

**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"/>		<input type="text" value="1716551.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1716551.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="73366.73"/>	<input type="text" value="73366.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1789918.24"/>	<input type="text" value="1789918.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60725.98"/>	<input type="text" value="60725.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1729192.26"/>	<input type="text" value="1729192.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 01 / 01 / 2013 To: 01 / 31 / 2013

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).....	39025.00	39025.00
(ii) Unitemized	29341.73	29341.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	68366.73	68366.73
(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)	68366.73	68366.73
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.....	5000.00	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))..... ▶	73366.73	73366.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73366.73	73366.73

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1225.98	1225.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1225.98	1225.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	34500.00
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	25000.00	25000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60725.98	60725.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60725.98	60725.98

DETAILED SUMMARY PAGE
of Disbursements

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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)	68366.73	68366.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68366.73	68366.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1225.98	1225.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1225.98	1225.98

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Sivasenthil Arumugam M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Woodland St
 City Hartford State CT Zip Code 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodland Anesthesiology Assoc. Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 25 / 2013**
Transaction ID : C1913461
 Amount of Each Receipt this Period **500.00**

B. Mark J Baade D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11530 Hidden Spring Trail
 City Dewitt State MI Zip Code 48820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ingham Regional Medical Center Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 02 / 2013**
Transaction ID : C1890790
 Amount of Each Receipt this Period **250.00**

C. Leah Baron M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Cardinal Ridge Rd
 City Medford State NJ Zip Code 08055-8322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology, Burlington Ane Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : C1904327
 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: PAGE 7 OF 43
(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. John Patrick F. Bebawy M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 Kenilworth Ave
 City Kenilworth State IL Zip Code 60043-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Memorial Hospital Anesthe 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
 01 / 29 / 2013
Transaction ID : C1917719
 Amount of Each Receipt this Period
 250.00

B. Jeffrey S. Berger M.D., M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 23rd St. NW Suite G-2092
 City Washington State DC Zip Code 20037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Faculty Associates Occupation Associate Professor of Anesthesiology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 23 / 2013
Transaction ID : C1910520
 Amount of Each Receipt this Period
 500.00

C. John J. Breth M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5348 West 100th street
 City Overland Park State KS Zip Code 66207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Chartered 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
 01 / 20 / 2013
Transaction ID : C1905377
 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: PAGE 8 OF 43
(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. Cameron E. Burrup M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5135 Pebble Road NW
 City Albuquerque State NM Zip Code 87114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of New Mexico Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2013
Transaction ID : C1899805
 Amount of Each Receipt this Period
 250.00

B. Asokumar Buvanendran M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 E Birchwood Ave
 City Hinsdale State IL Zip Code 60521-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush University Medical College Anes. Occupation Doctor
 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
 01 / 31 / 2013
Transaction ID : C1918850
 Amount of Each Receipt this Period
 500.00

C. Brian M. Cadre M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3019 N Huntington Dr
 City Arlington Heights State IL Zip Code 60004-1638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Suburban Anesth., Ltd. 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
 01 / 26 / 2013
Transaction ID : C1913512
 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: PAGE 9 OF 43
(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. Marino Camaioni M.D.

Mailing Address 9317 S. Alder Dr.

City State Zip Code
Tempe AZ 85284-3367

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

Name of Employer Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2013

Transaction ID : C1913542

Amount of Each Receipt this Period
225.00

Full Name (Last, First, Middle Initial)
B. Curtis A. Carl M.D.

Mailing Address Sparrow Professional Building, Sui
1200 E. Michigan Ave

City State Zip Code
Lansing MI 48912

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

Name of Employer Occupation
Physician Anesthesia Service 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
01 / 02 / 2013

Transaction ID : C1890789

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Wei Chao M.D.

Mailing Address 583 Kamoku Street
Apt 3807

City State Zip Code
Honolulu HI 96826

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

Name of Employer Occupation
self anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2013

Transaction ID : C1913531

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **725.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
<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. Mark D'Agostino M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8714 Woolworth Ave
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer nebraska methodist hospital Occupation anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 29 / 2013**
Transaction ID : C1917741
 Amount of Each Receipt this Period **500.00**

B. David F. Davis III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4242 Medical Dr., Suite #3100 Tejas Anesthesia
 City San Antonio State TX Zip Code 78229-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tejas Anesthesia Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 02 / 2013**
Transaction ID : C1890767
 Amount of Each Receipt this Period **500.00**

C. Sandy R. Dillard M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 Rutland Court
 City Wichita State KS Zip Code 67206
 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 **01 / 23 / 2013**
Transaction ID : C1910678
 Amount of Each Receipt this Period **500.00**

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 12 OF 43
	<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. Mark A. Eggen M.D.

