Image# 14970829776 PAGE 1 / 405

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

_		For Other Than An Authorized Comm	Office Use Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If over the line	1 2 5 5 1 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5
Α	merican Society of A	nesthesiologists Political Action C	ommittee
ΑD	DRESS (number and street)	1061 American Lane	
	Check if different than previously reported. (ACC)	Schaumburg	IL 60173 –
2.	FEC IDENTIFICATION N	UMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
	C C00255752	3. IS THIS REPORT X	NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On: Feb 20 (M2)  Mar 20 (M3)	May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  Jun 20 (M6)  X Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only) Year Only)
	April 15	Apr 20 (M4)	Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
	Quarterly Report (0	(c) 12-Day Primary	(12P) General (12G) Runoff (12R)
	July 15 Quarterly Report (0	PRE-Election Report for the: Conventi	on (12C) Special (12S)
	October 15 Quarterly Report (0	Ω3)	/ D D / Y Y Y in the
	January 31 Year-End Report (	Flaction	in the State of
	July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election General Report for the:	(30G) Runoff (30R) Special (30S)
	Termination Report (TER)	Election on	in the State of
5.	Covering Period 0		gh 08 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
l ce	ertify that I have examined th	nis Report and to the best of my knowledge a	nd belief it is true, correct and complete.
Typ	pe or Print Name of Treasure	Mr. Thomas Conway	
Sig	nature of Treasurer Mr.	Thomas Conway [Electron	ically Filed] Date 09 19 2014
NO	TE: Submission of false, error	neous, or incomplete information may subject the	person signing this Report to the penalties of 2 U.S.C. §437g.
	Office Use		FEC FORM 3X Rev. 12/2004

	OI FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
V	Vrite or Type Committee Name		<u> </u>
_	American Society of Anesthesiologis	sts Political Action Committee	
R	deport Covering the Period: From: 08	M / D D / Y Y Y Y Y Y TO:	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		2060382.15
	(b) Cash on Hand at Beginning of Reporting Period	1096686.44	
	(c) Total Receipts (from Line 19)	414807.19	1218761.87
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1511493.63	3279144.02
7.	Total Disbursements (from Line 31)	189100.18	1956750.57
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1322393.45	1322393.45
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multican	didate committee. (see FEC FORM 1M)	
	F	or further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

# American Society of Anesthesiologists Political Action Committee

I. Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period  337642.54  73726.14  411368.68  0.00  411368.68  0.00  0.00  0.00  0.00  0.00	COLUMN B Calendar Year-to-Date  898373.92  260949.44  1159323.36  0.00  1159323.36  0.00  0.00  0.00
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	73726.14 411368.68 0.00 0.00 411368.68 0.00 0.00	260949.44  1159323.36  0.00  1159323.36  0.00  0.00  0.00  0.00
Than Political Committees (i) Itemized (use Schedule A)	73726.14 411368.68 0.00 0.00 411368.68 0.00 0.00	260949.44  1159323.36  0.00  1159323.36  0.00  0.00  0.00  0.00
(ii) Itemized (use Schedule A)	73726.14 411368.68 0.00 0.00 411368.68 0.00 0.00	260949.44  1159323.36  0.00  1159323.36  0.00  0.00  0.00  0.00
(iii) Unitemized	73726.14 411368.68 0.00 0.00 411368.68 0.00 0.00	260949.44  1159323.36  0.00  1159323.36  0.00  0.00  0.00  0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	411368.68 0.00 0.00 411368.68 0.00 0.00	1159323.36 0.00 0.00 1159323.36 0.00 0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	411368.68 0.00 0.00 411368.68 0.00 0.00	0.00 0.00 1159323.36 0.00 0.00
Lines 11(a)(i) and (ii)	0.00 0.00 411368.68 0.00 0.00	0.00 0.00 11159323.36 0.00 0.00
(c) Other Political Committees	0.00 411368.68 0.00 0.00	0.00 1159323.36 0.00 0.00
(c) Other Political Committees	0.00 411368.68 0.00 0.00	0.00 1159323.36 0.00 0.00
(such as PACs)	411368.68 0.00 0.00	0.00 0.00 0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	411368.68 0.00 0.00	0.00 0.00 0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00 0.00 0.00	0.00
Totals to Line 33, page 5)	0.00 0.00 0.00	0.00
2. Transfers From Affiliated/Other Party Committees	0.00 0.00 0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
De Loan Repayments Received	0.00	0.00
Construction of the control of the c		
Construction of the control of the c		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
S. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
to Federal Candidates and Other Political Committees		
Political Committees		
7. Other Federal Receipts (Dividends, Interest, etc.)	3438.51	9438.51
(Dividends, Interest, etc.)	3430.51	9430.31
8. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0.00	50000.00
(a) Non-Federal Account (from Schedule H3)	0.00	2000.00
(from Schedule H3)		
	0.00	0.00
# \ <del>-</del> #		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
<ul><li>7. Total Receipts (add Lines 11(d),</li><li>12, 13, 14, 15, 16, 17, and 18(c))</li></ul>	414807.19	1218761.87
O. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	7	1210701.07

#### **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			
Operating Expenditures:     (a) Allocated Federal/Non-Federal	1000 11110 1 01100	Calcilual Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(") No Follow Observe	0.00	0.00			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
Expenditures	4300.18	54623.81			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b)) ▶	4300.18	54623.81			
Transfers to Affiliated/Other Party	0.00	0.00			
Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	178500.00	927300.00			
Independent Expenditures	0.00	485390.06			
(use Schedule E) Coordinated Party Expenditures	0.00	40000000			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	5136.70			
	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
	, , , , , , , , , , , , , , , , , , , ,				
(d) Total Contribution Refunds	0.00	F126.70			
(add Lines 28(a), (b), and (c))▶	0.00	5136.70			
Other Disbursements	6300.00	484300.00			
	7				
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share					
(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	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	189100.18	1956750.57			
_					
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)	189100.18	1956750.57			
from Line 31)	100100.10	1000100.01			

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	411368.68	1159323.36
4. Total Contribution Refunds (from Line 28(d))	0.00	5136.70
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	411368.68	1154186.66
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4300.18	54623.81
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	4300.18	54623.81

FOR LINE NUMBER: PAGE 6 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

1 OIT LIN	ITAGE	•	_	0.					
(check only one)									
[\$ d]		Г							
X   11a		11b		11c		12			
	Н.								4-
13		14		15		16			1/

	name and address of any political committee to	
NAME OF COMMITTEE (In Full)	* *	
	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Basem B. Abdelmalak M.D.	Date of Receipt	
Mailing Address Dept of General Anesthesiolog	ју E-3	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9500 Euclid Ave. City	State Zip Code	08 13 2014 Transaction ID : C2801519
Cleveland	OH 44195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Cleveland Clinic	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  John P. Abenstein M.S.E.E.,		Date of Receipt
Mailing Address 10978 Eleventh Ave N.W.		08 08 2014 _
City	State Zip Code	Transaction ID : C2799794
Oronoco	MN 55960-2110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
Mayo Clinic Anes. Dept.	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial)  C. Amr E. Abouleish M.D., M.B.		Date of Receipt
Mailing Address 4303 Evergreen Elm Ct		08 02 2014
City	State Zip Code	Transaction ID : C2796748
Houston	TX 77059-3120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.30
Name of Employer	Occupation	
University of Texas Medical Branch	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	716.40	
SUBTOTAL of Receipts This Page (optional)		208.31
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:				PAGE		7	OF	•	405		
(0	(check only one)										
	×	11a		11b		11c		12	2		
		13		14		15		16	6		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 Full Name (Last, First, Middle Initial) Amr E. Abouleish M.D., M.B. Date of Receipt Mailing Address 4303 Evergreen Elm Ct 2014 City State Zip Code Transaction ID: C2802003 TX Houston 77059-3120 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Anesthesiologist University of Texas Medical Branch Receipt For: Aggregate Year-to-Date ▼ Primary General 716.40 Other (specify) Full Name (Last, First, Middle Initial) B. David C. Adams M.D. Date of Receipt Mailing Address 48 Henderson Terrace 08 13 2014 City State Zip Code Transaction ID: C2803564 VT Burlington 05401 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Fletcher Allen Health Care Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Jerome M. Adams M.D., M.P. Date of Receipt Mailing Address 10959 Harbor Bay Dr 2014 80 13 City State Zip Code Transaction ID: C2801504 IN **Fishers** 46040 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Wishard Anesthesia Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify)

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

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

591.67

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

FOR LINE NUMBER:				PAGE		8	OF	4	405		
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		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 Full Name (Last, First, Middle Initial) Simon M Adanin D.O. Date of Receipt Mailing Address 2516 Waukegan Rd #353 05 2014 City State Zip Code Transaction ID: C2798594 IL Glenview 60025 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Midwest Anesthesia Partners physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Bruce T Adelman M.D. Date of Receipt Mailing Address 4896 Woodcliff Hill Rd N 80 2014 19 City State Zip Code Transaction ID: C2808521 West Bloomfield MI 48323 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation

Receipt For:  Primary General  Other (specify)   General	Physician  Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial)  C. Michael G. Adkison M.D.  Mailing Address 529 Barefoot Trace Cir		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Augustine  FEC ID number of contributing federal political committee.	State Zip Code FL 32080-8703	Transaction ID : C2803568  Amount of Each Receipt this Period  500.00
Name of Employer  Coastal Anesthesiology Consultants  Receipt For:  Primary General  Other (specify)	Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	
CUPTOTAL of Bossista This Boss (seliced		583.34

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

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

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

FOR LINE NUMBER:				PAGE		9	OF	•	405
(check only one)									
	<b>X</b> 11a	11b		11c		12			
	13	14		15		16			17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Society of Anesthes	siologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  A. Ashley Agerson M.D.		Date of Receipt
Mailing Address 1656 Alexander St SE		08 13 2014
City	State Zip Code	Transaction ID : C2803669
East Grand Rapids	MI 49506-3389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Anesthesia Practice Consultants	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Zulfiqar Ahmed M.B.,B.S.		Date of Receipt
Mailing Address 2865 Woodford Dr		08 13 2014
City	State Zip Code	Transaction ID : C2803745
Sterling Heights	MI 48310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Anesthesia Associates of Ann Arbor	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		B. (5.1)
Eric J. Albrecht M.D.		Date of Receipt
Mailing Address 938 Hanover Ave		08 13 2014
City	State Zip Code	Transaction ID : C2803312
Norfolk	VA 23508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Atlantic Anesthesia, Inc.	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	466.70	
SUBTOTAL of Receipts This Page (optional)		1300.00
Cophoral)		
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 10 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

