address 2341 McCallie Ave., #402 Anesthesiologists Associated		M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2013
City	State	Zip Code
Chattanooga	TN	37404-3231
FEC ID number of contributing federal political committee. C		Transaction ID : C2276998
Name of Employer Anesthesiologists Associated		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	249.90	

Full Name (Last, First, Middle Initial) C. Lawrence Epstein M.D.		Date of Receipt
Mailing Address 1 Gustave L Levy PI Dept Ofanesthe		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2013
City	State	Zip Code
New York	NY	10029
FEC ID number of contributing federal political committee. C		Transaction ID : C2287174
Name of Employer Mount Sinai School of Medicine		Amount of Each Receipt this Period
Occupation Physician Anesthesiologist		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	374.70	

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lawrence Epstein M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1 Gustave L Levy PI Dept Ofanesthe

City New York	State NY	Zip Code 10029
------------------	-------------	-------------------

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

Name of Employer Mount Sinai School of Medicine	Occupation Physician Anesthesiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2013

Transaction ID : C2288990

Amount of Each Receipt this Period

41.60

B. Gregory L. Erb M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 14905 W. 60th St

City Shawnee	State KS	Zip Code 66216
-----------------	-------------	-------------------

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

Name of Employer Midwest Anesthesia Associates	Occupation Anesthesiology
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2013

Transaction ID : C2286795

Amount of Each Receipt this Period

500.00

C. Cynthia C. Espanola M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 29 Deer Run Rd.

City Kingston	State MA	Zip Code 02364
------------------	-------------	-------------------

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

Name of Employer ANESTH ASSOC OF MA	Occupation ANESTHESIOLOGIST
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2013

Transaction ID : C2294662

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	791.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Luis Esparza M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 N Swan Rd Ste 100
 City Tucson State AZ Zip Code 85712-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OLD PUEBLO ANESTH ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2013
Transaction ID : C2293681
 Amount of Each Receipt this Period
 85.00

B. J. M. Evans M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenville Anesthesiology ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288366
 Amount of Each Receipt this Period
 500.00

C. James M. Fay M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3803 104th St
 City Lubbock State TX Zip Code 79423-5737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northstar Anesthesia Staff Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : C2287939
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1085.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Feaster M.D.		Date of Receipt
Mailing Address 507 Ocean Avenue		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Seal Beach State CA Zip Code 90740		Transaction ID : C2288638
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Childrens Hospital Orange County Occupation anesthesiologist		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.90"/>	

Full Name (Last, First, Middle Initial) B. Gerhard W. Flacke M.D.		Date of Receipt
Mailing Address 3947 E Ina Rd		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Tucson State AZ Zip Code 85718-1531		Transaction ID : C2294512
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Old Pueblo Anesthesia Occupation Physician Anesthesiologist		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.90"/>	

Full Name (Last, First, Middle Initial) C. Richard M. Flowerdew M.D.		Date of Receipt
Mailing Address 38 Hedgerow Dr		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Falmouth State ME Zip Code 04105-1407		Transaction ID : C2287962
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Spectrum Medical Group Occupation Physician		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.90"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="249.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 151
<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 A. Frame M.D.		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : C2287958
Mailing Address 2300 N Edward St		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) B. Wayne A. Fuller M.D.		Date of Receipt MM / DD / YYYY 03 / 06 / 2013 Transaction ID : C2281328
Mailing Address 1269 E. Giles Rd.		Amount of Each Receipt this Period 83.30
City Muskegon	State MI	Zip Code 49445
FEC ID number of contributing federal political committee. C		
Name of Employer Lakeshore Anes. of Muskegon	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) C. Wayne M. Gabriel M.D.		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : C2288368
Mailing Address 1007 Grove Rd., #B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Anes. Partnership Assoc.	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 40 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sarah Garber M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2935 25th Ave W
 City Seattle State WA Zip Code 98199-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physicians Anesthesia Service Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : C2288623
 Amount of Each Receipt this Period
 250.00

B. Charles J. Garrett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1617 Kansas Ave
 City San Angelo State TX Zip Code 76904-6834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory University Hospital Anesthesiolo Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : C2295978
 Amount of Each Receipt this Period
 83.30

C. Marc A. Gattiker M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5939 S. Moline Way
 City Englewood State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SO DENVER ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : C2298087
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ricardo I. Gerenstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19831 NE 19 Ave
 City North Miami Beach State FL Zip Code 33179
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2013
Transaction ID : C2288287
 Amount of Each Receipt this Period
 250.00

B. Steven J. Getz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Penn St
 City Greenville State SC Zip Code 29605-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palmetto Anesthesia Associates Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2295694
 Amount of Each Receipt this Period
 500.00

C. Patrick Giam M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Greater Houston Anesthesiology
 2411 Fountain View, Suite 200
 City Houston State TX Zip Code 77057-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Anesthesiology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277061
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark A. Gilbert M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2594 Bronco Ct
 City West Linn State OR Zip Code 97068-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 02 / 2013**
Transaction ID : C2276970
 Amount of Each Receipt this Period **500.00**

B. Richard L. Glines M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 E 3900 S Ste 30
 City Salt Lake City State UT Zip Code 84124-1354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Marks Hospital Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 07 / 2013**
Transaction ID : C2286433
 Amount of Each Receipt this Period **300.00**

C. David F. Gloyna M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 S 31st
 2401 South 31st
 City Temple State TX Zip Code 76508-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White, Dept. of Anes. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 14 / 2013**
Transaction ID : C2288476
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William K. Goglin Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 Governor Morrison St Apt 334
 City State Zip Code
 Charlotte NC 28211-4197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northeast Anesthesia anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2013
Transaction ID : C2277005
 Amount of Each Receipt this Period
 500.00

B. Adam D. Goldstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Hickory Ct
 City State Zip Code
 East Lyme CT 06333-1467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NAPA Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2278565
 Amount of Each Receipt this Period
 250.00

c. Michael C. Gosney M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Chase Dr
 City State Zip Code
 Muscle Shoals AL 35661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Medical Consultants, LLC Anesthesiology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2279130
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John C. Green M.D.

Mailing Address 1419 Heather Ln

City State Zip Code
 Webb City MO 64870-1255

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

Name of Employer Occupation
 UMKC Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C2298127

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Melanie J. Guthrie A.A.-C, M.

Mailing Address 2411 Holmes Street
 MG-200

City State Zip Code
 Kansas City MO 64108

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

Name of Employer Occupation
 University of Missouri - Kansas City Anesthesiologist Assistant

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
 03 / 04 / 2013

Transaction ID : C2277053

Amount of Each Receipt this Period
 41.60

Full Name (Last, First, Middle Initial)
c. Melanie J. Guthrie A.A.-C, M.

Mailing Address 2411 Holmes Street
 MG-200

City State Zip Code
 Kansas City MO 64108

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

Name of Employer Occupation
 University of Missouri - Kansas City Anesthesiologist Assistant

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
 03 / 14 / 2013

Transaction ID : C2288475

Amount of Each Receipt this Period
 41.60

SUBTOTAL of Receipts This Page (optional)..... ▶ **333.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William L. Hamilton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 577000
 City State Zip Code
 Salt Lake City UT 84157-7000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Intermountain Healthcare PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2295689
 Amount of Each Receipt this Period
 250.00

B. Aaron Hammond D.O.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Southern Arizona Anesthesia Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2013
Transaction ID : C2281103
 Amount of Each Receipt this Period
 83.30

C. Tork J. Harman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 Boyson Road
 City State Zip Code
 Hiawatha IA 52233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LCA, PC ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288352
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert J. Harowitz M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Covington Lane
 City Voorhees State NJ Zip Code 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : C2294669
 Amount of Each Receipt this Period
 250.00

B. Steven Hattamer M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Nashua Anesthesia Partners Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276964
 Amount of Each Receipt this Period
 83.30

C. David A. Heaton M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4694 N. Rocky Crest Place
 City Tucson State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Arizona Anesthesia anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : C2287160
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert E. Heflin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Fairview Hts
 City Parkersburg State WV Zip Code 26101-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United 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
 03 / 25 / 2013
Transaction ID : C2294502
 Amount of Each Receipt this Period
500.00

B. Peter L. Hendricks M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1590 Panorama Dr.
 City Vestavia Hills State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : C2286700
 Amount of Each Receipt this Period
83.30

C. Andrew Herlich M.D.
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276956
 Amount of Each Receipt this Period
83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Linda B. Hertzberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6622 N. Forkner Ave.
 City State Zip Code
 Fresno CA 93711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Linda B Hertzberg MD Inc. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276960
 Amount of Each Receipt this Period
 83.30

B. Douglas J. Hirsch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Gessner Rd.
 City State Zip Code
 Houston TX 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288515
 Amount of Each Receipt this Period
 250.00

C. Richard M. Hofstra M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 29160 King Arthur Ct
 City State Zip Code
 Westlake OH 44145-6749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cleveland Clinic Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : C2287142
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ingrid B. Hollinger M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1 Gustave L. Levy Place, Box 1010

City New York State NY Zip Code 10029-6574

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

Name of Employer Mount Sinai Medical Ctr Anes Dept Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2013
Transaction ID : C2298086