Mailing Address 5980 Robin Oak Ct

City Saint Paul State MN Zip Code 55126-9122

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

Name of Employer Metropolitan Anesthesia Network Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2013

Transaction ID : C1900397

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Tate J. Egger D.O.

Mailing Address 4916 Sugar Bush Ln

City Holt State MI Zip Code 48842-1946

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 / D D / Y Y Y Y Y Y
01 / 02 / 2013

Transaction ID : C1890787

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Imu A. Esmail M.D.

Mailing Address 13200 Primrose Ln

City Dewitt State MI Zip Code 48820-8164

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

Name of Employer Self Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 02 / 2013

Transaction ID : C1890773

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 13 OF 43
<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 D. Everett M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3814 Hemmingway Dr
 City Okemos State MI Zip Code 48864-3835
 Name of Employer Physician Anesthesia Service, P.C. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 02 / 2013
Transaction ID : C1890785
 Amount of Each Receipt this Period 250.00

B. Lisa C. W. Ferguson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4111 Heritage Trl
 City Terre Haute State IN Zip Code 47803-1368
 Name of Employer self Occupation consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2013
Transaction ID : C1905381
 Amount of Each Receipt this Period 1000.00

C. Victor S. Ferguson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4111 Heritage Trl
 City Terre Haute State IN Zip Code 47803-1368
 Name of Employer self Occupation consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 20 / 2013
Transaction ID : C1905378
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 14 OF 43
	<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. Terry Fletcher M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Marshall St., #203
 City Little Rock State AR Zip Code 72202-3591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arkansas Childrens Hospital Pediatric 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
 01 / 31 / 2013
Transaction ID : C1919036
 Amount of Each Receipt this Period
250.00

B. Wayne M. Fong MD M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 1st Ave Apt 27H
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Slope Anesthesia Associates, P.C. Occupation MEDICAL DOCTOR 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
 01 / 27 / 2013
Transaction ID : C1913563
 Amount of Each Receipt this Period
250.00

C. Michael C. Garbaccio M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 E Michigan Ave Ste 370
 City Lansing State MI Zip Code 48912-1897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Anesthesia Service 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
 01 / 02 / 2013
Transaction ID : C1890784
 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 15 OF 43
	<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. Rajeev Garg M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 112 W Wild Cherry Dr
City Mars State PA Zip Code 16046-4048
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Pittsburgh Medical Centre Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 29 / 2013**
Transaction ID : C1917746
Amount of Each Receipt this Period **500.00**

B. Grant K. Gillen M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 266 Walnut St
City New Orleans State LA Zip Code 70118-4832
FEC ID number of contributing federal political committee. **C**
Name of Employer PMC Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 26 / 2013**
Transaction ID : C1913524
Amount of Each Receipt this Period **500.00**

C. Lawrence H. Goldstein M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 260 W Peachtree St
City Norcross State GA Zip Code 30071-2053
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 **250.00**

Date of Receipt **01 / 28 / 2013**
Transaction ID : C1914488
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: PAGE 16 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert B. Goldstein M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3470 Devon Pnes
 City Keswick State VA Zip Code 22947-9175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Virginia 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
 01 / 18 / 2013
Transaction ID : C1903804
 Amount of Each Receipt this Period
 250.00

B. Leonid I. Gorelik M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 E. Michigan Ave., Ste. 370
 City Lansing State MI Zip Code 48912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physian Anesthesia Service Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : C1890783
 Amount of Each Receipt this Period
 250.00