ı	FUH	LINE	INO	IVIDER	FAGE	IU	OF	 +05
	(che	ck only	or	ne)				
	X	11a		11b	11c	12		
		13		14	15	16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Eric J. Albrecht M.D.		Date of Receipt
Mailing Address 938 Hanover Ave		08 14 2014
City Norfolk	State Zip Code VA 23508	Transaction ID : C2804065  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer  Atlantic Anesthesia, Inc.  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  466.70	_
Full Name (Last, First, Middle Initial)  Quaison Alleyne M.D.  Mailing Address PO Box 3528	Date of Receipt	
City Milton	State Zip Code FL 32572-3528	Transaction ID : C2803781  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Panhandle Anesthesia Associates	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68	
Full Name (Last, First, Middle Initial)  C. Quaison Alleyne M.D.		Date of Receipt
Mailing Address PO Box 3528		08 19 2014
City Milton	State         Zip Code           FL         32572-3528	Transaction ID : C2808527  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
Panhandle Anesthesia Associates  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  416.68	_
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	375.01
TOTAL This Period (last page this line numb	per only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 11 OF

						1 / 101	-			
. ,	(check only one)									
, ,	X	11a		11b		11c		12		
Dotailed Calliniary 1 age		13		14		15		16		17
, , , ,						_				3
	, , , , , , , , , , , , , , , , , , , ,	Use separate schedule(s) for each category of the Detailed Summary Page  ay not be sold or used by any person for	Use separate schedule(s) for each category of the Detailed Summary Page    Check only   X   11a   13   13   13   14   15   15   15   15   15   15   15	Use separate schedule(s) for each category of the Detailed Summary Page  (check only on X 11a 13 13 13	Use separate schedule(s) for each category of the Detailed Summary Page  (check only one)    X	for each category of the  Detailed Summary Page    X   11a   11b   14   14	Use separate schedule(s) for each category of the Detailed Summary Page (check only one)    X   11a	Use separate schedule(s) for each category of the Detailed Summary Page  (check only one)    X   11a	Use separate schedule(s) for each category of the Detailed Summary Page (check only one)    X   11a	Use separate schedule(s) (check only one) for each category of the Detailed Summary Page  (check only one)    X   11a

NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James A. Allinger M.D. Date of Receipt Mailing Address 1590 Blanchard Bend 2014 City State Zip Code Transaction ID: C2803832 SC Rock Hill 29732 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Rock Hill Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charles K. Anderson M.D., M.B. Date of Receipt Mailing Address 60975 Billadeau Rd 08 2014 06 City State Zip Code Transaction ID: C2799263 OR Bend 97702-8715 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation TenetHealth Chief Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Charles K. Anderson M.D., M.B. Date of Receipt Mailing Address 60975 Billadeau Rd 06 2014 80 City State Zip Code Transaction ID: C2799264 OR Bend 97702-8715 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Chief Medical Officer TenetHealth Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

405

Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Jack W. Anderson M.D. Date of Receipt Mailing Address 7149 Wynlakes Blvd 2014 City State Zip Code Transaction ID: C2803445 Montgomery AL 36117-7545 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation The Montgomery Surgical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Andrews M.D. Date of Receipt Mailing Address 18 Woods Rd 80 18 2014 City State Zip Code Transaction ID: C2808100 ME Falmouth 04105 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Spectrum Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) John Jeffrey Andrews M.D. Date of Receipt Mailing Address 7703 Floyd Curl Dr 80 22 2014 Anes Dept, MS 7838 City Zip Code State Transaction ID: C2811932 TX San Antonio 78229 Amount of Each Receipt this Period FEC ID number of contributing 800.00 С federal political committee. Name of Employer Occupation University of Texas Health Science Cen R. Brian Smith Endowed Professor and C Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Jose M. Angel M.D. Date of Receipt Mailing Address 4985 Moorhead Ave Unit 3815 2014 City Zip Code State Transaction ID: C2801649 CO Boulder 80307 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation J. Angel MD, PC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shane C. Angus A.A.-C, M. Date of Receipt Mailing Address 820 1st N.E. LL-150, Mail 25 80 2014 11 City State Zip Code Transaction ID: C2800151 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Case Western Reserve University Program Director Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. James M. Anton M.D. Date of Receipt Mailing Address 2302 Paradise Canyon Dr. 2014 80 27 City Zip Code State Transaction ID: C2814767 TX Pearland 77584-3297 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Baylor College of Medicine - Texas Hea Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 383.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Gregory K. Applegate D.O. Date of Receipt Mailing Address 5950 N Pointe Dr 2014 15 City Zip Code State Transaction ID: C2805127 OH Pepper Pike 44124-6301 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University Hospitals Case Medical Cent Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Appleman M.D. Date of Receipt Mailing Address 801 Loveland Rd 80 13 2014 City State Zip Code Transaction ID: C2802969 NJ Moorestown 08057 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Burlington Anesthesia Associates** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jesus S. Apuya M.D. Date of Receipt Mailing Address 52 Marcella Dr 2014 80 29 City State Zip Code Transaction ID: C2816849 AR Little Rock 72223 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Arkansas Childrens Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

15 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Thomas J. Arcario M.D. Date of Receipt Mailing Address 2237 Peach Leaf Ct. 2014 City State Zip Code Transaction ID: C2808477 FL Longwood 32779 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James M. Armstrong M.D. Date of Receipt Mailing Address 314 E. Oak Ave. 80 18 2014 City State Zip Code Transaction ID: C2806478 NJ Moorestown 08057-2020 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mid-Atlantic Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joel W. Arney M.D. Date of Receipt Mailing Address 4 Windy Hill Ct 2014 80 13 City Zip Code State Transaction ID: C2801638 MN Sunfish Lake 55077-1437 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Ridges Anesthesiology, PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Donald E. Arnold M.D. Date of Receipt Mailing Address Mercy Hospital St. Louis - Dept o 615 South New Ballas Road 2014 City Zip Code State Transaction ID: C2803949 MO St. Louis 63141 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation WAAI Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lee E. Arthur M.D. Date of Receipt Mailing Address 504 Medical Center Blvd 80 13 2014 City State Zip Code Transaction ID: C2801561 TX Conroe 77304-2808 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation North Houston Anesthesiologists PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 925.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lee E. Arthur M.D. Date of Receipt Mailing Address 504 Medical Center Blvd 80 13 2014 City Zip Code State Transaction ID: C2801562 Conroe TX 77304-2808 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation North Houston Anesthesiologists PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 925.00 Other (specify) 675.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOF	R LINE	INE NUMBER: PAGE 17 OF 405							
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesth	nesiologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Robert S. Ascanio M.D.		Date of Receipt
Mailing Address 98 Starbird Rd		08 08 2014
City	State Zip Code	Transaction ID : C2799820
Portland	ME 04102-1750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Spectrum Medical Group	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  George E. Ash Jr., M.D.		Date of Receipt
Mailing Address P.O. Box 8305		08 14 2014
City	State Zip Code	Transaction ID : C2805106
Gadsden	AL 35902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Anesthesia Assoc.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Sharon A. Ashley M.D.		Date of Receipt
Mailing Address 1229 Leeward Way		08 13 2014
City	State Zip Code	Transaction ID : C2803109
Weston	FL 33327-2304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Sheridan Healthcorp	Pediatric Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (ontion	nal)	1500.00
ccc.ptcc . age (option		
TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

405

14 13 15 16 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 Full Name (Last, First, Middle Initial) David C. Asseff M.D. Date of Receipt Mailing Address 12237 Carmel Vista Rd #163 2014 City State Zip Code Transaction ID: C2803966 CA San Diego 92130 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Naval Medical Center, Dept of Anes Cardiac anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sana Ata M.D. Date of Receipt Mailing Address 41 Mall Rd 80 2014 12 City State Zip Code Transaction ID: C2800401 MA Burlington 01805-0001 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lahey Hospital and Medical Center Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name (Last, First, Middle Initial) c. Sana Ata M.D. Date of Receipt Mailing Address 41 Mall Rd 2014 80 13 City Zip Code State Transaction ID: C2803465 MA Burlington 01805-0001 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **Medical Doctor** Lahey Hospital and Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 266.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE	-	: PAGE	E 19 OF	405
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	€
Full Name (Last, First, Middle Initial) Joshua H. Atkins M.D., Ph.D		Date of Receipt
Mailing Address 120 Spruce St		08 28 2014
City Philadelphia	State Zip Code PA 19106-4315	Transaction ID : C2815072  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer  University of Pennsylvania School of M  Receipt For:  Primary General  Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  208.35	-
Full Name (Last, First, Middle Initial)  3. Jennifer P. Aunspaugh M.D.  Mailing Address 1 CHILDRENS WAY		Date of Receipt
City LITTLE ROCK	State Zip Code AR 72202	Transaction ID : C2796759  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer University of Arkansas for Medical Sci	Occupation Assistant Professor Pediatric Anesthes	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  C. Mac S. Axelrod M.D.		Date of Receipt
Mailing Address 8703 Palm Lake Dr.		08 13 2014
City Orlando	State Zip Code FL 32819-3813	Transaction ID : C2803642  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer  JLR Medical Group	Occupation anesthesiologist	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  391.69	
SUBTOTAL of Receipts This Page (optional).		241.67
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s)

F	OR	LINE	NU	MBER	:	PAGE	2	20	OF	•	405
(c	he	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16			17

for each category of the **Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Mac S. Axelrod M.D. Date of Receipt Mailing Address 8703 Palm Lake Dr. 2014 City State Zip Code Transaction ID: C2812002 FL Orlando 32819-3813 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation JLR Medical Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 391.69 Other (specify) Full Name (Last, First, Middle Initial) B. Marcial J. Bacani M.D. Date of Receipt Mailing Address 3610 Merrick 08 13 2014 City State Zip Code Transaction ID: C2803809 TX Houston 77025 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation US Anesthesia Parners Anestheiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Eric J. Bader D.O. Date of Receipt Mailing Address 4022 Austin Dr 2014 80 13 City Zip Code State Transaction ID: C2803886 MO Saint Charles 63304-0318 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Woods Mill Anesthesia, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional).....