Amount of Each Receipt this Period 500.00

B. Stephanie D. Hollis M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 315 S Ocean Grande Dr Unit 103

City Ponte Vedra Beach State FL Zip Code 32082-6503

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 03 / 08 / 2013
Transaction ID : C2288295

Amount of Each Receipt this Period 250.00

C. Kevin M. Hook M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 7202 E 112th Pl S

City Bixby State OK Zip Code 74008-2154

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

Name of Employer Associated Anesthesiologists, Inc. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2013
Transaction ID : C2296037

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Timothy W. Houseman M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C2289026
 Amount of Each Receipt this Period
 83.30

B. Hayden R. Hughes M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1941 21st Ave S
 City Birmingham State AL Zip Code 35209-1345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama Medical Center D Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : C2293659
 Amount of Each Receipt this Period
 83.30

c. Chris E. Humphreys M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 236
 City Stone Lake State WI Zip Code 54876-0236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EAU CLAIRE ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288348
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 151
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert Impastato M.D.
 Full Name (Last, First, Middle Initial)
 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 **249.90**

Date of Receipt **03 / 15 / 2013**
Transaction ID : C2288635
 Amount of Each Receipt this Period **83.30**

B. Michael T Ingoglia M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 Sterling Ridge Dr
 City Rensselaer State NY Zip Code 12144-8460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt **03 / 25 / 2013**
Transaction ID : C2294034
 Amount of Each Receipt this Period **83.34**

C. Jeffrey S. Jacobs M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11041 Pine Lodge Trail
 City Davie State FL Zip Code 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Florida Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 05 / 2013**
Transaction ID : C2279128
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Aliraza G. Jaffer M.D.		Date of Receipt
Mailing Address 5070 Brookdale Road		M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013
City	State	Zip Code
Bloomfield Hills	MI	48304
FEC ID number of contributing federal political committee. C		Transaction ID : C2287967
Name of Employer William Beaumont Hospital		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	249.90	

Full Name (Last, First, Middle Initial) B. Clyatt W. James III, M.D.		Date of Receipt
Mailing Address 1007 Grove Rd., #B Greenville Anesthesiology		M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013
City	State	Zip Code
Greenville	SC	29605
FEC ID number of contributing federal political committee. C		Transaction ID : C2288370
Name of Employer Greenville Anesthesiology		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) C. Daniel J. Janik M.D.		Date of Receipt
Mailing Address 15605 E Prentice Dr		M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013
City	State	Zip Code
Centennial	CO	80015-4264
FEC ID number of contributing federal political committee. C		Transaction ID : C2287955
Name of Employer University of Colorado Denver		Amount of Each Receipt this Period
Occupation Anesthesiologist		83.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	249.90	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 151
	<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. J. Lawrence Jayne Jr., M.D.		Date of Receipt MM / DD / YYYY 03 / 06 / 2013 Transaction ID : C2282353
Mailing Address 350 Blountville Highway Suite 207		Amount of Each Receipt this Period 1000.00
City Bristol	State TN	Zip Code 37620
FEC ID number of contributing federal political committee. C		
Name of Employer Bristol Anesthesia Services, P.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. William M. Jenkins J.D., M.B.		Date of Receipt MM / DD / YYYY 03 / 21 / 2013 Transaction ID : C2435359
Mailing Address 3938 Blackstone Court		Amount of Each Receipt this Period 250.00
City Hayward	State CA	Zip Code 94542
FEC ID number of contributing federal political committee. C		
Name of Employer William Jenkins, M.D.	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Cynthia L. Jenson M.D.		Date of Receipt MM / DD / YYYY 03 / 03 / 2013 Transaction ID : C2276990
Mailing Address 434 Main St.		Amount of Each Receipt this Period 83.30
City Waterville	State ME	Zip Code 04901-4118
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Lewiston	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

SUBTOTAL of Receipts This Page (optional).....▶	1333.30
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : C2435359

Was not originally reported due to an administrative accounting error.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

A. Brad N. Johnson D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 W Spring Meadows Ln
 City Dewitt State MI Zip Code 48820-7711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lansing Anesthesiologist, P.C. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276955
 Amount of Each Receipt this Period
 83.30

B. Donald K. Jones M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2043 Alaqua Lakes Blvd.
 City Longwood State FL Zip Code 32779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JLR Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : C2288478
 Amount of Each Receipt this Period
 83.30

C. Gary P. Jones A.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6410 Fannin St Suite 480
 City Houston State TX Zip Code 77030-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve University Occupation Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287961
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 151
(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. Stacy L. Jones M.D.

Mailing Address 8700 Tallwood Dr

City State Zip Code
 Austin TX 78759-7530

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

Name of Employer Occupation
 Capitol Anesthesiology Association physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 03 / 13 / 2013
Transaction ID : C2287974

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. Vida R. Kasuba M.D.

Mailing Address 1406 Elizabeth Ct

City State Zip Code
 Coraopolis PA 15108-8973

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

Name of Employer Occupation
 PITTSBURGH ANES ASSOC ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 19 / 2013
Transaction ID : C2292314

Amount of Each Receipt this Period
 250.00

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

Mailing Address 130 S Canal St Apt 419

City State Zip Code
 Chicago IL 60606-3904

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

Name of Employer Occupation
 University of Chicago Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 03 / 10 / 2013
Transaction ID : C2286827

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 151
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. William B. Kelly M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10809 Buckingham Pl
 City Powell State OH Zip Code 43065-8624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAI Occupation anesthesiology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 12 / 2013**
Transaction ID : C2287141
 Amount of Each Receipt this Period **1000.00**

B. Michael Kendrick M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 26th Street South Suite 100
 City Birmingham State AL Zip Code 35205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michael Scott Kendrick, MD, PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : C2294665
 Amount of Each Receipt this Period **275.00**

C. Byron T. Kennerly M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., #B
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : C2288371
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1775.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James K. Kerr III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Herschel St
 City Jacksonville State FL Zip Code 32204-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Florida anesthesia Consultants, Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : C2295746
 Amount of Each Receipt this Period
 83.34

B. Rubin Kesner D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Hearthstone Dr
 City Gansevoort State NY Zip Code 12831-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Group of Albany Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287945
 Amount of Each Receipt this Period
 83.30

C. Eugene Kim M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Welling Circle
 City Greenville State SC Zip Code 29607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology, P.A. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288373
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	666.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 151
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1007 Grove Rd # B

City Greenville State SC Zip Code 29605-4630

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

Name of Employer Greenville Anesthesiology Occupation physician - anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288374

Amount of Each Receipt this Period
 500.00

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

Mailing Address 13029 NE 144th PI

City Kirkland State WA Zip Code 98034-1305

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

Name of Employer Matrix Anesthesia - Evergreen Medical Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : C2293738

Amount of Each Receipt this Period
 100.00

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

Mailing Address 683 Belvedere Dr

City Benicia State CA Zip Code 94510-3739

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

Name of Employer The Permanente Medical Group Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2013
Transaction ID : C2293996

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard Knox M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288375
 Amount of Each Receipt this Period
 500.00

B. Todd W. Knox M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 Maryknoll Place
 City Springfield State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists of Spring Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : C2296066
 Amount of Each Receipt this Period
 1000.00

c. Robert L. Kogan M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 2106 Ari Ln
 City Los Angeles State CA Zip Code 90049-6818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RLK Anesthesia Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : C2289002
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David A. Kovach M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 858 Surrey Hill Ct.
 City Greenwood State IN Zip Code 46142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IU ANESTHESIA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2013
Transaction ID : C2288526
 Amount of Each Receipt this Period 250.00

B. Joseph Koveleskie M.D.
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt 03 / 13 / 2013
Transaction ID : C2287973
 Amount of Each Receipt this Period 83.30

C. Mark D. Krause M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1439 N Mohawk St
 City Chicago State IL Zip Code 60610-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Provident Hospital Department of Anest Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2013
Transaction ID : C2288508
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kenneth R. Kreisler M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6503 W. 132nd St.
 City Overland Park State KS Zip Code 66209-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kansas University Med. Center Anesthes Occupation Cardiac Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 06 / 2013**
Transaction ID : C2281892
 Amount of Each Receipt this Period **250.00**

B. David M. Krhovsky M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2248 Shawnee Dr SE
 City Grand Rapids State MI Zip Code 49506-5335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Practice Consultants Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 01 / 2013**
Transaction ID : C2276001
 Amount of Each Receipt this Period **83.30**

C. Catherine M. Kuhn M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Kendall Drive Duke University Medical School
 City Chapel Hill State NC Zip Code 27517-5644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Medical School Occupation Associate Professor of Anesthesiology R
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : C2287949
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **433.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Hung-Chi Kwok M.D.		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : C2289001
Mailing Address 2732 Muir Woods Dr., SE		Amount of Each Receipt this Period 175.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. John E. La Gorio M.D.		Date of Receipt MM / DD / YYYY 03 / 16 / 2013 Transaction ID : C2289966
Mailing Address 1543 Forest Park Rd		Amount of Each Receipt this Period 83.30
City Norton Shores	State MI	Zip Code 49441-4642
FEC ID number of contributing federal political committee. C		
Name of Employer Lakeshore Anesthesia	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) C. Stephen V. LaBarge M.D.		Date of Receipt MM / DD / YYYY 03 / 28 / 2013 Transaction ID : C2296029
Mailing Address 7551 William Penn Place		Amount of Each Receipt this Period 500.00
City Indianapolis	State IN	Zip Code 46256
FEC ID number of contributing federal political committee. C		
Name of Employer ASSOC IN ANESTH	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	758.30
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 64 OF 151
(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. Stephen Lane M.D.