C. James M. Green M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 734 Lindwood Dr
 City Greensburg State PA Zip Code 15601-7711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westmoreland Regional Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2013
Transaction ID : C1913583
 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 17 OF 43
	<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. Alina M Grigore M.D.		Date of Receipt MM / DD / YYYY 01 / 28 / 2013 Transaction ID : C1913601
Mailing Address 8 Deep Run Ct		Amount of Each Receipt this Period 250.00
City Cockeysville	State MD	Zip Code 21030-1600
FEC ID number of contributing federal political committee. C		
Name of Employer University of Maryland Medical School	Occupation Cardiovascular 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. Francisco Grinberg M.D.		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : C1918851
Mailing Address 41 Pinnacle Dr		Amount of Each Receipt this Period 250.00
City South Burlington	State VT	Zip Code 05403-7914
FEC ID number of contributing federal political committee. C		
Name of Employer UVM	Occupation MD- 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. Brian C. Hales M.D.		Date of Receipt MM / DD / YYYY 01 / 29 / 2013 Transaction ID : C1915855
Mailing Address 204 N 2350 E		Amount of Each Receipt this Period 250.00
City Layton	State UT	Zip Code 84040-3101
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 18 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. David 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 Southern Arizona Anesthesia Occupation anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2013
Transaction ID : C1898472
 Amount of Each Receipt this Period
 300.00

B. Nancy W. High M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1390 Lake Josephine Dr.
 City Sebring State FL Zip Code 33875-6410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Heartland Medical Cen Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : C1911778
 Amount of Each Receipt this Period
 1000.00

C. Glen E. Holley M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Peninsula Dr.
 City Flower Mound State TX Zip Code 75022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Anesthesia Consultants 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
 01 / 17 / 2013
Transaction ID : C1902367
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00
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 19 OF 43
<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. Hobson W. Hornbuckle Jr.,M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 490 Harrison Rd
 City State Zip Code
 Roebuck SC 29376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 spartanburg regional 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
 01 / 23 / 2013
Transaction ID : C1910516
 Amount of Each Receipt this Period
 250.00

B. Ryan Hulver D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3719 S Atlanta Pl
 City State Zip Code
 Tulsa OK 74105-3526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hillcrest Medical Center 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
 01 / 30 / 2013
Transaction ID : C1918451
 Amount of Each Receipt this Period
 500.00

C. Anthony Iarussi M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1438 Dyer Ave
 City State Zip Code
 Cincinnati OH 45230-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anesthesia Group Practice Bethesda Nor 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
 01 / 16 / 2013
Transaction ID : C1900393
 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 20 OF 43
	<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. Jeffrey M. Jekot M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3804 Woodcutters Way
 City Austin State TX Zip Code 78746-1543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDNAX Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2013
Transaction ID : C1913584
 Amount of Each Receipt this Period
 1000.00

B. Joseph J. Kochan III, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 E Michigan Ave Ste 370
 City Lansing State MI Zip Code 48912-1897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Anesthesia Service, P.C. Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : C1890782
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : C1890780
 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 21 OF 43
	<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. Charles B. Levine M.D.		Date of Receipt 01 / 27 / 2013 Transaction ID : C1913581
Mailing Address 755 Oakwood Dr.		Amount of Each Receipt this Period 250.00
City Red Lion	State PA	Zip Code 17356-9093
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of York, PA	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. Wenshu Liu M.D.		Date of Receipt 01 / 02 / 2013 Transaction ID : C1890779
Mailing Address 1783 Elk Ln.		Amount of Each Receipt this Period 250.00
City Okemos	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) c. Alys L. Long D.O.		Date of Receipt 01 / 02 / 2013 Transaction ID : C1890793
Mailing Address 5401 Billwood Hwy		Amount of Each Receipt this Period 250.00
City Pottersville	State MI	Zip Code 48876-8735
FEC ID number of contributing federal political committee. C		
Name of Employer Ingham Regional Med Ctr	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 22 OF 43
	<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. Katarzyna Luba M.D.		Date of Receipt
Mailing Address University of Chicago Dept.of Anes 5841 S. Maryland Ave Box 4028		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60637
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1918846
Name of Employer University of Chicago		Amount of Each Receipt this Period
Occupation physician anesthesiologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) B. Jason P. Lujan M.D.		Date of Receipt
Mailing Address 3626 Ruffin Rd		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City San Diego	State CA	Zip Code 92123-1810
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1913533
Name of Employer Anesthesia Service Medical Group		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) C. Maria J. Mack M.D.		Date of Receipt
Mailing Address 7514 91st Ave SW		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Tacoma	State WA	Zip Code 98498-3941
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1913535
Name of Employer St. Joseph Med. Ctr.		Amount of Each Receipt this Period
Occupation anesthesiologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
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 23 OF 43
	<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. Randall J. Malchow B.S., M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 9137 Concord Hunt Cir