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

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

FOF	PAGE	2	21	OF	•	405				
(che	ck only	or	ne)							
×	11a		11b		11c		12			
	13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Anne E. Baetzel M.D.		Date of Receipt
Mailing Address 1206 Orkney Dr		08 29 2014
City	State Zip Code	Transaction ID : C2815721
Ann Arbor	MI 48103-2965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
University of Michigan	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Todd D. Bailey M.D.		Date of Receipt
Mailing Address 7921 TeasDale Ct		08 18 2014
City	State Zip Code	Transaction ID : C2808077
St. Louis	MO 63130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
WAAI	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Kristy Z. Baker M.D.	1	Date of Receipt
Mailing Address 1810 Bridgewater Drive		08 05 2014
City	State Zip Code FL 32746	Transaction ID : C2799219
Heathrow	FL 32746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
JLR Medical Group		
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line numbe	r only)	

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

ı	-	NUMBER	: PAGE	22 OF	405
ı	(check on	ly one)			
	<b>X</b> 11a	11b	11c	12	
ı	13	14	15	16	17

Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any peng the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Mark S. Baker M.D.  Mailing Address, 7308 Kings Mountain Ci	r	Date of Receipt
Mailing Address 7308 Kings Mountain Ci	ı	08 13 2014
City	State Zip Code	Transaction ID : C2803784
Vestavia	AL 35242-2202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anesthesia Resources Mgt, Inc	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) David C. Baldone M.D.		Date of Receipt
Mailing Address 106 Random Oaks Ln		08 13 _ 2014 _
City	State Zip Code	Transaction ID : C2803791
Mandeville	LA 70448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Summit Anesthesia Inc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Alethia R. Baldwin Sellers M.I	 D.	Date of Receipt
Mailing Address 619 S 19th St # J862		08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code AL 35249-1900	Transaction ID : C2811183
Birmingham	AL 35249-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
UAB Anes. Dept.	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00
TOTAL This Period (last page this line nu	mbor only)	
IVIAL THIS PERIOD HAST DADE THIS THE NUT	HIDEL OHIV)	

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Shawn E. Banks M.D. Date of Receipt Mailing Address 601 NE 36th St Apt 3407 2014 City Zip Code State Transaction ID: C2803270 FL Miami 33137-3976 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation University of Miami School of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 686.72 Other (specify) Full Name (Last, First, Middle Initial) B. Shawn E. Banks M.D. Date of Receipt Mailing Address 601 NE 36th St Apt 3407 80 29 2014 City State Zip Code Transaction ID: C2815681 FL Miami 33137-3976 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Miami School of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 686.72 Other (specify) Full Name (Last, First, Middle Initial) c. Paul E. Banta M.D. Date of Receipt Mailing Address 663 Midvale Ave, Apt 1 2014 80 10 City State Zip Code Transaction ID: C2800127 CA Los Angeles 90024-2337 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation Keyes Surgery Center anesthesiolgist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 503.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

TOTAL HOMBETT						PAGE	2	24	OF	•	405
(0	che	ck only									
	X	11a		11b		11c		12			
		13		14		15		16			17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Jaime L. Baratta M.D.		Date of Receipt
Mailing Address 111 S 11th St		M M / D D / Y Y Y Y
Suite 8290, Gibbon Building	- Anes	08 13 2014
City	State Zip Code	Transaction ID : C2801521
Philadelphia	PA 19107-4824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Thomas Jefferson University Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  3. Jeremy L. Baron M.D.		Date of Receipt
Mailing Address 45 Burniston Ct	M = M / D = D / Y = Y = Y	
City	08 18 2014	
City	State Zip Code NJ 08844-2334	Transaction ID : C2806366
Hillsborough	NJ 08844-2334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
Anesthesia Consultants of NJ LLC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  C. Laurie B. D. Barrett M.D.		Date of Receipt
Mailing Address 2228 Chamblee Ln		08 13 2014
City	State Zip Code	Transaction ID : C2803318
Lexington	KY 40513	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1083.34
	<u> </u>	
TOTAL This Period (last page this line number	Offity)	

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

FOR LINE	_	: PAGE	25 OF	405							
(check onl	(check only one)										
<b>X</b> 11a	11b	11c	12								
13	14	15	16	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 Full Name (Last, First, Middle Initial) Lee J. Barton M.D. Date of Receipt Mailing Address 4101 Hannett Ave NE 2014 City Zip Code State Transaction ID : C2803623 NM Albuquerque 87110-4940 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Albuquerque VA Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ahmed Bata M.D. Date of Receipt Mailing Address 508 Porpoise Point Dr. 08 13 2014 City State Zip Code Transaction ID: C2807230 Saint Augustine FL 32084-2960 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sonny K. Batheja M.D. Date of Receipt Mailing Address 6444 N 48th Pl 2014 80 19

	, , , , , , , , , , , , , , , , , , , ,											
										1250	00	
SUBTOTAL of Receipts This Page (optional)				-	7	-	-	7		1230	.00	
TOTAL This Period (last page this line number	only)		-	_	7	-	-	7	-	1_0		

500.00

Zip Code

85253-4058

State

ΑZ

Occupation

anesthesiologist

Aggregate Year-to-Date ▼

C

500.00

Transaction ID: C2809229

Amount of Each Receipt this Period

City

Paradise Vly

Receipt For:

FEC ID number of contributing

Valley Anesthesiology Consultants

Other (specify)

General

federal political committee.

Name of Employer

Primary

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Edwin Batte M.D. Date of Receipt Mailing Address 40960 California Oaks Rd # 227 2014 City Zip Code State Transaction ID: C2803904 CA Murrieta 92562-5747 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey Baumbach M.D. Date of Receipt Mailing Address 2008 King Stables Rd 80 13 2014 City State Zip Code Transaction ID: C2803263 AL Birmingham 35242 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiologists Associated, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Eric J. Baurle M.D. Date of Receipt Mailing Address 1806 Ivy Crest Dr 2014 80 13 City Zip Code State Transaction ID: C2803979 TN **Brentwood** 37027-3821 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Anesthesia Medical Group, P.C. Busines Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

ı	FOR	PAGE	2	27	OF	•	405				
ı	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			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 Full Name (Last, First, Middle Initial) Eugene R. Bebeau Jr., M.D. Date of Receipt Mailing Address 820 Prudential Dr., #606 05 2014 City State Zip Code Transaction ID: C2799242 FL 32207 Jacksonville Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Florida Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul E. Beebe M.D. Date of Receipt Mailing Address 1336 Creekside Blvd Ste 1 80 2014 13 City State Zip Code Transaction ID: C2803716 FL 34108 **Naples** Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Collier Anesthesia PA	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. Terry Bejot M.D.	Date of Receipt	
Mailing Address 6911 Van Dorn, #2		08 13 2014
City Lincoln	State Zip Code NE 68506	Transaction ID : C2802019  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Assoc. Anes.	Cardiac Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  600.00	
SUBTOTAL of Receipts This Page (options	al)	850.00

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

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

FC	R LINE	NUMBER	: PAGI	E 28 OF	405						
(cł	(check only one)										
	<b>X</b> 11a	11b	11c	12							
	13	14	15	16	17						

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- ne name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committed	e
Full Name (Last, First, Middle Initial)  Douglas G. Bell M.D.  Mailing Address 3568 Spencer Blvd.		Date of Receipt
<u> </u>		08 13 2014
City Signy Falls	State Zip Code	Transaction ID : C2803612
Sioux Falls	SD 57103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Anesthesia Physicians Ltd.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Margaret D. Bell M.D.		Date of Receipt
Mailing Address 245 Anne St		08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2803723
Rutherfordton	NC 28139-3254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer AllCare Clinical Associates PA	Occupation	1
Receipt For:	Anesthesiologist	-
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Frank C. Benesh M.D., Ph.D	·	Date of Receipt
Mailing Address 52 Medical Park East Dr., #3		08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birmingham	State Zip Code AL 35235	Transaction ID : C2809205
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1000.00
Name of Employer	Occupation	
ANESTHESIA GROUP EAST PC	ANESTHESIOLOGIST	4
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line numbe	er only)	

FOR LINE NUMBER: PAGE 29 OF 405 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Jeffrey B. Bennie M.D. Date of Receipt Mailing Address 1253 Devens Ct. 2014 City Zip Code State Transaction ID: C2811974 TN Brentwood 37027 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Phymed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Bentley M.D. Date of Receipt Mailing Address 5949 N Camino Del Conde 80 2014 14 City State Zip Code Transaction ID: C2804759 ΑZ Tucson 85718-4311 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation John Bentley MD, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Adam E. Berg M.D. Date of Receipt Mailing Address 1720 Louisiana Blvd., NE., #401 80 20 2014 City State Zip Code Transaction ID: C2811184 NM Albuquerque 87110 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Associates of New Mexico Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE	NUMBER	:	PAGE	3	30 O	F ·	405
(check only	one)						
X 11a	11b	1	11c		12		
13	14	1	15		16		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  David B. Berger M.D.  Mailing Address 7 Sandar Ct		Date of Receipt
Mailing Address 7 Sandra Ct.		08 19 2014
City	State Zip Code	Transaction ID : C2808520
Glen Cove	NY 11542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
North American Partners in Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial)  3. Scott M. Berger M.D.		Date of Receipt
Mailing Address 821 McKinley Avenue		M = M / D = D / Y = Y = Y
City	State Zip Code	08 10 2014 Transaction ID : C2800116
Louisville	CO 80027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Colorado Permanente Medical Group	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Arthur F. Bergh M.D., Ph.D		Date of Receipt
Mailing Address 460 Lanternback Island Drive		08 13 2014
City	State Zip Code	Transaction ID : C2802708
Satellite Beach	FL 32937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Fairfax Anes. Assoc.	Anesthesiologist	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	·····	833.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 31 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Mordechai Bermann M.D. Date of Receipt Mailing Address 7 Plymouth Ln 2014 City Zip Code State Transaction ID: C2801522 East Brunswick NJ 08816-3322 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Rutgers Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph S. Bernstein M.D. Date of Receipt Mailing Address PO Box 700138 80 28 2014 City State Zip Code Transaction ID: C2815068 WI Oostburg 53070-0138 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Joshua R. Berris D.O. Date of Receipt Mailing Address 4340 Strathdale Ln. 80 13 2014 State Zip Code Transaction ID: C2803242 MI West Bloomfield 48323 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician Botsford Hospital Dept of Anesthesiolo Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NO
Use separate schedule(s)	(check only or
for each category of the	`
Detailed Summary Page	X 11a