Mailing Address 1007 Grove Rd # B

City Greenville State SC Zip Code 29605-4630

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

Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288376

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Stuart Lane M.D.

Mailing Address 1007 Grove Rd # B

City Greenville State SC Zip Code 29605-4630

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

Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288377

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Mark P. Laughlin M.D.

Mailing Address 4159 West Gables Ct NE

City Grand Rapids State MI Zip Code 49525

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

Name of Employer AMPC of Grand Rapids Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2013
Transaction ID : C2286816

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thong D. Le M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 9940 Kapalua Ln

City Elk Grove State CA Zip Code 95624-5035

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

Name of Employer SAMGI Occupation ANESTHESIA RESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2295675

Amount of Each Receipt this Period
 250.00

B. James H. Levine M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 4164 Cart Path Ct.

City Terre Haute State IN Zip Code 47802

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

Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C2292178

Amount of Each Receipt this Period
 250.00

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

Mailing Address 655 W 8th St
Professor Chair Anesthesiology

City Jacksonville State FL Zip Code 32209-6511

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

Name of Employer University of Florida College of Medic Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2279126

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. J. Lance Lichtor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4668 #8824
 City New York State NY Zip Code 10163-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Department of Anesthes Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2279125
 Amount of Each Receipt this Period
 41.60

B. J. Lance Lichtor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4668 #8824
 City New York State NY Zip Code 10163-4668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Department of Anesthes Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C2289023
 Amount of Each Receipt this Period
 41.60

C. Kristen L. Lienhart M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277069
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	166.54
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dennis M. Lindeborg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Little Pond
 City Laguna Niguel State CA Zip Code 92677-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2281906
 Amount of Each Receipt this Period
 250.00

B. John E. Lindsey Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2502 S. 186th Circle
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Anesthesia Specialists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287951
 Amount of Each Receipt this Period
 83.30

C. John E. Lindsey Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2502 S. 186th Circle
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Anesthesia Specialists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : C2288637
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Asa C. Lockhart M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2106 Kennebunk Ln.
 City Tyler State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ETAA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 04 / 2013**
Transaction ID : C2277065
 Amount of Each Receipt this Period **83.30**

B. Stephen P. Long M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Maple Ave Ste 301 Commonwealth Pain Specialists, LLC
 City Richmond State VA Zip Code 23226-2553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Pain Specialists, LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **03 / 19 / 2013**
Transaction ID : C2291677
 Amount of Each Receipt this Period **41.60**

C. Stephen P. Long M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Maple Ave Ste 301 Commonwealth Pain Specialists, LLC
 City Richmond State VA Zip Code 23226-2553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Pain Specialists, LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.20**

Date of Receipt **03 / 25 / 2013**
Transaction ID : C2294667
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	374.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Deborah A. Lowery M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6258 Memorial Dr
 City State Zip Code
 Dublin OH 43017-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Ohio State Univ Medical Center Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287963
 Amount of Each Receipt this Period
 83.30

B. Lannon E. Lucas M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd Ste B
 Greenville Anesthesiology
 City State Zip Code
 Greenville SC 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Alabama Resident
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288485
 Amount of Each Receipt this Period
 500.00

C. Steven Z. Lysak M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd., #B
 City State Zip Code
 Greenville SC 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenville Anesthesiology ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288486
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	1083.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Anita K. Malhotra M.D.		Date of Receipt MM / DD / YYYY 03 / 22 / 2013 Transaction ID : C2293981
Mailing Address 1680 sherwood dr		Amount of Each Receipt this Period 500.00
City Hummelstown	State PA	Zip Code 17036
FEC ID number of contributing federal political committee.	C	
Name of Employer Penn State Hershey Medical Center Depa	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael J. Manalo M.D.		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : C2288507
Mailing Address 6560 High Dr.		Amount of Each Receipt this Period 500.00
City Mission Hills	State KS	Zip Code 66208
FEC ID number of contributing federal political committee.	C	
Name of Employer Midwest Anesthesia Associates	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Samuel D. Manalo M.D.		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : C2278601
Mailing Address 1328 Blairmoor Ct.		Amount of Each Receipt this Period 150.00
City Grosse Pointe Woods	State MI	Zip Code 48236-1023
FEC ID number of contributing federal political committee.	C	
Name of Employer Information Requested	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Samuel D. Manalo M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1328 Blairmoor Ct.
City Grosse Pointe Woods State MI Zip Code 48236-1023
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 18 / 2013
Transaction ID : C2292185
Amount of Each Receipt this Period
150.00

B. Mark Mandabach M.D.
Full Name (Last, First, Middle Initial)
Mailing Address Dept of Anesthesiology
619 S. 19th St., JT845
City Birmingham State AL Zip Code 35249-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UAB Department of Anesthesiology Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02

Date of Receipt
03 / 13 / 2013
Transaction ID : C2287976
Amount of Each Receipt this Period
83.34

C. Randy J. Marcel M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 41 Dunrobin
City Richardson State TX Zip Code 75082-2675
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
EXCEL ANESTH ANESTHESIOLOGIST
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 27 / 2013
Transaction ID : C2436285
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 483.34
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : C2436285

Was not originally reported due to an administrative accounting error.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Scott S. Margolies M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2535 Aberdeen Rd.

City Birmingham State AL Zip Code 35223

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

Name of Employer Southern Perioperative Services Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C2292180

Amount of Each Receipt this Period
 500.00

B. Kurt W. Markgraf M.D.
Full Name (Last, First, Middle Initial)

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 ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277052

Amount of Each Receipt this Period
 83.30

C. Kurt W. Markgraf M.D.
Full Name (Last, First, Middle Initial)

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 ▼ 499.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287952

Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Timothy Martin M.D.
Full Name (Last, First, Middle Initial)

Mailing Address Arkansas Childrens Hospital
#1 Childrens Way, S-203

City Little Rock State AR Zip Code 72202-3591

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

Name of Employer University of Arkansas for Medical Sci Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2013
Transaction ID : C2287966

Amount of Each Receipt this Period 100.00

B. Mark D. Mathis M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1007 Grove Rd., #B

City Greenville State SC Zip Code 29605

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

Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2013
Transaction ID : C2288356

Amount of Each Receipt this Period 500.00

C. Scott W. Maxwell M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1316 NW 157th St

City Edmond State OK Zip Code 73013

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

Name of Employer Affiliated Anesthesiologists, LLC Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2013
Transaction ID : C2286820

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Anthony J. Mazzeo M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 N Honey Creek Pkwy
 City Wauwatosa State WI Zip Code 53213-3189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2013
Transaction ID : C2286840
 Amount of Each Receipt this Period
 500.00

B. Brian P. McGlinch M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3364 Hidden Creek Lane, N.E.
 City Rochester State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Anesthesiology Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : C2286633
 Amount of Each Receipt this Period
 83.30

C. Joseph McIsaac III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 99 East River Drive, 5th Floor
 City East Hartford State CT Zip Code 06108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Anes. Assoc., Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : C2286476
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 76 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard R. McNeer M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18340 SW 122 St.
 City Miami State FL Zip Code 33196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Dept of Anesthesio Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2013
Transaction ID : C2296052
 Amount of Each Receipt this Period
 83.30

B. Vernon Merchant M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288487
 Amount of Each Receipt this Period
 500.00

C. James R. Mesrobian M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 E Birch Ave
 City Whitefish Bay State WI Zip Code 53217-5360
 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 ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276962
 Amount of Each Receipt this Period
 83.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brian G. Mills M.D.		Date of Receipt
Mailing Address 4105 W. 123rd St.		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Leawood	State KS	Zip Code 66209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2277008
Name of Employer Shawnee Mission Hospital	Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Christopher G. Millson M.D.		Date of Receipt
Mailing Address 2400 Wimbledon Dr		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Las Vegas	State NV	Zip Code 89107-2364
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2288634
Name of Employer Desert Anesthesiologists	Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.30"/>
	<input type="text" value="249.90"/>	

Full Name (Last, First, Middle Initial) C. Mitchell F. Minana M.D.		Date of Receipt
Mailing Address 1306 E Welden Dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Spokane	State WA	Zip Code 99223
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2295691
Name of Employer PHYSICIAN ANETHESIOLOGIST GROUP	Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="433.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lawrence S. Minowitz M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2013 Transaction ID : C2278563
Mailing Address 26 Sherwood Ave.		Amount of Each Receipt this Period 500.00
City Greenwich	State CT	Zip Code 06831-3249
FEC ID number of contributing federal political committee. C	Name of Employer self	Occupation anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Lucas Mitchel M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2013 Transaction ID : C2298139
Mailing Address 465 W Sycamore Street		Amount of Each Receipt this Period 500.00
City Zionsville	State IN	Zip Code 46077-9093
FEC ID number of contributing federal political committee. C	Name of Employer Indiana Univ SchL OF MED	Occupation ANESTHESIA RESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Karen P. Mitchell M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2013 Transaction ID : C2295239
Mailing Address 3838 N Braeswood Blvd Apt 112		Amount of Each Receipt this Period 83.34
City Houston	State TX	Zip Code 77025-3005
FEC ID number of contributing federal political committee. C	Name of Employer Memorial Hermann Southwest Hospital	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Avery C. Mittman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12610 Prescott Ave.
 City Tustin State CA Zip Code 92782-1066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2281910
 Amount of Each Receipt this Period
 250.00

B. Richard C. Month M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 University of Pennsylvania Dept. of An Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : C2281713
 Amount of Each Receipt this Period
 83.30

C. Barry Moody M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Barry J. Moody, DMD, MD, PC physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2281102
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Society of Anesthesiologists Political Action Committee

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

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

City Los Angeles State CA Zip Code 90095-7403

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

Name of Employer Department of Anesthesiology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.90

Date of Receipt
03 / 04 / 2013
Transaction ID : **C2277062**

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
B. George A. Moresea M.D.