City State Zip Code
Brentwood TN 37027-8762

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

Name of Employer Occupation
Vanderbilt University Med 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
01 / 11 / 2013
Transaction ID : C1898443

Amount of Each Receipt this Period
500.00

B. Michael J. Marcovitz M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 4483 Ford Rd.

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Occupation
Anesthesia Associates of Ann Arbor, P. 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
01 / 09 / 2013
Transaction ID : C1897973

Amount of Each Receipt this Period
250.00

C. Wayne K. Marshall M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 691 Olde Ventura Farm Rd

City State Zip Code
Hummelstown PA 17036-8501

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

Name of Employer Occupation
Riverside Anesthesia Associates, Ltd. 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
01 / 27 / 2013
Transaction ID : C1913545

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 24 OF 43
	<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. Alfred J. Martello M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4912 Nobles Pond Dr. NW
 City State Zip Code
 Canton OH 44718-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Anesthesia Group 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
 01 / 26 / 2013
Transaction ID : C1913519
 Amount of Each Receipt this Period
 500.00

B. Veronica L. Massey M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11811 Shire Wycliffe Ct.
 City State Zip Code
 Tampa FL 33626-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Gulf To Bay Anesthesiology Physician
 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
 01 / 21 / 2013
Transaction ID : C1905510
 Amount of Each Receipt this Period
 1000.00

C. Jerry S. Matsumura M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 18124 Wedge Parkway, Suite 232
 City State Zip Code
 Reno NV 89511-8134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self physican
 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
 01 / 25 / 2013
Transaction ID : C1913487
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 25 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jason S. Mitchell M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1748 Primrose Lane
 City State Zip Code
 Glenview IL 60026-7766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer northshore university healthsystem 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
 01 / 29 / 2013
Transaction ID : C1914526
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : C1890791
 Amount of Each Receipt this Period
 250.00

c. Partha S. Mookerjee M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 E Michigan Ave Ste 370
 City State Zip Code
 Lansing MI 48912-1897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Anesthesia Service, PC Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : C1890778
 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 26 OF 43
<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 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : C1896326
 Amount of Each Receipt this Period
 250.00

B. Ajay Nath M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Barclay Ct.
 City Somerset State NJ Zip Code 08873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Consultants of NJ Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2013
Transaction ID : C1913546
 Amount of Each Receipt this Period
 500.00

C. Krystof J. Neumann M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Country View Ter
 City Brockport State NY Zip Code 14420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Rochester Medical Center 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
 01 / 20 / 2013
Transaction ID : C1905363
 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: PAGE 27 OF 43
(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. Daniel G. Nicoli M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5540 Tanglewood Dr.
 City Ann Arbor State MI Zip Code 48105-9549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of Ann Arbor 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
 01 / 26 / 2013
Transaction ID : C1913513
 Amount of Each Receipt this Period
 500.00

B. Matthew P. Norcia M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11100 Euclid Ave Bolwell Suite 2400
 City Cleveland State OH Zip Code 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospitals of Cleveland 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
 01 / 24 / 2013
Transaction ID : C1911218
 Amount of Each Receipt this Period
 500.00

C. William C. Nordlie M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12067 N 135th Way
 City Scottsdale State AZ Zip Code 85259-3653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Anes. Consultants, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : C1918448
 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: (check only one)	PAGE 28 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael O'Connor D.O., M.P.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2388 Lalemant Rd
 City State Zip Code
 University Heights OH 44118
 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
 01 / 23 / 2013
Transaction ID : C1909395
 Amount of Each Receipt this Period
 250.00

B. John J. Olson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 Yahara Pl
 City State Zip Code
 Madison WI 53704-5557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Madison Anesthesiology Consultants 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
 01 / 26 / 2013
Transaction ID : C1913511
 Amount of Each Receipt this Period
 500.00