ı	FOR	PAGE	3	32	OF	•	405				
ı	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ologisto Dolitical Astica Ocazarius	
/ American Society of Anesthesi	ologists Political Action Committee	2
Full Name (Last, First, Middle Initial)  A. Douglas M. Bez D.O.		Date of Receipt
Mailing Address 3597 Otsego Dr.		M = M / D = D / Y = Y = Y
City	State Zip Code	08 22 2014 Transaction ID : C2811903
Okemos	MI 48864-5965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Mclaren Pain Management Center Receipt For:	Anesthesiologist	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  3. Karam S. Bhalla M.D.		Date of Receipt
Mailing Address 1082 Camino Hermosa		M = M / D = D / Y = Y = Y
City	State Zip Code	08 12 2014 Transaction ID : C2801289
Corrales	NM 87048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anesthesia Associates of New Mexico	Occupation Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Robert A. Biazak M.D.		Date of Receipt
Mailing Address 1720 Louisiana Blvd NE Ste	401	08 24 2014
City	State Zip Code NM 87110-7020	Transaction ID : C2812065
Albuquerque	1 NIVI 0/11U-/UZU	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anes. Assoc. of New Mexico Receipt For:	Anesthesiologist	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1083.34
TOTAL This Period (last page this line number	conty)	

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

405

14 13 15 16 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 Full Name (Last, First, Middle Initial) Michael W. Bigelow M.D., Ph.D Date of Receipt Mailing Address 334 W. Blithedale Ave. 2014 City Zip Code State Transaction ID: C2803550 CA Mill Valley 94941 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation PAC Inc. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy B. Binstock M.D. Date of Receipt Mailing Address 1122 W Montana St 80 2014 12 City State Zip Code Transaction ID: C2800397 IL Chicago 60614-2221 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation university of chicago physican Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Ravi M. Bissessar M.D. Date of Receipt Mailing Address 291 Southhall Lane 2014 80 12 City State Zip Code Transaction ID: C2801057 FL Maitland 32751 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation JLR Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:				PAGE	3	34	OF	•	405	
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Society of Anesthes	siologists Political Action Committee	e 
Full Name (Last, First, Middle Initial)  1. Timothy M. Bittenbinder M.D.		Date of Receipt
Mailing Address 2401 South 31st St., Dept. MS - 20 - D304	of Anes	08 13 2014
City	State Zip Code	Transaction ID : C2801525
Temple	TX 76508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	†
Texas AM College of Medicine Scott an	physician	Ì
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	. 199. 19410 1 Pallo 1	Ì
Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  Joshua G. Black M.D.		Date of Receipt
Mailing Address 6839 S Canton Ave		08 04 _2014 _
City	State Zip Code	Transaction ID : C2797609
Tulsa	OK 74136	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	1000.00
Name of Employer	Occupation	7
Associated Anesthesiologist Inc.	Anesthesiologist	j
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. William P. Blackburn M.D.		Date of Receipt
Mailing Address 190 Cedarbend Dr.		08 13 _ 2014 _
City	State Zip Code	Transaction ID : C2803458
Florence	AL 35634-3535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Anesthesia Medical Consultants, LLC	physician	1
Receipt For:	Aggregate Year-to-Date ▼	Ì
Primary General	1000.00	Ì
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).		2083.34
TOTAL This Period (last page this line number	er only)	

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

ı	-	E NUMBER	: PAGE	35 OF	405			
ı	(check only one)							
	<b>X</b> 11a	11b	11c	12				
ı	13	14	15	16	17			

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Marc E. Bloomston M.D.		Date of Receipt
Mailing Address 52 Medical Park East Dr, S		08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birmingham	State Zip Code AL 35235	Transaction ID : C2801392  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer  Anesthesia Group East, P.C.  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Neal M. Bodner M.D.  Mailing Address 13152 SW 40th St		Date of Receipt
City Davie	State Zip Code FL 33330-4742	Transaction ID : C2801440  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sheridan Healthcare	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Craig W. Bohnhoff M.D.		Date of Receipt
Mailing Address 9 Hearthstone PI		08 13 2014
City Saginaw	State Zip Code MI 48609-9319	Transaction ID : C2803825  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Anesthesia Staffing Consultants	Occupation Anesthesiologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1500.00
TOTAL This Period (last page this line numb	er only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 36 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	eck 1 1	only 1a 3	y or	ne) 11b 14	11c	12 16	17
ny information copied from such Reports and Statements mar for commercial purposes, other than using the name and a	, , , ,						_		S

NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Thomas M. Bolles M.D. Date of Receipt Mailing Address 3 Homer Sands Dr 2014 City State Zip Code Transaction ID: C2802027 ME 04074-7644 Scarborough Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation anesthesiologist spectrum medical group Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Borowsky M.D. Date of Receipt Mailing Address 510 E Glenn Dr 80 28 2014 City State Zip Code Transaction ID: C2815654 ΑZ Phoenix 85020 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John P Borrego M.D. Date of Receipt Mailing Address 8332 E. Heatherbrae Dr. 2014 80 12 Zip Code City State Transaction ID: C2801280 ΑZ Scottsdale 85251 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Valley Anesthesiology Consultants anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 37 OF (check only one) X 11a 11b 12 11c

405 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) John P Borrego M.D. Date of Receipt Mailing Address 8332 E. Heatherbrae Dr. 2014 City Zip Code State Transaction ID: C2802007 Scottsdale ΑZ 85251 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Valley Anesthesiology Consultants anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul R. Borrelli M.D. Date of Receipt Mailing Address 301 Orlando Rd. 80 13 2014 City State Zip Code Transaction ID: C2802877 FL Belleair 33756-1425 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Sheridan Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew J. Boryan M.D. Date of Receipt Mailing Address 347 Stonegate Ct 2014 80 17 City Zip Code State Transaction ID: C2806238 PΑ Chambersburg 17201-4523 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Chambersburg Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 1041.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

_	LINE	_		:	PAGE	3	38	OF	•	405
(che	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16	;		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)

$\left. \right\rangle$	•	logists Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Nancy R. Boulanger M.D.  Mailing Address 105 Mill St.		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Brunswick	State Zip Code ME 04011-1806	Transaction ID : C2808475  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Spectrum Medical Group	Occupation physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
В.	Full Name (Last, First, Middle Initial) Gregory W. Bouska M.D. Mailing Address 3000 Bogey Cir SE		Date of Receipt
	City Owens Cross Roads	State Zip Code AL 35763-8453	08 13 2014 Transaction ID : C2801441
	FEC ID number of contributing federal political committee.	C 35765-0455	Amount of Each Receipt this Period  1000.00
	Name of Employer Comprehensive Anesthesia Associate	Occupation Anesthesiologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<del></del> С.	Full Name (Last, First, Middle Initial) Michael J. Bowling D.O.		Date of Receipt
	Mailing Address 298 Thomas Jefferson Dr		08 13 2014
	City Princeton	State Zip Code WV 24739-7624	Transaction ID : C2801876  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Princeton Community Hosp.	Occupation anesthesiologist	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  200.00	
s	UBTOTAL of Receipts This Page (optional)		1450.00

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

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

FOR	LINE	NU	MBER	:	PAGE	3	39	OF	•	405
(ched	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  A. Michael J. Bowling D.O.		Date of Receipt
Mailing Address 298 Thomas Jefferson Dr		08 13 2014
City	State Zip Code	Transaction ID : C2802036
Princeton	WV 24739-7624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2004.00
Name of Employer	Occupation	†
Princeton Community Hosp.	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	200.00	
Full Name (Last, First, Middle Initial)  Frances Boyette M.D.		Date of Receipt
Mailing Address 8225 Marsh Pointe Dr.	08 01 2014	
City	State Zip Code	Transaction ID : C2796600
Montgomery	AL 36117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	1
Self	ANESTHESIOLOGIST	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Michael W. Bracht M.D.		Date of Receipt
Mailing Address 2810 N Swan Rd Ste 100		08 15 2014
City	State Zip Code	Transaction ID : C2806147
Tucson	AZ 85712-6300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Old Pueblo Anesthesia	anesthesiologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	3254.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 40 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Josue Brainin-Mattos M.D. Date of Receipt Mailing Address 7891 Mount Ranier Dr 2014 02 City Zip Code State Transaction ID: C2796755 FL Jacksonville 32256-2999 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Florida Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. K P Branam M.D. Date of Receipt Mailing Address 160 Green Glades 80 2014 14 City State Zip Code Transaction ID: C2804000 MS Ridgeland 39157 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Mississippi Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.34 Other (specify) Full Name (Last, First, Middle Initial) Jeffry B. Brand M.D. Date of Receipt Mailing Address 44 Pleasant St 80 13 2014 City Zip Code State Transaction ID: C2803477 MA Marblehead 01945-3432 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Massachusetts General hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A ľ

SCHEDULE A (FEC FUIII 3A)	Lies semenate selectivis(s)	FOR LINE NUMBER: PAGE 41 OF 405
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
	Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and Statements may be for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial)		Data of Bassint

١.	Full Name (Last, First, Middle Initial) Devin Branstetter M.D.		Date of Receipt
	Mailing Address 1220 S Aurora Ave		08 05 _ 2014 _
	City	State Zip Code	Transaction ID : C2798593
	Tacoma	WA 98465-1326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	
	U.S. Army MAMC	Anesthesiologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Barry W. Brasfield M.D.		Date of Receipt
	Mailing Address 505 Glenway Cv		08 13 2014
	City	State Zip Code	Transaction ID : C2801648
	Lebanon	TN 37087-1366	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Anesthesia Services of Middle Tennesse	Occupation Anesthesiologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
).	Full Name (Last, First, Middle Initial) Lois L. Bready M.D.		Date of Receipt
	Mailing Address 33 Sanctuary Dr		08 09 2014
	City	State Zip Code	Transaction ID : C2800086
	San Antonio	TX 78248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Univ of TX HIth Sci Ctr Anes Dept	Anesthesiologist	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
s	UBTOTAL of Receipts This Page (optional)	•	1550.00
Т	OTAL This Period (last page this line number o	nly)	