Mailing Address 1232 Ashwood Rd

City Akron State OH Zip Code 44312-5800

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

Name of Employer Stark County Anesthesia, Inc. Occupation anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.90

Date of Receipt
03 / 30 / 2013
Transaction ID : **C2296045**

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Caroline Morris M.D.

Mailing Address 2797 Fox Creek Dr.

City Germantown State TN Zip Code 38138

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

Name of Employer Medical Anesthesia Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.90

Date of Receipt
03 / 29 / 2013
Transaction ID : **C2295982**

Amount of Each Receipt this Period
83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dennis W. Morris M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6330 E. 116th St.
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAI 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
 03 / 24 / 2013
Transaction ID : C2294000
 Amount of Each Receipt this Period
500.00

B. Jason E. Morris M.D.
 Full Name (Last, First, Middle Initial)
 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 **249.90**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : C2295981
 Amount of Each Receipt this Period
83.30

C. Robert R. Morrison M.D.
 Full Name (Last, First, Middle Initial)
 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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : C2282946
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	833.30
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 82 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sunita Motiani M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4291 White Birch Dr.
 City State Zip Code
 Lisle IL 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dupage Valley Anesthesiologists Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2013
Transaction ID : C2276975
 Amount of Each Receipt this Period
 250.00

B. Jarod R. Motley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd Ste B
 Greenville Anesthesiology, P.A.
 City State Zip Code
 Greenville SC 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenville Anesthesiology, P.A. ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288488
 Amount of Each Receipt this Period
 500.00

C. Thomas J. Mukkada M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Woodshire Dr
 City State Zip Code
 Ottumwa IA 52501-1357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ottumwa Anes ANESTHESIOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2013
Transaction ID : C2293678
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Corine M. Munnings M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 NE Quayside Terrace D13
 City Miami Shores State FL Zip Code 33138-2209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Larkin 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
 03 / 31 / 2013
Transaction ID : C2296072
 Amount of Each Receipt this Period
 250.00

B. Mark Murray M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C2289027
 Amount of Each Receipt this Period
 83.30

C. Robert F. Murray III, M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287971
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Scott D. Murtha M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 Bever Ln., S.E.
 City Cedar Rapids State IA Zip Code 52403-3280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LINN COUNTY ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2295697
 Amount of Each Receipt this Period
 250.00

B. Jobin Nash M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 East Avenue #1304
 City Rochester State NY Zip Code 14604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medcenter One Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : C2294511
 Amount of Each Receipt this Period
 100.00

C. Michael J. Need M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7632 Timber Springs Dr.
 City Fishers State IN Zip Code 46038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Anesthesiologists Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287953
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 151
<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. Mihail P. Nikolov M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2013 Transaction ID : C2296041
Mailing Address 1421 Forest Ave		Amount of Each Receipt this Period 250.00
City River Forest	State IL	Zip Code 60305-1001
FEC ID number of contributing federal political committee. C		
Name of Employer Alexian Brothers Medical Center Anes.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Edward A. Norman M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2013 Transaction ID : C2296031
Mailing Address 1040 Skye Ln		Amount of Each Receipt this Period 250.00
City Palm Harbor	State FL	Zip Code 34683-1455
FEC ID number of contributing federal political committee. C		
Name of Employer EmCare	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Todd E. Novak M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2013 Transaction ID : C2276947
Mailing Address 1700 N. Bissell Street		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James D. Nowakowski M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13726 Clarksville Pike
 City Highland State MD Zip Code 20777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARIZONA HEART ANESTHESIA, P.L.L.C. Occupation anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 06 / 2013**
Transaction ID : C2281894
 Amount of Each Receipt this Period **250.00**

B. Michael P. O'Neil M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6180 Masters Blvd
 City Billings State MT Zip Code 59106-1036
 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 **03 / 13 / 2013**
Transaction ID : C2288336
 Amount of Each Receipt this Period **250.00**

C. Richard J. Oeser M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd Ste B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREENVILLE ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : C2288489
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Oluwatosin Oladipupo M.D.		Date of Receipt MM / DD / YYYY 03 / 23 / 2013 Transaction ID : C2293986
Mailing Address 1836 S Shores Dr		Amount of Each Receipt this Period 125.00
City Decatur	State IL	Zip Code 62521-5529
FEC ID number of contributing federal political committee. C	Name of Employer Associated Anes. of Decatur	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Harry T. Pall M.D.		Date of Receipt MM / DD / YYYY 03 / 27 / 2013 Transaction ID : C2295688
Mailing Address 603 E Lake St		Amount of Each Receipt this Period 250.00
City Petoskey	State MI	Zip Code 49770-2522
FEC ID number of contributing federal political committee. C	Name of Employer NO ANES PROVIDERS	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Parag Pandya M.D.		Date of Receipt MM / DD / YYYY 03 / 23 / 2013 Transaction ID : C2293985
Mailing Address 210 Royal Vw		Amount of Each Receipt this Period 83.30
City Pittsford	State NY	Zip Code 14534-9633
FEC ID number of contributing federal political committee. C	Name of Employer Geneva General Hospital Anesthesiology	Occupation Staff Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

SUBTOTAL of Receipts This Page (optional).....▶	458.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 151
<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 L. Pappas M.D.		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 Transaction ID : C2287170
Mailing Address 294 Barden Rd		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) B. Harry G. Parr D.O.		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : C2288636
Mailing Address 4725 Tully Rd.		Amount of Each Receipt this Period 83.30
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. C		
Name of Employer South Oakland Anesthesia Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) C. William J. Pekarske M.D.		Date of Receipt MM / DD / YYYY 03 / 09 / 2013 Transaction ID : C2286807
Mailing Address 1281 E. Calle De La Cabra		Amount of Each Receipt this Period 83.30
City Tucson	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Arizona Anesthesia Services	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Feyce M. Peralta M.D.		Date of Receipt
Mailing Address 251 E Huron St # F5-704		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60611-2908
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : C2287964
Northwestern Memorial Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.90"/>	<input type="text" value="83.30"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Beverly J. Perez D.O.		Date of Receipt
Mailing Address 5553 Dunn Hill Dr		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fort Worth	TX	76137-5397
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : C2287937
UT Southwestern Medical Center	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raymond M. Pessa M.D.		Date of Receipt
Mailing Address 278 Round Swamp Rd		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Melville	NY	11747-1903
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : C2276980
NORTH AMERICAN PARTNERS ANESTHESIA	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.88"/>	<input type="text" value="83.34"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 90 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Raymond M. Pessa M.D.
 Full Name (Last, First, Middle Initial)
 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 Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013
Transaction ID : C2294515
 Amount of Each Receipt this Period
41.60

B. John D. Peterson D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1508 N. Coach House Rd
 City Wichita State KS Zip Code 67235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consulting Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2013
Transaction ID : C2281893
 Amount of Each Receipt this Period
500.00

C. Gail A. Petters M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 460-A Gibbs Ave.
 City Newport State RI Zip Code 02840-3327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEWPORT ANESTHESIA PARTNERS LLC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013
Transaction ID : C2292183
 Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... **916.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mark C. Phillips M.D.
Full Name (Last, First, Middle Initial)

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 ▼ **249.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2013

Transaction ID : C2287959

Amount of Each Receipt this Period

83.30

B. Gail P. Pirie M.D., Ph.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3939 J St Ste 310

City Sacramento	State CA	Zip Code 95819-3666
--------------------	-------------	------------------------

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

Name of Employer self	Occupation anesthesiologist
--------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : C2295690

Amount of Each Receipt this Period

250.00

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

Mailing Address 1118 Ross Clark Circle, Suite 700
Anesthesia Consultants Medical Gro

City Dothan	State AL	Zip Code 36301
----------------	-------------	-------------------

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

Name of Employer Anesthesia Consultants Medical Group	Occupation anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : C2288629