C. Udaya Padakandla M.B.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4449 Young Dr.
 City State Zip Code
 Carrollton TX 75010-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pinnacle Anesthesia Consultants 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
 01 / 19 / 2013
Transaction ID : C1905362
 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 29 OF 43
	<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. Edelberto C. Perez M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5322 N Magnolia Ave
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lutheran General Hospital Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 29 / 2013**
Transaction ID : C1917737
 Amount of Each Receipt this Period **500.00**

B. Patricia M. Perry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 Bartram Rd
 City Riverside State IL Zip Code 60546-1886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush University Anesthesiologists Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 31 / 2013**
Transaction ID : C1918873
 Amount of Each Receipt this Period **250.00**

C. William P. Peterson M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3704 Fairhills Dr.
 City Okemos State MI Zip Code 48864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PHYS ANES SERV Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 02 / 2013**
Transaction ID : C1890794
 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 30 OF 43
<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. Thomas J. Petrou M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5105 Madison Ave Apt B2
 City Okemos State MI Zip Code 48864-5125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : C1890795
 Amount of Each Receipt this Period
 250.00

B. Jacqueline Poleet M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Sezanne Ct.
 City Little Rock State AR Zip Code 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Little Rock Anesthesia Services Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2013
Transaction ID : C1907068
 Amount of Each Receipt this Period
 250.00

C. Hugh M. Pratt M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Point Fosdick Circle, NW
 City Gig Harbor State WA Zip Code 98335-7818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rainier Anesthesia Assoc. 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
 01 / 26 / 2013
Transaction ID : C1913537
 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 31 OF 43
<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. Jaroslaw Przybyl M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 25W274 Salem Ave.
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer Edward Hospital Dept. of Anesthesia 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
01 / 31 / 2013
Transaction ID : C1918454
Amount of Each Receipt this Period
250.00

B. Martin Read M.D.
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7507
City Colorado Springs State CO Zip Code 80933-7507
FEC ID number of contributing federal political committee. **C**
Name of Employer Pikes Peak Anesthesia Associates Occupation Anesthesiologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2013
Transaction ID : C1913516
Amount of Each Receipt this Period
250.00

C. Cody Reeves M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 540 Jordan St
City Nevada City State CA Zip Code 95959-2718
FEC ID number of contributing federal political committee. **C**
Name of Employer Sierra Nevada Memorial Hospital Dept. 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
01 / 25 / 2013
Transaction ID : C1913459
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 32 OF 43
	<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. George F. Rich M.D.		Date of Receipt 01 / 30 / 2013 Transaction ID : C1917772
Mailing Address Anesthesia Department Box 800710		Amount of Each Receipt this Period 250.00
City Charlottesville	State VA	
Zip Code 22908-0710		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer University of Virginia Health Sciences	Occupation ANESTHESIOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Rinando ,PACBuilde		Date of Receipt 01 / 08 / 2013 Transaction ID : C1897483
Mailing Address 3502 Yupon St.		Amount of Each Receipt this Period 250.00
City Houston	State TX	
Zip Code 77006		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Select Anesthesia Services	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Melanie J. Robinson-Woodard M.D.		Date of Receipt 01 / 02 / 2013 Transaction ID : C1890777
Mailing Address 4060 Springer Way Apt 1823		Amount of Each Receipt this Period 250.00
City East Lansing	State MI	
Zip Code 48823-8340		Aggregate Year-to-Date ▼ 250.00
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) ▼		

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 33 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David M. Rothenberg M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 861 Kimball Rd
 City Highland Park State IL Zip Code 60035-3618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush University Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 31 / 2013**
Transaction ID : C1918467
 Amount of Each Receipt this Period **500.00**

B. Brian C. Schander M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2624 Winter Park Dr.
 City Naperville State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUPAGE VALLEY ANES Occupation ANESTHESIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 02 / 2013**
Transaction ID : C1890768
 Amount of Each Receipt this Period **250.00**

c. Thomas F. Slaughter M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Anesthesiology Medical Center Boulevard
 City Winston-Salem State NC Zip Code 27157-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 17 / 2013**
Transaction ID : C1902197
 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 34 OF 43
<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. Gail L. Smith M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 6875 Ann Arbor Saline Rd.