FOR LINE NUMBER: PAGE 42 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Mark D. Brennan M.D. Date of Receipt Mailing Address 403 Dewey Ln 2014 City Zip Code State Transaction ID: C2801293 PΑ Wallingford 19086-6948 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Midatlantic Anesthesia Assoc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. John J. Breth M.D. Date of Receipt Mailing Address 5348 W 100th St 80 10 2014 City State Zip Code Transaction ID: C2800112 Overland Park KS 66207 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Kansas university medical center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) James G. Bridges D.O. Date of Receipt Mailing Address Anesthesia Associates of East AL 80 13 2014 PO Box 627 City State Zip Code Transaction ID: C2803833 ΑL Auburn 36831-0627 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Associates of East Alabama physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Kurt S. Briesacher M.D. Date of Receipt Mailing Address 5671 Peachtree Dunwoody Rd NE Ste 2014 City State Zip Code Transaction ID: C2803301 Atlanta GΑ 30342-5005 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Physician Specialists In Anes, PC anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Douglas C. Brockmann M.D. Date of Receipt Mailing Address 1450 Sterling Rd 80 2014 14 City State Zip Code Transaction ID: C2804011 Redlands CA 92373-6675 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Beaver Medical Group** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul J. Bruha M.D. Date of Receipt Mailing Address 1194 Mary Kate Dr 2014 80 05 City State Zip Code Transaction ID: C2798665 FL Gulf Breeze 32563 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **Broad Anesthesia** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

ı	-	E NUMBER	: PAGE	E 44 OF	405
ı	(check or	nly one)			
	<b>X</b> 11a	11b	11c	12	
ı	13	14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	9		
Full Name (Last, First, Middle Initial) Ethan Bryson M.D.  Mailing Address 7 Whatten Ave.		Date of Receipt		
Mailing Address 7 Wharton Ave		08 21 2014		
City	State Zip Code	Transaction ID : C2811208		
Bridgewater	NJ 08807-3226	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	-		
Mount Sinai Medical Center	Physician			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial)  Stephen M. Brzica M.D.	•	Date of Receipt		
Mailing Address 7120 Kenmare Dr.	08 13 2014			
City	State Zip Code	Transaction ID : C2803392		
Bloomington	MN 55438-2834	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer	Occupation	1		
Minneapolis Surgical Center Anesthesio	MD- Anesthesiologists			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	500.00			
Full Name (Last, First, Middle Initial)  C. Cynthia Mitchell Builteman M.D.		Date of Receipt		
Mailing Address 224 Bluebird Ln		08 14 2014		
City St Augustine	State Zip Code FL 32080-7976	Transaction ID : C2807049		
-	32000-1310	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer	Occupation	1		
Coastal Anesthesiology Consultants				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼			
Other (specify) ▼	500.00			
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1250.00		
TOTAL This Period (last page this line number	only)			

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

FOR LINE NUMBE (check only one)

ı	FOR	LINE	NU	MBER	:	PAGE	_ 4	15	OF	•	405
ı	(ched	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16			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 Full Name (Last, First, Middle Initial) Frederick J. Bunke M.D. Date of Receipt Mailing Address 50 Montauk Way 2014 City State Zip Code Transaction ID : C2801295 CT Glastonbury 06033-3395 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Integrated Anesthesia Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Keith A. Burberry M.D. Date of Receipt Mailing Address 823 Cindy Blair Way 08 13 2014 City State Zip Code Transaction ID: C2803944 KY 40503-3458 Lexington Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Associates, P.S.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

Full Name (Last, First, Middle Initial) c. J. Michael Burdine M.D. Date of Receipt Mailing Address 2267 Cedardale Ave 2014 80 14 City Zip Code State Transaction ID: C2804791 **Baton Rouge** LA 70808-2812 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Medical Doctor Spine Diagnostic Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	I	Ξ	7		- 7	Ξ	15	00.00	)
TOTAL This Period (last page this line number only)	_	_	7	_	7	Ξ	_	_	

500.00

Primary

Other (specify)

General

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

FOR LINE		: PAGE	E 46 OF	405
(check only	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

	d Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  A. Elizabeth J. Burgess M.D.  Mailing Address 2769 High Pt		Date of Receipt
	08 15 2014	
City	State Zip Code OH 45244-2169	Transaction ID : C2805136
Cincinnati	OH 45244-2169	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	7
Anesthesia Group Practice, Inc.	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  Frederick W. Burgess M.D., Ph.D		Date of Receipt
Mailing Address 569 Fruit Hill Ave		08 14 2014
City	State Zip Code RI 02911-2134	Transaction ID : C2804059
North Providence	RI 02911-2134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer Providence VAMC	Occupation anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	666.40	
Full Name (Last, First, Middle Initial)  Nancy S. Burk M.D.		Date of Receipt
Mailing Address 729 Harvard St.		08 23 2014
City	State Zip Code	Transaction ID : C2811999
Wilmette	IL 60091-2311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	+
UIC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		633.30
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NOMBER:

(check only one)

X 11a 11b 11

FOR	LINE	NU	MBER	:	PAGE	-	17	OF	•	405
(che	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16	;		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Scott E. Burns M.D.  Mailing Address 675 W 77th PI		Date of Receipt
		08 07 2014
City	State Zip Code	Transaction ID : C2799772
Tulsa	OK 74132-2854	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	_
Associated Anesthesiologists, Inc.	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	-
Full Name (Last, First, Middle Initial)  Kyle J. Butkiewicz M.D.		Date of Receipt
Mailing Address 8307 N Merion Way		08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code AZ 85253	Transaction ID : C2809223
Paradise Valley  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  500.00
Name of Employer Metro Anesthesia Consultants, P.C.	Occupation Anesthesiologist	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. James T. Byland M.D.		Date of Receipt
Mailing Address 13 Carmel Ln		08 18 2014
City Brentwood	State         Zip Code           TN         37027-8928	Transaction ID : C2806316  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	+
Self	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)	····	1541.67
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE	_	: PAGE	E 48 OF	405
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

		1.0
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	,
Full Name (Last, First, Middle Initial) John J. Byrne M.D.  Mailing Address 105 N Devereux Ct NW  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Physician Specialist in Anesthesia, PC  Receipt For: Primary General Other (specify)	State Zip Code GA 30327-4351  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 13 2014  Transaction ID: C2803259  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Cindy T. Calder M.D.  Mailing Address 2411 Fountain View Dr Ste 20  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Greater Houston Anesthesiology  Receipt For:  Primary  General	State Zip Code TX 77057-4832  C Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID : C2803025  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Troy Caldwell M.D.  Mailing Address 1122 Larchmont Ln  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nichols Hills  FEC ID number of contributing federal political committee.  Name of Employer  Affiliated Anesthesiologists  Receipt For:  □ Primary □ General □ Other (specify) ▼	OK 73116  C  Occupation  Anesthesiologist  Aggregate Year-to-Date   1000.00	Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1500.00
TOTAL This Period (last page this line number	·	

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

FOR LINE NUMBER (check only one)

FOR LI	_		PAGE	 19	OF	4	405
(check of	only one	∍)					
X 11a	ı .	11b	11c	12			
13		14	15	16			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 Full Name (Last, First, Middle Initial) Todd G. Call M.D. Date of Receipt Mailing Address 984 N 640 W 2014 City State Zip Code Transaction ID: C2803487 UT American Fork 84003-5162 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Mountain West Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marino Camaioni M.D. Date of Receipt Mailing Address 9317 S. Alder Dr. 08 2014 25 City State Zip Code Transaction ID: C2813008 ΑZ Tempe 85284-3367 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brian E. Campbell M.D. Date of Receipt Mailing Address 418 Meadow Brook Ln 2014 80 29 City State Zip Code Transaction ID: C2815686

Other (specify) ▼	333.36									
SUBTOTAL of Receipts This Page (optional)	·····	Ξ	I	7	I	I	7	_	391.67	
FOTAL This Period (last page this line number	only)		Ι		Ξ	Ι	1	Ι		

35213-3737

AL

C

Occupation

Anesthesiologist

Aggregate Year-to-Date ▼

41.67

Amount of Each Receipt this Period

Birmingham

Receipt For:

FEC ID number of contributing

Anesthesia Resources Mangement

General

federal political committee.

Name of Employer

Primary

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

50 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Charles T. Campbell M.D. Date of Receipt Mailing Address 220 Lanham Spring Dr 2014 08 City Zip Code State Transaction ID: C2799780 SC Lexington 29072-7286 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Lexington Medical Center, West Columbi Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frederick Campbell M.D. Date of Receipt Mailing Address 4100 Park Forest Dr Ste 210 80 13 2014 City State Zip Code Transaction ID: C2801518 MI Traverse City 49684-7306 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Traverse Anesthesia Associates, PC physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen D. Campbell M.D. Date of Receipt Mailing Address 545 Beverly Dr. 2014 80 13 City Zip Code State Transaction ID: C2803660 SC Summerville 29485-8175 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation AAOC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 51 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Daniel Campos III, M.D. Date of Receipt Mailing Address 48 Schooner Ridge Rd 2014 02 City Zip Code State Transaction ID: C2796758 ME Cumb Foreside 04110-1127 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Spectrum Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Keith A. Candiotti M.D. Date of Receipt Mailing Address 940 S Shore Dr 80 29 2014 City State Zip Code Transaction ID: C2816863 FL Miami 33141-2412 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Miami Miller School of M Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher L. Canlas M.D. Date of Receipt Mailing Address P.O. Box 158581 80 13 2014 City Zip Code State Transaction ID: C2801532 TN Nashville 37215-8581 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Vanderbilt Univ Med Ctr Dept of Anesth anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR	LINE	NU	MBER	:	PAGE	 52	OF	•	405
(che	ck only	or	ne)						
X	11a		11b		11c	12			
	13		14		15	16			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.