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Roma C. Polce M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3092 Red Arrow Dr.
 City Las Vegas State NV Zip Code 89135-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VAMC Southern Nevada Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 16 / 2013**
Transaction ID : C2288965
 Amount of Each Receipt this Period **83.30**

B. Paul Pomerantz M.B.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 N Northwest Hwy
 American Society of Anesthesiologists
 City Park Ridge State IL Zip Code 60068-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Society of Anesthesiologists Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 08 / 2013**
Transaction ID : C2286464
 Amount of Each Receipt this Period **1000.00**

c. Johnathan L. Pregler M.D.
 Full Name (Last, First, Middle Initial)
 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 **249.90**

Date of Receipt **03 / 01 / 2013**
Transaction ID : C2276002
 Amount of Each Receipt this Period **83.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Matthew D. Price M.D.		Date of Receipt MM / DD / YYYY 03 / 19 / 2013 Transaction ID : C2291679
Mailing Address 50791 Chesapeake Dr.		Amount of Each Receipt this Period 83.30
City Novi	State MI	Zip Code 48374-2552
FEC ID number of contributing federal political committee. C	Name of Employer South Oakland Anesthesia Associates PC	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) B. Richard C. Prielipp M.D., M.B.		Date of Receipt MM / DD / YYYY 03 / 04 / 2013 Transaction ID : C2291694
Mailing Address 420 Delaware St SE Mmc 294		Amount of Each Receipt this Period 225.00
City Minneapolis	State MN	Zip Code 55455
FEC ID number of contributing federal political committee. C	Name of Employer University of Minnesota	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mark C. Pruitt M.D.		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : C2288490
Mailing Address 1007 Grove Rd # B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605-4630
FEC ID number of contributing federal political committee. C	Name of Employer Greenville Anesthesiology, P.A.	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	808.30
TOTAL This Period (last page this line number only).....▶	

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Steven Pusker M.D.

Mailing Address 1007 Grove Rd # B

City Greenville State SC Zip Code 29605-4630

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

Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : C2288491

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **208.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : C2289025

Amount of Each Receipt this Period
41.60

Full Name (Last, First, Middle Initial)
C. 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 ▼ **208.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : C2294519

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **583.27**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 151
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jonathan S. Radin M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12720 Frank Dr S
 City Seminole State FL Zip Code 33776-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Area Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : C2287940
 Amount of Each Receipt this Period
 250.00

B. Owen R. Rahman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4580 Island Reef Dr
 City Wellington State FL Zip Code 33449-8394
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2281902
 Amount of Each Receipt this Period
 250.00

C. Alvin J. Ralston M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 Fountain View Dr Ste 200
 Greater Houston Anesthesiology
 City Houston State TX Zip Code 77057-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277059
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephanie L. Randall M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6911 Van Dorn St Ste 2
 City Lincoln State NE Zip Code 68506-6801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists, PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 12 / 2013**
Transaction ID : C2287201
 Amount of Each Receipt this Period **500.00**

B. Sripad P. Rao M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 Bay Rd Apt 3307
 City Miami Beach State FL Zip Code 33139-3281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ryder Trauma Center Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 05 / 2013**
Transaction ID : C2279121
 Amount of Each Receipt this Period **83.30**

C. John P. Rask M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 756 Fairway Rd., NW
 City Albuquerque State NM Zip Code 87107-5719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico School of Med Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 13 / 2013**
Transaction ID : C2287975
 Amount of Each Receipt this Period **83.30**

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

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Diane Reynolds M.D.

Mailing Address 501 20th St Ste 606

City State Zip Code
 Knoxville TN 37916-1863

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

Name of Employer Occupation
 ANES MED ALLI E TN ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 18 / 2013
Transaction ID : C2292188

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Jalil Riazi M.D.

Mailing Address 33851 Montanas Del Mar

City State Zip Code
 San Juan Capistrano CA 92675-5217

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

Name of Employer Occupation
 SCPMG ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 28 / 2013
Transaction ID : C2295847

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Gary M. Richman M.D.

Mailing Address 19109 Streamside Ct.

City State Zip Code
 Boca Raton FL 33498-6230

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

Name of Employer Occupation
 Orthopedic Center of Palm Beach County Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 25 / 2013
Transaction ID : C2294676

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Don G. Richter M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2013 Transaction ID : C2290514
Mailing Address 15135 Stearns Pl		Amount of Each Receipt this Period 250.00
City Shawnee Mission	State KS	Zip Code 66221-9503
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Anesthesia, Assoc	Occupation physician anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Joseph M. Rifici A.A.-C		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 15 / 2013 Transaction ID : C2288643
Mailing Address Lakeside ANES 2532 LKS5007 11100 Euclid Ave.		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) C. Edwin A. Risi Jr., M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2013 Transaction ID : C2286696
Mailing Address 19543 SW 39th St		Amount of Each Receipt this Period 100.00
City Miramar	State FL	Zip Code 33029-2734
FEC ID number of contributing federal political committee. C		
Name of Employer North Shore Anesthesiology Partners L	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	433.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Daniel Rivera M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18810 Canoe Brk
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Colleagues, Inc Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2013
Transaction ID : C2296055
 Amount of Each Receipt this Period 100.00

B. Charles R. Roberson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Sunset Ln
 City Temple State TX Zip Code 76502-6885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCOTT & WHITE CLINIC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2013
Transaction ID : C2288332
 Amount of Each Receipt this Period 250.00

C. Kevin W. Roberts M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Walnut Ln.
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical Center Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 05 / 2013
Transaction ID : C2279068
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Charles M. Robertson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 South Euclid Ave
 Campus Box 8054 - Anesthesiology
 City Saint Louis State MO Zip Code 63110
 Name of Employer Washington University Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt 03 / 22 / 2013
Transaction ID : C2293742
 Amount of Each Receipt this Period 83.30

B. Elliott B. Robertson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Shoreline Dr
 City Madison State MS Zip Code 39110-6828
 Name of Employer Univ of MS Med Ctr Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2013
Transaction ID : C2286839
 Amount of Each Receipt this Period 250.00

C. Edward S. Robinson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 E 37th St
 City Kansas City State MO Zip Code 64109-2604
 Name of Employer AAKC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 13 / 2013
Transaction ID : C2287947
 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional).....▶ 408.30
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 101 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Leopoldo V. Rodriguez M.D.
 Full Name (Last, First, Middle Initial)
 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 ▼ 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : C2282950
 Amount of Each Receipt this Period
 83.30

B. Scott T. Roethle M.D.
 Full Name (Last, First, Middle Initial)
 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 MDA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277064
 Amount of Each Receipt this Period
 83.30

C. Lynn M. Rogers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11104 Kuertzmill Dr.
 City Cincinnati State OH Zip Code 45249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bethesda Hospital Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2277012
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.60
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 151
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Rogoski D.O.		Date of Receipt
Mailing Address Dept. of Anesthesiology Doan Hall N411		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Columbus	State OH	Zip Code 43210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : C2288641	
Name of Employer Wexner Medical Center	Occupation Physician	Amount of Each Receipt this Period <input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.90"/>	

Full Name (Last, First, Middle Initial) B. Frank A. Rosinia M.D.		Date of Receipt
Mailing Address 23 Idlewood Pl		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City River Ridge	State LA	Zip Code 70123-1525
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : C2279131	
Name of Employer Tulane University School of Medicine	Occupation Chairman, Department of Anesthesiology	Amount of Each Receipt this Period <input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="233.30"/>	

Full Name (Last, First, Middle Initial) C. Theodore E. Rothman M.D.		Date of Receipt
Mailing Address 10 Wildflower Ct		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Greenville	State SC	Zip Code 29615-5544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : C2288492	
Name of Employer Greenville Anesthesiology, PA	Occupation ANESTHESIOLOGIST	Amount of Each Receipt this Period <input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="633.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joanna Runkle M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 774 South Easy Street
 City Sebastian State FL Zip Code 32958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sebastian River Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : C2293682
 Amount of Each Receipt this Period
 250.00

B. Gregory D. Rypel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13565 W. Maple Ridge Rd.
 City New Berlin State WI Zip Code 53151-6980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2013
Transaction ID : C2293680
 Amount of Each Receipt this Period
 500.00

C. Steven W. Samoya M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Forest Ct Suite B
 City Greer State SC Zip Code 29651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Univ. Med. Ctr., Div of Ped Occupation Pediatric Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288493
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David J. Samuels M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2013 Transaction ID : C2288285
Mailing Address 5121 San Jose		Amount of Each Receipt this Period 250.00
City Tampa	State FL	Zip Code 33629
FEC ID number of contributing federal political committee. C	Name of Employer David J Samuels MDPA	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mahesh P. Sardesai M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2013 Transaction ID : C2287177
Mailing Address 1304 Fairstead Lane		Amount of Each Receipt this Period 83.34
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C	Name of Employer UPMC Shadyside	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

Full Name (Last, First, Middle Initial) C. Mahesh P. Sardesai M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 18 / 2013 Transaction ID : C2289024
Mailing Address 1304 Fairstead Lane		Amount of Each Receipt this Period 83.30
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C	Name of Employer UPMC Shadyside	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