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

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

Name of Employer Physician Anesthesia Services	Occupation ANESTHESIOLOGIST
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2013

Transaction ID : C1890792

Amount of Each Receipt this Period
250.00

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

Mailing Address 1116 E Republic Circle

City Salina	State KS	Zip Code 67401
----------------	-------------	-------------------

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

Name of Employer Anesthesia Associates of Central KS	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
01	/	26	/	2013

Transaction ID : C1913520

Amount of Each Receipt this Period
1000.00

C. Jose R. Soberon M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Ridgeway Dr

City Metairie	State LA	Zip Code 70002-1832
------------------	-------------	------------------------

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

Name of Employer Ochsner Clinic Foundation	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2013

Transaction ID : C1914495

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 43
	<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. P. Greg St. Claire M.D.		Date of Receipt
Mailing Address 3049 Summergate Lane		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Okemos	MI	48864-5919
FEC ID number of contributing federal political committee.		Transaction ID : C1890776
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Physician Anesthesia Services	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Aimee D. Stotz D.O.		Date of Receipt
Mailing Address 5079 W. Catalpa		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60630
FEC ID number of contributing federal political committee.		Transaction ID : C1918877
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Anesthesia Consultants, Ltd.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Damon A. Templeton M.D.		Date of Receipt
Mailing Address 3507 Lakestone Ct.		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Martinez	GA	30907
FEC ID number of contributing federal political committee.		Transaction ID : C1917736
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Anesthesia Consultants of Augusta, LLC	Physician	
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="1000.00"/>
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 36 OF 43
	<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. Dan-Thuy Tran M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 2nd Ave., Anes. Dept.
 City State Zip Code
 Long Branch NJ 07740-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Monmouth Medical Center 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
 01 / 24 / 2013
Transaction ID : C1911776
 Amount of Each Receipt this Period
 250.00

B. Jason C. Tratechaud D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3653 Lake Vista Court
 City State Zip Code
 Milford MI 48327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : C1890775
 Amount of Each Receipt this Period
 250.00

C. Kenneth J. Tuman M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 Hackberry Ln
 City State Zip Code
 Winnetka IL 60093-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rush University Medical Center 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
 01 / 31 / 2013
Transaction ID : C1919531
 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 37 OF 43
	<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. Tamim A. Wafa M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2700 Acapulco Way
City Modesto State CA Zip Code 95355
FEC ID number of contributing federal political committee. **C**
Name of Employer Sutter Gould Foundation Dept of Anesth Occupation Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 26 / 2013**
Transaction ID : C1913515
Amount of Each Receipt this Period **500.00**

B. Harper R. Ward M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Belleview Ter
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: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 16 / 2013**
Transaction ID : C1899763
Amount of Each Receipt this Period **250.00**

C. Brian J. West M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 407 W. Springs Meadows Lane
City Dewitt State MI Zip Code 48820
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 **01 / 02 / 2013**
Transaction ID : C1890774
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 38 OF 43
(check only one)	
<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. Full Name (Last, First, Middle Initial)
James K. Whitaker M.D.

Mailing Address 1791 Kerr Gulch Road

City Evergreen State CO Zip Code 80439

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

Name of Employer Physician Anesthesia Services Occupation ANESTHESIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 02 / 2013

Transaction ID : C1890769

Amount of Each Receipt this Period
 500.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	39025.00

**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 43
<input 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 checked="" 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. BERA 2012 VICTORY FUND		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2013 Transaction ID : C1910818
Mailing Address 5429 MADISON AVENUE		Amount of Each Receipt this Period 5000.00
City Sacramento State CA Zip Code 95841	FEC ID number of contributing federal political committee. C C00519900	
Name of Employer Occupation	Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Recount	Aggregate Year-to-Date 5000.00

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Merchant Fees

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	1		3	1		2	0	1	3		

Transaction ID : D140517

Amount of Each Disbursement this Period

1	2	2	5	.	9	8
---	---	---	---	---	---	---

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)..... ▶

1	2	2	5	.	9	8
---	---	---	---	---	---	---

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

1	2	2	5	.	9	8
---	---	---	---	---	---	---

**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. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) 2013 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : D140073

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) 2013 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2013

Transaction ID : D140176

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. PODER PAC

Mailing Address 3520 Maple Ct

City Falls Church State VA Zip Code 22041

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) 2013 Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : D140076

Amount of Each Disbursement this Period

1000.00

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

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

26000.00