American Society of Anesthes	siologists Political Action Committee	
Full Name (Last, First, Middle Initial)  James J. Cannon M.D.		Date of Receipt
Mailing Address 1015 Salim Place		08 13 / Y = Y = Y = Y
City Lemont	State Zip Code IL 60439-3896	Transaction ID : C2803685  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  DuPage Valley Anesthesiologists, Ltd.	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  James D. Cantoni M.D.		Date of Receipt
Mailing Address 58 Great Oak Dr  City	State Zip Code	08 02 2014
Hudson	OH 44236-2296	Transaction ID : C2796762  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Hudson Physicians Associates, Inc.	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  C. James Carlsen M.D.		Date of Receipt
Mailing Address 1958 Common Way Rd		08 24 2014
City Orlando	State Zip Code FL 32814-6332	Transaction ID : C2812029  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
JLR Medical Group  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Anesthesiology  Aggregate Year-to-Date ▼  333.36	
SUBTOTAL of Receipts This Page (optional).		391.67

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

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

53 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) James L. Carlson M.D., M.S. Date of Receipt Mailing Address 8385 Valley Tarn Drive NE 2014 City Zip Code State Transaction ID: C2802873 GA Atlanta 30350 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin S. Carnes M.D. Date of Receipt Mailing Address 875 Saint James Ct 80 13 2014 City State Zip Code Transaction ID: C2803821 TX Fairview 75069 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Atlas anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Debra L. Caroli M.D. Date of Receipt Mailing Address 4548 Burke St 2014 80 01 City State Zip Code Transaction ID: C2796639 FL Orlando 32814 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation **LCAA** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 54 OF 405

	1 01	LIIVL	IVO	IVIDEI	ITAGE	- `	J-T	O.	_	00
Jse separate schedule(s)	(che	ck only	or	ne)						
or each category of the Detailed Summary Page	×	11a		11b	11c		12			
., .,		13		14	15		16			17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Dominic S. Carollo M.D.  Mailing Address 6511 Louis XIV St		Date of Receipt
		08 30 2014
City	State Zip Code	Transaction ID: C2816895
New Orleans	LA 70124-3219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Ochsner Clinic	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	582.96	
Full Name (Last, First, Middle Initial)  Daniel B. Carr M.D.		Date of Receipt
Mailing Address 935 Hammond St	7.0	08 13 2014
City Chestnut Hill	State Zip Code MA 02467-2703	Transaction ID : C2803621
	W/A UZ407-Z7U3	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tufts University School of Medicine	Occupation	
Receipt For:	Professor	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  Norman F. Carvalho M.D.		Date of Receipt
Mailing Address 11723 Barletta Dr		08 13 / Y = Y = Y = Y
City Orlando	State Zip Code FL 32827	Transaction ID : C2801442
-		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Nemours Childrens Hospital Receipt For:	Anesthesiologist	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
SUBTOTAL of Receipts This Page (optional)		641.67
TOTAL This Period (last page this line number	only)	

TS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only	one)	11c	12		17
such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	purpose of	soliciting	contrib	oution	ıs

Any information copied from 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 Full Name (Last, First, Middle Initial) Paul Castillo M.D. Date of Receipt Mailing Address 1720 Louisiana Blvd NE Ste 401 2014 10 City Zip Code State Transaction ID: C2800121 NM 87110-7020 Albuquerque Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Assoc. of NM, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter L. Castro M.D. Date of Receipt Mailing Address 2910 17th Street 08 2014 13 City State Zip Code Transaction ID: C2803128 Boulder CO 80304 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **Boulder Valley Anesthesiology** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) Full Name (Last, First, Middle Initial) c. Peter L. Castro M.D. Date of Receipt Mailing Address 2910 17th Street 20 2014 80 City State Zip Code Transaction ID: C2809398 CO Boulder 80304 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Physician **Boulder Valley Anesthesiology** Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 333.34 SUBTOTAL of Receipts This Page (optional).....

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

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

FOF	R LINE	NU	IMBER	:	PAGE	56	OF	•	405
(che	ck only	or	ne)						
×	11a		11b		11c	12			
	13		14		15	16	;		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	е
Full Name (Last, First, Middle Initial)  A. Renee E. Caswell M.D.		Date of Receipt
Mailing Address 13400 E Shea Blvd		08 13 2014
City Scottsdale	State Zip Code AZ 85259	Transaction ID : C2802764
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  500.00
Name of Employer  Mayo Clinic Anesthesiology  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  B. Elizabeth J. Cavanagh M.D.  Mailing Address 9860 Oak Haven Ave.		Date of Receipt
City St. Louis	State Zip Code MO 63119-1040	08 31 2014  Transaction ID : C2816930  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Western Anesthesia Associates	Occupation  Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Andrei Cernea M.D.		Date of Receipt
Mailing Address 6708 Kenhill Rd		08 13 2014
City Bethesda	State Zip Code MD 20817-6016	Transaction ID : C2803558  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
self Receipt For:	physician	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  333.36	
SUBTOTAL of Receipts This Page (optional).		791.67
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 57 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Keith J. Chamberlin M.D., M.B. Date of Receipt Mailing Address 540 San Pedro Cove 2014 City Zip Code State Transaction ID: C2803603 CA San Rafael 94901-1434 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation ACM. Inc. Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark J. Chambers M.D. Date of Receipt Mailing Address 658 Woodbourne Trail 80 13 2014 City State Zip Code Transaction ID: C2803920 Centerville OH 45459 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiology Services Network anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joshua C. Chance M.D. Date of Receipt Mailing Address 9 Ecurie Ct 2014 80 04 City Zip Code State Transaction ID: C2796953 AR Little Rock 72223-8917 Amount of Each Receipt this Period FEC ID number of contributing 41.60 С federal political committee. Name of Employer Occupation **UAMS Dept of Anesthesiology** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 582.82 Other (specify) 1541.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 58 OF

405

Mailing Address 1253 Citadel Dr NE  City State Zip Code Tra	only one)  a 11b 11c 12  14 15 16 17
American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial) Claire L. Chandler A.AC  Mailing Address 1253 Citadel Dr NE  City State Zip Code Atlanta GA 30324-3817  FEC ID number of contributing federal political committee.  Name of Employer Emory Healthcare Receipt For: Primary General Other (specify)  Occupation Anesthesiologist Assistant  Aggregate Year-to-Date  666.72	ne purpose of soliciting contributions
A. Claire L. Chandler A.AC  Mailing Address 1253 Citadel Dr NE  City State Zip Code Atlanta GA 30324-3817  FEC ID number of contributing federal political committee.  Name of Employer Emory Healthcare Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  666.72	
Mailing Address 3452 Oak Canyon Dr  City State Zip Code Tra	
Mailing Address 119 Joyce PI  City State Zip Code Tra	
SUBTOTAL of Receipts This Page (optional)	

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

FOR LINE	NUMBER	R:   PAGE	: 59 OF	405
(check only	/ one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using the		on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
/	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  1. Tzong-Huei H. Chen M.D.		Date of Receipt
Mailing Address 20 Boesch Farm Road		08 13 _ 2014 _
City	State Zip Code	Transaction ID : C2803760
East Greenwich	RI 02818-1137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Providence Anesthesiologists Inc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Pramod K. Chetty M.D.		Date of Receipt
Mailing Address 750 NE 13th St Ste 200		08 13 _2014 _
City	State Zip Code	Transaction ID : C2802009
Oklahoma City	OK 73104-5024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Oklahoma University Health Sciences Ce	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  C. Gilbert J. Chidiac M.D.		Date of Receipt
Mailing Address 17896 Villa Club Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2796732
Boca Raton	FL 33496	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Boca Raton Regional Hospital	Cardiac Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number of	only)	

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 60 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a	11c 12 15 16 17
ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and a	, , , ,		· ·

Ar or NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Bruce D. Chipkin M.D. Date of Receipt Mailing Address 6 Forrest Way 2014 City State Zip Code Transaction ID: C2804074 NY Poughkeepsie 12603 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation NAPA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elias T. Chua M.D. Date of Receipt Mailing Address 113 Centrenest Ln. 80 2014 14 City State Zip Code Transaction ID: C2805103 Wilmington DE 19807-1145 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Services, P.A. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Serena A. Chyung M.D. Date of Receipt Mailing Address 4125 Highfield Ln 02 2014 80 City State Zip Code Transaction ID: C2796776 PΑ Center Valley 18034-9690 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Northeast Anesthesia Physicians, P.C. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 61 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Jeffrey P. Clayton M.D. Date of Receipt Mailing Address 4289 Alton Ct 2014 City Zip Code State Transaction ID: C2801557 CA Sacramento 95864 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation CASE MEDICAL GROUP Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sarah Cocoma M.D. Date of Receipt Mailing Address 885 N Hermitage Ave Unit B 80 22 2014 City State Zip Code Transaction ID: C2811931 IL Chicago 60622-5018 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Rush University Medical Center Anesthe Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marvin S. Cohen M.D. Date of Receipt Mailing Address 301 University Blvd # 0591 2014 80 10 City Zip Code State Transaction ID: C2800093 TX Galveston 77555-5302 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **UTMB** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 62 OF 405 Use s for ea Detaile

	10	I LIIVL	IVO	IVIDEN	ITAGE	. (	02 01	100
separate schedule(s)	(ch	eck only	or	ne)				
ch category of the ed Summary Page	·\	11a		11b	11c		12	
od odminary i ago		13		14	15		16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Norman A. Cohen M.D.		Date of Receipt
Mailing Address 0841 SW Gaines St # 504		08 03 2014
City	State Zip Code	Transaction ID : C2796921
Portland	OR 97239-2976	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	1
Oregon Health and Science Univ. Anes.	Associate Professor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	666.40	
Full Name (Last, First, Middle Initial)  Jennifer H Cohn M.D.		Date of Receipt
Mailing Address 12825 SW 81 Ave		08 20 2014
City	State Zip Code	Transaction ID : C2811181
Miami	FL 33156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Univ of Miami Anes. Dept.	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Henry Cola M.D.	1	Date of Receipt
Mailing Address 16891 Marinabay Dr		08 25 2014
City	State Zip Code	Transaction ID : C2812926
Huntington Beach	CA 92649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
private practice	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		583.30
TOTAL This Period (last page this line number	er only)	