SUBTOTAL of Receipts This Page (optional).....▶	416.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph A. Scaniffe M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Glenmore Dr
 City Farmington State CT Zip Code 06032-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILFORD ANES ASSOC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 19 / 2013**
Transaction ID : C2293546
 Amount of Each Receipt this Period **1000.00**

B. John J. Schram D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18179 N. Fruitport Rd.
 City Spring Lake State MI Zip Code 49456-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Anesthesia Services, Muskego Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 08 / 2013**
Transaction ID : C2286798
 Amount of Each Receipt this Period **250.00**

C. Greg Schroeder M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2813 S. Saint Francis Lane
 City Sioux Falls State SD Zip Code 57103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates, Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2013**
Transaction ID : C2294018
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Daniel L. Schweissing M.B.,B.Ch.
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 La Goleta Way
 City Sacramento State CA Zip Code 95864-5219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente: Dept of Anesthesio Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 12 / 2013
Transaction ID : C2287197
 Amount of Each Receipt this Period 250.00

B. Douglas T. Sedlacek M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2250 Country Club Pkwy SE
 City Cedar Rapids State IA Zip Code 52403-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LINN COUNTY ANESTH Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 27 / 2013
Transaction ID : C2295700
 Amount of Each Receipt this Period 250.00

c. Aryeh Shander M.D., FCCM
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Myrtle Ave
 City Demarest State NJ Zip Code 07627-2222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Englewood Hospital and Medical Center Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 02 / 2013
Transaction ID : C2276968
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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. Fred E. Shapiro D.O.		Date of Receipt 03 / 01 / 2013 Transaction ID : C2275997
Mailing Address Department of Anesthesiology 330 Brookline Ave # F-407		Amount of Each Receipt this Period 83.30
City Boston	State MA	
Zip Code 02215-5400		Aggregate Year-to-Date ▼ 249.90
FEC ID number of contributing federal political committee. C		
Name of Employer Harvard Medical School	Occupation Assistant Professor of Anesthesia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John C. Shearer M.D.		Date of Receipt 03 / 29 / 2013 Transaction ID : C2296034
Mailing Address 23 Ridge Dr.		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	
Zip Code 35213		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Ambulatory anesthesia	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paul W. Sheeran M.D.		Date of Receipt 03 / 26 / 2013 Transaction ID : C2295222
Mailing Address 7433 Terrace St		Amount of Each Receipt this Period 1000.00
City Kansas City	State MO	
Zip Code 64114		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Kansas City	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Harry C. Sherman Jr., M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2013 Transaction ID : C2288494
Mailing Address 1007 Grove Rd., #B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Saadia Sherwani M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2013 Transaction ID : C2294013
Mailing Address 500 W Superior St Unit 1103		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60654-8138
FEC ID number of contributing federal political committee. C		
Name of Employer Northwestern Medical Faculty Foundatio	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Karen S. Sibert M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2013 Transaction ID : C2279071
Mailing Address 4146 Sunnyslope Ave.		Amount of Each Receipt this Period 83.34
City Sherman Oaks	State CA	Zip Code 91423
FEC ID number of contributing federal political committee. C		
Name of Employer Cedars-Sinai Medical Center Anes. Dept	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John D. Simmons M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 19750 Avondale Dr.
 City Brookfield State WI Zip Code 53045-3775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : C2288603
 Amount of Each Receipt this Period
500.00

B. Michael B. Simon M.D.
 Full Name (Last, First, Middle Initial)
 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 **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2279124
 Amount of Each Receipt this Period
83.30

C. Parvinder Singh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2011 Oaks Pl.
 City Arcadia State CA Zip Code 91006
 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 **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : C2281908
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	833.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 151
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Parvinder Singh M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2011 Oaks Pl.
 City Arcadia State CA Zip Code 91006
 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 **475.00**

Date of Receipt **03 / 22 / 2013**
Transaction ID : C2298134
 Amount of Each Receipt this Period **225.00**

B. Jonathan H. Slonin M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 SE Via Verona
 City Port Saint Lucie State FL Zip Code 34984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeamHealth Occupation Anesthesiologists
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 03 / 2013**
Transaction ID : C2277003
 Amount of Each Receipt this Period **83.30**

C. Robert H. Small M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 W 10th Ave
 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 **249.90**

Date of Receipt **03 / 13 / 2013**
Transaction ID : C2287957
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....	391.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 111 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 13 Afton Ave.

City Greenville State SC Zip Code 29601

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

Name of Employer Greenville Anmesthesciology, PA Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : C2288496

Amount of Each Receipt this Period
500.00

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

Mailing Address 1046 Lake Colony Ln

City 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 ▼ **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2013

Transaction ID : C2286701

Amount of Each Receipt this Period
83.30

Full Name (Last, First, Middle Initial)
C. Revonna J. Smith D.O.

Mailing Address 104 Pawley's Plantation Ct.

City Xenia State OH Zip Code 45385

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

Name of Employer MONT-GREEN ANES Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2013

Transaction ID : C2286253

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **833.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Trevor K. Smith M.D.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013 Transaction ID : C2288497
Mailing Address 12 Belfrey Dr.		Amount of Each Receipt this Period 500.00
City Greer	State SC	Zip Code 29650
FEC ID number of contributing federal political committee. C	Name of Employer Greenville Anesthesiology	Occupation ANESTHESIOLOGIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Steven T. Solby D.O.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013 Transaction ID : C2294674
Mailing Address 3407 Lake Creek Trl		Amount of Each Receipt this Period 250.00
City Mansfield	State TX	Zip Code 76063-5490
FEC ID number of contributing federal political committee. C	Name of Employer Arlington Division-Pinnacle Anesthesia	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael J. Souter M.B.,Ch.B.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2013 Transaction ID : C2287960
Mailing Address 325 9th Ave, Box 359724		Amount of Each Receipt this Period 83.30
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. C	Name of Employer Harborview Medical Center	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

SUBTOTAL of Receipts This Page (optional).....▶	833.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rosemarie Spillane M.D.		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : C2288602
Mailing Address 2707 Henderson Mountain Rd.		Amount of Each Receipt this Period 250.00
City Jasper	State GA	Zip Code 30143
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Brett M. Sprtel M.D.		Date of Receipt MM / DD / YYYY 03 / 09 / 2013 Transaction ID : C2288606
Mailing Address 11934 Crossing Deer Ct		Amount of Each Receipt this Period 83.30
City Roscommon	State MI	Zip Code 48653-7538
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Hospital Grayling Dept of Anesth	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

Full Name (Last, First, Middle Initial) C. James Stangl M.D.		Date of Receipt MM / DD / YYYY 03 / 14 / 2013 Transaction ID : C2288479
Mailing Address 314 Martin Luther King Jr Way # 30		Amount of Each Receipt this Period 83.30
City Tacoma	State WA	Zip Code 98405-4250
FEC ID number of contributing federal political committee. C		
Name of Employer Tacoma Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 151
<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. Erica Stein M.D.		Date of Receipt MM / DD / YYYY 03 / 05 / 2013 Transaction ID : C2279129
Mailing Address 410 W 10th Ave., Anes. Dept. N411 Doan Hall		Amount of Each Receipt this Period 83.30
City Columbus	State OH	
Zip Code 43210-1240		Aggregate Year-to-Date ▼ 249.90
FEC ID number of contributing federal political committee. C		
Name of Employer ohio state university	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steven P. Stein M.D.		Date of Receipt MM / DD / YYYY 03 / 06 / 2013 Transaction ID : C2281334
Mailing Address 18 Harbor Hill Dr		Amount of Each Receipt this Period 83.34
City Lloyd Harbor	State NY	
Zip Code 11743-1031		Aggregate Year-to-Date ▼ 333.36
FEC ID number of contributing federal political committee. C		
Name of Employer NAPA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steven P. Stein M.D.		Date of Receipt MM / DD / YYYY 03 / 06 / 2013 Transaction ID : C2281335
Mailing Address 18 Harbor Hill Dr		Amount of Each Receipt this Period 83.34
City Lloyd Harbor	State NY	
Zip Code 11743-1031		Aggregate Year-to-Date ▼ 333.36
FEC ID number of contributing federal political committee. C		
Name of Employer NAPA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John H. Stephenson M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2013 Transaction ID : C2276961
Mailing Address 5671 Peachtree Dunwoody Road Suite 530		Amount of Each Receipt this Period 83.30
City Atlanta State GA Zip Code 30342	FEC ID number of contributing federal political committee. C	
Name of Employer Physician Specialists in Anesthesia, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) B. John H. Stephenson M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2013 Transaction ID : C2288467
Mailing Address 5671 Peachtree Dunwoody Road Suite 530		Amount of Each Receipt this Period 83.30
City Atlanta State GA Zip Code 30342	FEC ID number of contributing federal political committee. C	
Name of Employer Physician Specialists in Anesthesia, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) C. Ronald E. Stevens M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2013 Transaction ID : C2296106
Mailing Address P.O. Box 2899		Amount of Each Receipt this Period 250.00
City Cheyenne State WY Zip Code 82003	FEC ID number of contributing federal political committee. C	
Name of Employer HIGH PLAINS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Samuel T. Stewart A.A.-C		Date of Receipt
Mailing Address 3615 Lester Court SW		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lilburn	GA	30247
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2281909
Name of Employer	Occupation	Amount of Each Receipt this Period
Emory University	Anesthesia Assistant	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Glen J. Strange Jr., M.D.		Date of Receipt
Mailing Address 5166 Colleton Way		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2295983
Name of Employer	Occupation	Amount of Each Receipt this Period
AMG	Physician	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Erin A Sullivan M.D., M.D.		Date of Receipt
Mailing Address Dept of Anes PUH C-224 200 Lothrop St.		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pittsburgh	PA	15213-2536
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C2277002
Name of Employer	Occupation	Amount of Each Receipt this Period
UPP Department of Anesthesiology	Anesthesiologist	<input type="text" value="83.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.90"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="433.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christopher R. Swayze M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2245 Houston Antioch Rd
 City Lexington State KY Zip Code 40516-9512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : C2288509
 Amount of Each Receipt this Period **250.00**