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

FOF	R LINE	NU	IMBER	:	PAGE	. (	33	OF	4	405	
(che	ck only	or or	ne)								
X	11a		11b		11c		12				
	13		14		15		16			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 Full Name (Last, First, Middle Initial) David S. Colclasure M.D. Date of Receipt Mailing Address 7556 N 300 E 2014 18 City State Zip Code Transaction ID: C2807495 IN Decatur 46733 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation anesthesiologist Adams Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Maelynn Colinco M.D. Date of Receipt Mailing Address 9009 W Wright St 80 2014 13 City State Zip Code Transaction ID: C2803887 WI Wauwatosa 53226-1826 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Aurora Medical Group Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

Full Name (Last, First, Middle Initial) Clare H. Compton M.D.		Date of Receipt
Mailing Address 501 Tulane Dr SE		08 12 2014
City	State Zip Code	Transaction ID : C2800393
Albuquerque	NM 87106-1518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NMVAHSC 123 Dept. of Anes.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary   General		

SUBTOTAL of Receipts This Page (optional)		7	_		7		7	50.00	)	
TOTAL This Period (last page this line number only)		- 7	_	_	7	_	Ξ	<u>.                                    </u>		

250.00

Other (specify)

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

F	OR	LINE	NU	IMBER	PAGE	- 6	64	OF	•	405		
(0	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16	;		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 Full Name (Last, First, Middle Initial) Michael M. Conley M.D. Date of Receipt Mailing Address 3585 North 440 West 2014 18 City State Zip Code Transaction ID: C2808067 UT Provo 84604 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Mountain West Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Neil R. Connelly M.D. Date of Receipt Mailing Address 8 Woodbridge Dr 08 13 2014 City State Zip Code Transaction ID: C2803838 Suffield CT 06078-1200 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Department of Anesthesiology anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kathleen A. Connor M.D. Date of Receipt Mailing Address 20 Ash St. 2014 80 13 City Zip Code State Transaction ID: C2803459

	,											
SUBTOTAL of Receipts This Page (optional)					- (1)			-		100	0.00	)
		Ī				-				_		$\neg$
TOTAL This Period (last page this line number	only)		-	-	7	-	-	7	-		т.	

250.00

02493-1913

MA

Occupation

Aggregate Year-to-Date ▼

physician

С

250.00

Amount of Each Receipt this Period

Weston

FEC ID number of contributing

federal political committee.

Newton Wellesley Hospital

Other (specify)

General

Name of Employer

Primary

Receipt For:

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

FOR LINE			PAGE	. (	35	OF	4	405
(check only	one)							
X 11a	11b		11c		12			
13	14		15		16			17

	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Society of Anesthesic	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  John C. Conrad M.D.  Mailing Address 2427 Hidden Oak Rd, SW		Date of Receipt
Mailing Address 3137 Hidden Oak Rd. SW		08 13 2014
City	State Zip Code	Transaction ID : C2803805
Roanoke	VA 24018-2167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesiology Consultants of Virginia	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Antonio H. Conte M.D., M.B.		Date of Receipt
Mailing Address 8700 Beverly Blvd Ste 8211		M = M / D = D / Y = Y = Y
Dept of Anes City	State Zip Code	08 27 2014 Transaction ID : C2814831
West Hollywood	CA 90048-1804	Transaction ID : C2814831  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Cedars-Sinai Medical Center	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Melissa A. Conte M.D.		Date of Receipt
Mailing Address 9219 Cromwell Woods Sq.		08 02 2014
City	State Zip Code	Transaction ID : C2796905
Orlando	FL 32827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
JLR Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	291.67	
SUBTOTAL of Receipts This Page (optional)		791.67
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	. (	66	OF	•	405	
ı	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

logists Political Action Committee	Date of Receipt		
	Date of Receipt		
	1		
Mailing Address 991 Somerset Dr.			
State Zip Code	08 19 2014 Transaction ID : C2808595		
GA 30327	Amount of Each Receipt this Period		
C	250.00		
Occupation	1		
Physician			
Aggregate Year-to-Date ▼	1		
250.00			
	Date of Receipt		
Mailing Address 48 Fox Hedge Rd			
State Zip Code	Transaction ID : C2804062		
NJ 07458-2706	Amount of Each Receipt this Period		
С	83.30		
Occupation			
Anesthesiologist			
Aggregate Year-to-Date ▼			
666.40			
	Date of Receipt		
	08 18 2014		
State Zip Code	Transaction ID : C2806361		
MI 48201	Amount of Each Receipt this Period		
C	83.34		
Occupation	1		
Anesthesiologist			
Aggregate Year-to-Date ▼	]		
666.72			
<b>&gt;</b>	416.64		
	Occupation Physician  Aggregate Year-to-Date ▼  250.00  State Zip Code NJ 07458-2706  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  666.40  State Zip Code MI 48201  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  666.72		

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

FOR LINE	CH LINE NUMBER: Check only one)  X 11a 11b 11	:	PAGE	: (	) (	OF	•	405
(check only	one)							
<b>X</b> 11a	11b		11c		12			
13	14		15		16			17

		1.0
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any persthe name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Clayton W. Cordell III, M.D.  Mailing Address 4435 Ridgeway Dr  City Belden  FEC ID number of contributing federal political committee.  Name of Employer tupelo anesthesia group  Receipt For: Primary General Other (specify)	State Zip Code MS 38826-9760  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 28 2014  Transaction ID: C2815643  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Mark W. Corrigan M.D.  Mailing Address 11711 Morning Grove Dr.  City  Las Vegas  FEC ID number of contributing federal political committee.  Name of Employer  Pacific Anes. Consultants  Receipt For:  Primary  General  Other (specify)	State Zip Code NV 89135-1542  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Daniel P. Corsino M.D.  Mailing Address 1514 Jefferson Hwy  City New Orleans  FEC ID number of contributing federal political committee.  Name of Employer Ochsner Medical Center Anesthesiology  Receipt For: Primary General Other (specify)	State Zip Code LA 70121-2429  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  08 13 2014  Transaction ID : C2803299  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	850.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NOMIC (check only one)

FOR LINE	_	: PAGE	68 OF	405				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	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 Anesthes	siologists Political Action Committee	•
Full Name (Last, First, Middle Initial) <b>A.</b> Daniel P. Corsino M.D.		Date of Receipt
Mailing Address 1514 Jefferson Hwy	08 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C2804058
New Orleans	LA 70121-2429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	]
Ochsner Medical Center Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Lisa M. Corstvet M.D.		Date of Receipt
Mailing Address 2400 Highlands Landing		M = M / D = D / Y = Y = Y
		08 13 2014
City	State Zip Code	Transaction ID : C2803719
Edmond	OK 73013-8693	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self employed	Occupation Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Jason C. Cowan D.O.		Date of Receipt
Mailing Address 126 Dalton Ln		08 13 2014
City	State Zip Code	Transaction ID: C2803929
Tuscumbia	AL 35674	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Vanderbilt Univ Med Ctr	Resident	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	775.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

69 OF

405

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Jerral W. Cox M.D. Date of Receipt Mailing Address Pediatric Anesthesia 1600 7th Ave. S., Suite #420 2014 City Zip Code State Transaction ID: C2803850 Birmingham AL 35233 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Pediatric Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. W. Eric Cox M.D. Date of Receipt Mailing Address 1924 Alcoa Highway UT Medical Center, Dept. of Anesth 80 13 2014 City Zip Code State Transaction ID: C2801520 TN Knoxville 37920 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Mary K. Craddock M.D. Date of Receipt Mailing Address 5514 Western Ave. 2014 80 12 City Zip Code State Transaction ID: C2801398 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation self anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 683.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 70 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Robert M. Craft M.D. Date of Receipt Mailing Address Dept. of Anesthesiology 1924 Alcoa Highway, Box-U109 2014 City Zip Code State Transaction ID: C2812003 TN Knoxville 37920 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University Anesthesiologists Physician - Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. John D. Crecca M.D. Date of Receipt Mailing Address 3731 Reynolds St. 80 21 2014 City State Zip Code Transaction ID: C2811849 WY Laramie 82072-5069 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Laramie LLC Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. David A Cross M.D. Date of Receipt Mailing Address Department of Anesthesiology 2014 2401 South 31st Street 80 06 City State Zip Code Transaction ID: C2799266 TX Temple 76508 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation Scott and White Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) 374.97 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 71 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

405

for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Richard C. Cross M.D. Date of Receipt Mailing Address 619 S 19th St # JT845 2014 City State Zip Code Transaction ID: C2801540 Birmingham AL 35249 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation UAB Dept. of Anesthesiology anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dana G. Crovo M.D. Date of Receipt Mailing Address 22 Bramhall St 80 2014 11 City State Zip Code Transaction ID: C2800174 ME Portland 04102-3134 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Spectrum Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. David K. Crumley M.D. Date of Receipt Mailing Address 1550 Boyson Rd 2014 80 24 City State Zip Code Transaction ID: C2812056 IA Hiawatha 52233-2362 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Linn County Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 72 OF 405 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Edwin D. Cunningham Jr., M.D. Date of Receipt Mailing Address 4098 Raleigh Millington Rd 2014 City Zip Code State Transaction ID: C2801473 TN Memphis 38128 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medical Anesthesia Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Danika K. Curley M.D. Date of Receipt Mailing Address 1761 Geo Washington Way PMB #265 80 14 2014 City State Zip Code Transaction ID: C2804005 WA Richland 99354-2303 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation DKC Anesthesia, LLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Curtis M.D. Date of Receipt Mailing Address 795 El Camino Real 30 2014 80 City State Zip Code Transaction ID: C2816914 CA Palo Alto 94301 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Palo Alto Medical Clinic Dept of Anes physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER:	PAGE	: 73 OF
Use separate schedule(s)	(check only	y one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