B. Steven L. Sween M.D.
 Full Name (Last, First, Middle Initial)
 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 **249.90**

Date of Receipt **03 / 07 / 2013**
Transaction ID : C2282951
 Amount of Each Receipt this Period **83.30**

c. Thomas H. Swygert M.D.
 Full Name (Last, First, Middle Initial)
 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 **249.90**

Date of Receipt **03 / 13 / 2013**
Transaction ID : C2287948
 Amount of Each Receipt this Period **83.30**

SUBTOTAL of Receipts This Page (optional).....▶	416.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 118 OF 151
(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. Samuel E. Talsma M.D.

Mailing Address 2110 Dorset Rd.

City State Zip Code
 Ann Arbor MI 48104

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

Name of Employer Occupation
 anesthesia assoc of ann arbor physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 249.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : C2282944

Amount of Each Receipt this Period
 83.30

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 South Oakland Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013

Transaction ID : C2295237

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
C. Jefferson B. Taylor M.D.

Mailing Address 3171 Green Valley Rd. Box #411

City State Zip Code
 Birmingham AL 35243

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

Name of Employer Occupation
 Anesthesia Resource Management, Inc. Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : C2288286

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher J. Teggatz M.D.		Date of Receipt MM / DD / YYYY 03 / 25 / 2013 Transaction ID : C2294503
Mailing Address 2905 Old Orchard Road NE		Amount of Each Receipt this Period 500.00
City Cedar Rapids	State IA	Zip Code 52402
FEC ID number of contributing federal political committee. C	Name of Employer Linn County Anesthesiologists	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Bijo J. Thomas M.D.		Date of Receipt MM / DD / YYYY 03 / 10 / 2013 Transaction ID : C2286849
Mailing Address 214 Rolling Hills Dr.		Amount of Each Receipt this Period 500.00
City Wexford	State PA	Zip Code 15090
FEC ID number of contributing federal political committee. C	Name of Employer Ohio Valley General Hospital	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Kyle Thompson M.D.		Date of Receipt MM / DD / YYYY 03 / 30 / 2013 Transaction ID : C2296056
Mailing Address 333 W Hampden Ave #600		Amount of Each Receipt this Period 83.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul D. Thompson M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2101 Snow Rd

City Orlando State FL Zip Code 32814-6556

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 03 / 18 / 2013
Transaction ID : C2289014

Amount of Each Receipt this Period 500.00

B. Robert W. Thomsen M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 157 Brandon Rd

City Baltimore State MD Zip Code 21212-1128

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

Name of Employer Johns Hopkins University School of Med Occupation Director of Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2013
Transaction ID : C2296038

Amount of Each Receipt this Period 1000.00

C. Michael J. Tomlin M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 13111 Penneagle Dr

City Carmel State IN Zip Code 46033-9122

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

Name of Employer NORTHSIDE ANES SER Occupation ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2013
Transaction ID : C2278603

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Beth Ann A. Traylor M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5303 James Ct
 City Carmel State IN Zip Code 46033-9158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : C2278602
 Amount of Each Receipt this Period
250.00

B. Christopher A. Troianos M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Heights Dr
 City Gibsonia State PA Zip Code 15044-6032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Health Network Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : C2279122
 Amount of Each Receipt this Period
83.30

C. Craig A. Troop M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Augusta Dr
 City Frisco State TX Zip Code 75034-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Anesthesia Consultant Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : C2292175
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **583.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Rebecca Twersky M.D., M.P.
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Clarkson Ave Box #6
 City Brooklyn State NY Zip Code 11203-2012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY Downstate Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.90**

Date of Receipt **03 / 02 / 2013**
Transaction ID : C2276963
 Amount of Each Receipt this Period **83.30**

B. Gary F. Tzeng M.D.
 Full Name (Last, First, Middle Initial)
 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 **249.90**

Date of Receipt **03 / 17 / 2013**
Transaction ID : C2289989
 Amount of Each Receipt this Period **83.30**

C. Mathew R. Van Vleck M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 Lincolnshire Dr.
 City Rochester Hills State MI Zip Code 48309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOAA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 18 / 2013**
Transaction ID : C2289029
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **266.60**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 151
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David Varlotta D.O.
 Full Name (Last, First, Middle Initial)
 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 ▼ 416.50

Date of Receipt
 03 / 05 / 2013
Transaction ID : C2279132
 Amount of Each Receipt this Period
 83.30

B. David Varlotta D.O.
 Full Name (Last, First, Middle Initial)
 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 ▼ 416.50

Date of Receipt
 03 / 16 / 2013
Transaction ID : C228960
 Amount of Each Receipt this Period
 83.30

C. Hector Vila Jr., M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 W Azeele St
 City Tampa State FL Zip Code 33609-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hector Vila Jr MD PA Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.90

Date of Receipt
 03 / 14 / 2013
Transaction ID : C2288472
 Amount of Each Receipt this Period
 83.30

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. J. Michael Vollers M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Childrens Way
 Slot 203, S-319
 City Little Rock State AR Zip Code 72202-3510
 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 **249.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2287950
 Amount of Each Receipt this Period
83.30

B. Gennadiy Voronov M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2272 Dehne Rd
 City Northbrook State IL Zip Code 60062-6080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John H. Stroger, Jr. Hospital of Cook Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : C2296025
 Amount of Each Receipt this Period
250.00

c. Craig R. Wagner D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Wayside Ln.
 City Haddonfield State NJ Zip Code 08033-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer south jersey anesthesia and pain physi Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : C2294666
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	583.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lance W. Wagner M.D.		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : C2288632
Mailing Address 150 55th St		Amount of Each Receipt this Period 100.00
City Brooklyn	State NY	Zip Code 11220-2559
FEC ID number of contributing federal political committee. C	Name of Employer Lutheran Medical Center	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Benjamin H. Walker M.D.		Date of Receipt MM / DD / YYYY 03 / 01 / 2013 Transaction ID : C2278604
Mailing Address 2009 Country Ridge Cir.		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35243-4306
FEC ID number of contributing federal political committee. C	Name of Employer SPS, PC	Occupation MD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Harper R. Ward M.D.		Date of Receipt MM / DD / YYYY 03 / 16 / 2013 Transaction ID : C2288971
Mailing Address 2300 Belleview Ter		Amount of Each Receipt this Period 250.00
City Oklahoma City	State OK	Zip Code 73112-7741
FEC ID number of contributing federal political committee. C	Name of Employer Harper R Ward MD PLLC	Occupation Attending
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William P. Ware D.O.		Date of Receipt MM / DD / YYYY 03 / 19 / 2013 Transaction ID : C2293679
Mailing Address 9849 Wynchase Cir		Amount of Each Receipt this Period 500.00
City Montgomery	State AL	Zip Code 36117-5185
FEC ID number of contributing federal political committee. C		
Name of Employer Ambulatory Anesthesia Assoc	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ivan Jared Weiner M.D.		Date of Receipt MM / DD / YYYY 03 / 04 / 2013 Transaction ID : C2277058
Mailing Address 10527 Emerald Chase Dr		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

Full Name (Last, First, Middle Initial) C. Ivan Jared Weiner M.D.		Date of Receipt MM / DD / YYYY 03 / 30 / 2013 Transaction ID : C2296047
Mailing Address 10527 Emerald Chase Dr		Amount of Each Receipt this Period 83.30
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 151
<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.		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 Transaction ID : C2287171
Mailing Address 960 Royal Arms Dr		Amount of Each Receipt this Period 83.30
City Girard	State OH	Zip Code 44420
FEC ID number of contributing federal political committee. C		
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) B. Alan Weiss M.D.		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : C2288630
Mailing Address 960 Royal Arms Dr		Amount of Each Receipt this Period 83.30
City Girard	State OH	Zip Code 44420
FEC ID number of contributing federal political committee. C		
Name of Employer Bel-Park Anes. Assoc. Inc.	Occupation anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.80	

Full Name (Last, First, Middle Initial) C. Gregory L. Whitaker D.O.		Date of Receipt MM / DD / YYYY 03 / 03 / 2013 Transaction ID : C2276994
Mailing Address 1228 E Baltimore Dr		Amount of Each Receipt this Period 83.30
City El Paso	State TX	Zip Code 79902-2121
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.90	

SUBTOTAL of Receipts This Page (optional).....▶	249.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 151
<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 S. Whittington M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2013 Transaction ID : C2295240
Mailing Address 23 Circle Dr NE		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	Zip Code 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Randall D. Wilhoit M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2013 Transaction ID : C2288498
Mailing Address 1007 Grove Rd., #B		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Anesthesiology, PA	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gisele C. Wilke M.D.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2013 Transaction ID : C2294501
Mailing Address 6839 S Canton Ave		Amount of Each Receipt this Period 1000.00
City Tulsa	State OK	Zip Code 74136-3402
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Anesthesiologists	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patrick Williams M.D.		Date of Receipt
Mailing Address 1007 Grove Rd # B		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Greenville	State SC	Zip Code 29605-4630
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2288501
Name of Employer Greenville Anesthesiology,P.A.		Amount of Each Receipt this Period
Occupation ANESTHESIOLOGIST		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. David J. Wlody M.D.		Date of Receipt
Mailing Address 210 W. 107th St., Apt. 6C		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2276959
Name of Employer SUNY-Downstate Medical Center		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.90"/>	

Full Name (Last, First, Middle Initial) C. Granville B. Work M.D.		Date of Receipt
Mailing Address 3749 Lynnfield Dr		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Virginia Beach	State VA	Zip Code 23452-4721
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2286826
Name of Employer Sentara Norfolk General Hospital		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="83.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.90"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="666.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 151
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jonathan P. Wright M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288503
 Amount of Each Receipt this Period
 500.00

B. Kamala A. Wright M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7878 Underwood Rdg
 City Traverse City State MI Zip Code 49686-1679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Traverse Anesthesia Associates Occupation Anesthesiologist chronic pain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : C2287144
 Amount of Each Receipt this Period
 250.00

C. Inho Yoon M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 Grove Rd # B
 Greenville Anesthesiology
 City Greenville State SC Zip Code 29605-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Anesthesiology Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : C2288504
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 131 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael P. Zygmunt M.D.

Mailing Address 1S413 Chase Ave

City Lombard State IL Zip Code 60148-5066

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

Name of Employer **ELMHURST ANESTH** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : C2295687

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	95455.13

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

003

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Credit Card Merchant

State:

District:

Date of Disbursement

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

Transaction ID : D144941

Amount of Each Disbursement this Period

3	1	5	1	.	9	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

3	1	5	1	.	9	0
---	---	---	---	---	---	---

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

3	1	5	1	.	9	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. HELLERHIGHWATER PAC

Mailing Address PO BOX 37062

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144906

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement
2014 Special Primary Contribution

011

Category/
Type

Candidate Name

Mr. Jason Smith

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 08 Special

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144928

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JET PAC

Mailing Address PO BOX 2385

City Ottawa State IL Zip Code 61350

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: 2013 Contribution

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144927

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address P.O. BOX 1872

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
2013 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2013

Transaction ID : D144940

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Mr. Marc Allison Veasey

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2013

Transaction ID : D144888

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Alan Lowenthal

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144929

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144910

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANDY BARR FOR CONGRESS, INC.

Mailing Address PO BOX 2059

City State Zip Code
LEXINGTON KY 40588

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Andy Andy Barr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2013

Transaction ID : D144932

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City State Zip Code
Annapolis MD 21404

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Andy Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144914

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City State Zip Code
BALLWIN MO 63022

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Ann Wagner

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : D144907

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR BEN

Mailing Address PO Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Ben Ray Lujan

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : D144922

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Bill Cassidy

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : D144913

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Bill Owens

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

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

Transaction ID : D144896

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City State Zip Code
Totowa NJ 07511

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

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

Transaction ID : D144911

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR RUSH

Mailing Address P. O. Box 7292

City State Zip Code
CHICAGO IL 60680

Purpose of Disbursement
2014 Primary Contribution

011

Category/
Type

Candidate Name

Rep. Bobby L. Rush

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

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

Transaction ID : D144892

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

6	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Cheri Bustos

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144901

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Chris Collins

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2013

Transaction ID : D144887

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BENISHEK FOR CONGRESS

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Dan Benishek

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144899

Amount of Each Disbursement this Period

2000.00

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

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

9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue

City Midland State MI Zip Code 48640

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

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

Transaction ID : D144894

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
2014 Convention Contribution

011

Candidate Name

Rep. Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Convention

State: CT District: 05

Date of Disbursement

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

Transaction ID : D144904

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Greg Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

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

Transaction ID : D144917

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Henry A. Waxman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144890

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street

City Laredo State TX Zip Code 78042

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Henry Cuellar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2013

Transaction ID : D144885

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street

City Laredo State TX Zip Code 78042

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Henry Cuellar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144909

Amount of Each Disbursement this Period

1500.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HUFFMAN FOR CONGRESS 2014

Mailing Address P.O. BOX 151563

City State Zip Code
SAN RAFAEL CA 94915

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
Rep. Jared Huffman

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2013

Transaction ID : D144933

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City State Zip Code
SALT LAKE CITY UT 84152

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
Rep. Jim Matheson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2013

Transaction ID : D144918

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO BOX 21786

City State Zip Code
SEATTLE WA 98111

Purpose of Disbursement
2014 Primary Contribution

Candidate Name
Rep. Jim McDermott

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2013

Transaction ID : D144925

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 Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City SAN ANTONIO State TX Zip Code 78292

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Joaquin Castro

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144900

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Joe Heck

Category/
Type

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2013

Transaction ID : D144886

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Joe Pitts

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144891

Amount of Each Disbursement this Period

2000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City ATLANTA State GA Zip Code 30301

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. John Lewis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144897

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144912

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MARK POCAN FOR CONGRESS

Mailing Address 309 N BALDWIN ST

City MADISON State WI Zip Code 53703

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144924

Amount of Each Disbursement this Period

1500.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SALMON FOR CONGRESS

Mailing Address PO BOX 1290

City MESA State AZ Zip Code 85211

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Matt Salmon

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144926

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ROGERS FOR CONGRESS

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Mike Rogers

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144908

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PAUL GOSAR FOR CONGRESS

Mailing Address 2222 E. Cedar Ave.

City Flagstaff State AZ Zip Code 86004

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Paul Gosar

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144921

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. GINGREY FOR CONGRESS

Mailing Address PO Box U

City State Zip Code
Marietta GA 30060

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Rep. Phil Gingrey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : D144893

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RANDY HULTGREN FOR CONGRESS

Mailing Address PO Box 39

City State Zip Code
Batavia IL 60510

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Randy Hultgren

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2013

Transaction ID : D144934

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City State Zip Code
CONCORD NC 28027

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Richard Hudson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : D144923

Amount of Each Disbursement this Period

5000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RON BARBER FOR CONGRESS

Mailing Address PO BOX 57715

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Ron Barber

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : D144903

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : D144920

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF FARR

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name
Rep. Sam Farr

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : D144919

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SHELLEY MOORE CAPITO FOR SENATE

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Shelley Moore Capito

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144902

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144916

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City ROLLING MEADOWS State IL Zip Code 60008

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144930

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR CONGRESS

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144898

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2014 Primary Contribution

Category/
Type

Candidate Name

Rep. Tom Price

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2013

Transaction ID : D145125

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CLAY JR. FOR CONGRESS

Mailing Address P.O. BOX 4544

City ST. LOUIS State MO Zip Code 63108

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. William Lacy Clay

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2013

Transaction ID : D144915

Amount of Each Disbursement this Period

1500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Sen. Bob Corker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

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

Transaction ID : D144895

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MCCASKILL FOR MISSOURI 2012

Mailing Address 700 13TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Sen. Claire McCaskill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

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

Transaction ID : D144935

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Sen. Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

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

Transaction ID : D144889

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	4	1	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. ANESTHESIOLOGISTS ASSOCIATED, PC POLITICAL ACTION COMMITTEE

Mailing Address 2341 McCallie Ave
PO BOX 3549

City Chattanooga State TN Zip Code 37404-3231

Purpose of Disbursement
Refund of 12/31/12 Contribution

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Refund of 12/31/12

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144950

Amount of Each Disbursement this Period

21440.00

Full Name (Last, First, Middle Initial)

B. Critical Health Systems of South Carolina

Mailing Address P.O. Box 18139

City Raleigh State NC Zip Code 27619

Purpose of Disbursement
Refund of 12/31/12 Contribution

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Refund of 12/31/12

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : D144948

Amount of Each Disbursement this Period

4575.08

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

26015.08

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

26015.08

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB29**

Transaction ID : **D144950**

This contribution was deposited by ASA financial staff by error and was not entered into the AS PAC disclosure software. This refund was issued within eight days of discovery by PAC staff.

Form/Schedule: **SB29**

Transaction ID: **D144948**

This contribution was deposited by ASA financial staff by error and was not entered into the ASA PAC disclosure software. This refund was issued within eight days of discovery by PAC staff.