405

	Detailed Suffillary Fage	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  1. Judson P. Cuttino M.D.		Date of Receipt
Mailing Address 3 Hawkins Ln		08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code GA 31411-1407	Transaction ID : C2801514
Savannah	GA 31411-1407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Anesthesia Associates of Savannah, P.C	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	640.00	
Other (specify)	040.00	
Full Name (Last, First, Middle Initial)  3. Armando D'Arduini M.D.		Date of Receipt
Mailing Address 259 1st St		M M / D D / Y T Y T Y
		08 13 2014
City	State Zip Code	Transaction ID : C2802005
Mineola	NY 11501-3957	Amount of Each Receipt this Period
FEC ID number of contributing	С	500.00
federal political committee.	<u> </u>	500.00
Name of Employer	Occupation	
Winthrop University Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  C. Ralph da Graca M.D.		Date of Receipt
Mailing Address 400 N Tustin Ave Ste 400		08 13 2014
City Sonto Ano	State Zip Code	Transaction ID : C2803802
Santa Ana	CA 92705-3850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Allied Anesthesia Medical Group, Inc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1020.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER: (check only one)

X 11a 11b

FO	PAGE	: 7	74	OF	405				
(ch	eck o	nly or							
>	<b>1</b> 1a		11b		11c		12		
	13		14		15		16	,	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Michael Danic M.D.  Mailing Address 14726 Fox  City Redford  FEC ID number of contributing federal political committee.  Name of Employer  American Anesthesiology  Receipt For:  Primary General Other (specify)	State Zip Code MI 48239-3163  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  333.36	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Colleen M. Dargie M.D.  Mailing Address 22043 Harsdale Dr  City Farmington Hills  FEC ID number of contributing federal political committee.  Name of Employer Henry Ford Medical Center-Fairlane  Receipt For: Primary Other (specify)	State Zip Code MI 48335-5438  C  Occupation physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 13 2014  Transaction ID : C2803782  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Sharon M. Darrow D.O.  Mailing Address 1115 Huntington Ave  City Nichols Hills  FEC ID number of contributing federal political committee.  Name of Employer Northwest Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code OK 73116-6212  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  208.35	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	375.01
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE	MOMBER:	PAGE	= /5 OF	405
(check onl	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

		1.0
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anestho	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Laurie Davies M.D.  Mailing Address PO Box 100254  City Gainesville  FEC ID number of contributing federal political committee.  Name of Employer University of Florida Receipt For:  Primary General Other (specify)	State Zip Code FL 32610-0254  C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt  08 10 2014  Transaction ID : C2800130  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Victor Davila M.D.  Mailing Address 4400 Kipling Rd  City  Columbus  FEC ID number of contributing federal political committee.  Name of Employer Ohio State University  Receipt For:  Primary General Other (specify)	State Zip Code OH 43220  C  Occupation Assistant Professor  Aggregate Year-to-Date ▼  666.72	Date of Receipt  08 01 2014  Transaction ID: C2796734  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Lee Swearengen Davis M.D.  Mailing Address 3935 Club Dr.  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer  Northside Anesthesia Consultants  Receipt For:  Primary General Other (specify)	State Zip Code GA 30319  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 25 2014  Transaction ID : C2812241  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional	al)	833.34
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 76 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Arup De M.D. Date of Receipt Mailing Address 32 Forest Rd 02 2014 City Zip Code State Transaction ID: C2796760 NY Delmar 12054-3039 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Albany Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Maria A. De Castro M.D. Date of Receipt Mailing Address 1616 N Orange Grove Ave 80 14 2014 City State Zip Code Transaction ID: C2803997 CA Los Angeles 90046-2606 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kraig S. de Lanzac M.D. Date of Receipt Mailing Address 12 Tara PI 2014 80 04 City Zip Code State Transaction ID: C2796959 Metairie LA 70002-1559 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.38 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOR LINE NUMBER:						PAGE	7	77	OF	405
(ch	ne	ck only								
	X	11a		11b		11c		12		
		13		14		15		16		17

for each category of the **Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Kraig S. de Lanzac M.D. Date of Receipt Mailing Address 12 Tara Pl 2014 City Zip Code State Transaction ID: C2803907 70002-1559 Metairie LA Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.38 Other (specify) Full Name (Last, First, Middle Initial) B. Leisa W. De Venny M.D. Date of Receipt Mailing Address 3090 Yorktown Dr. 08 30 2014 City State Zip Code Transaction ID: C2816891 AL Tuscaloosa 35406-2713 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation ANESTHESIOLOGY AND PAIN **ANESTHESIOLOGIST** MANAGEMENT OF Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Carol Dion Dean M.D. Date of Receipt Mailing Address 22 Bramhall St 2014 80 26 Anesthesia Dept City Zip Code State Transaction ID: C2814380 MF Portland 04102-3134 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Spectrum Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 78 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) David A. Debenham M.D. Date of Receipt Mailing Address P.O. Box 910369 30 2014 City Zip Code State Transaction ID: C2816897 UT St. George 84791-0369 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Mtn. West anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Kjersti K. Deckert M.D. Date of Receipt Mailing Address 2155 S 116th Cir 80 26 2014 City State Zip Code Transaction ID: C2813042 NE Walton 68461-2026 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Associated Anesthesiologists, PC Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Travis W. Defreese M.D. Date of Receipt Mailing Address 1600 7th Ave., South 2014 80 13 Suite 420 ACC City State Zip Code Transaction ID: C2803844 AL Birmingham 35233 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Pediatric Anesthesia Assoc., P.C pediatric anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 79 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) James S. DeMeester M.D. Date of Receipt Mailing Address 795 Arlington Blvd 2014 City Zip Code State Transaction ID: C2803026 Ann Arbor MI 48104-2727 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Ann Arbor anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Allen Dennis M.D. Date of Receipt Mailing Address 14857 Holly Leaf Dr 80 09 2014 City State Zip Code Transaction ID: C2800073 TX Frisco 75035-7451 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Center for Spine Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Raymond M. Depa D.O. Date of Receipt Mailing Address 445 General John Payne Blvd 2014 80 09 City Zip Code State Transaction ID: C2800085 KY Georgetown 40324-9168 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Kentucky Anesthesia Group, PSC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separat for each cat Detailed Sur

te schedule(s) tegory of the mmary Page	FOF	LINE	NU	MBER	:	PAGE		30 C	)F	405	
	(che	(check only one)									
	X	11a		11b		11c		12			
a.y . ago		13		14		15		16		17	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial) Abhijit Desai M.D.		Date of Receipt
Mailing Address 74 Clairmont St		08 01 2014 =
City	State Zip Code	Transaction ID : C2796613
Longmeadow	MA 01106-1002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.60
Name of Employer	Occupation	-
Milford Anesthesia Associates, Inc Ane	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General  Other (specify) ▼	332.80	
Full Name (Last, First, Middle Initial)  Robert P. Devine M.D.		Date of Receipt
Mailing Address 3901 Rainbow Blvd		M = M / D = D / Y = Y = Y
Mail Stop 1034 City	State Zip Code	08 11 2014 Transaction ID : C2800368
Kansas City	KS 66160	Transaction ID : C2800368  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
The University of Kansas Medical Cente	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Laura I. Dew M.D.	•	Date of Receipt
Mailing Address 3721 Robinhood Street		08
City Houston	State Zip Code TX 77005	Transaction ID : C2796966
FEC ID number of contributing	C	Amount of Each Receipt this Period 83.34
federal political committee.	O .	00.04
Name of Employer	Occupation	1
Greater Houston Anesthesiology	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)		624.94
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 81 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

405

13 14 15 16 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 Full Name (Last, First, Middle Initial) Louis J. DeWild M.D. Date of Receipt Mailing Address 1215 Pleasant St., #400 2014 City Zip Code State Transaction ID: C2803848 Des Moines IΑ 50309 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew E. Dick M.D. Date of Receipt Mailing Address 1345 South CR 150 West 80 13 2014 City State Zip Code Transaction ID: C2803594 IN Brownstown 47220 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Schneck Medical Center Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Niki M. Dietz M.D. Date of Receipt Mailing Address 650 Windermere Ct NW 80 14 2014 City Zip Code State Transaction ID: C2804779 MN Oronoco 55960 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Mayo Clinic anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 82 OF 405

(1 = 0 1 01111 021)		TOTAL MONIBERS								
TEMIZED RECEIPTS	Use separate schedule(s)	(check only one)								
IEWIZED RECEIPTS	for each category of the Detailed Summary Page		X 11a 11b			11c 12		2		
	Detailed Summary Fage		13	14		15	10	6	17	7
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 P	olitical Action Committe	ee								

/	•	-	
١.	Full Name (Last, First, Middle Initial) Christian Diez M.D.  Mailing Address 7915 SW 55 Avenue		Date of Receipt
	City Miami  FEC ID number of contributing federal political committee.  Name of Employer  University of Miami  Receipt For:  Primary General  Other (specify)	State Zip Code FL 33143  C  Occupation Physician  Aggregate Year-to-Date ▼  583.38	O8 12 2014 Transaction ID : C2800419  Amount of Each Receipt this Period  83.34
3.	Full Name (Last, First, Middle Initial)  Gary J. DiLisio M.D.  Mailing Address 324 Gannett Dr Ste 200		Date of Receipt
-	City South Portland FEC ID number of contributing federal political committee.	State Zip Code ME 04106-3266	O8 02 2014  Transaction ID : C2796752  Amount of Each Receipt this Period  83.34
	Name of Employer  Spectrum Medical Management  Receipt For:  Primary General  Other (specify) ▼	Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  666.72	
).	Full Name (Last, First, Middle Initial)  Aristeidie M. Diveris M.D.  Mailing Address 825 N Sheridan Rd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lake Forest  FEC ID number of contributing federal political committee.	State Zip Code IL 60045-2226	Transaction ID : C2806235  Amount of Each Receipt this Period  41.67
	Name of Employer  Forerunner Anesthesia Ltd  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  333.36	
SI	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	208.35
TC	OTAL This Period (last page this line number o	nly)	

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

FOR LINE NUMBER: (check only one)

FOF	LINE	:	PAGE	33	OF	4	405		
(che	ck only	or	ne)						
×	11a		11b		11c	12			
	13		14		15	16			17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	)
Full Name (Last, First, Middle Initial) Cheryl L. Dixon M.D.  Mailing Address 144 Sea Island Drive  City	Date of Receipt  08 13 2014  Transaction ID : C2803663	
Ponte Vedra Beach  FEC ID number of contributing federal political committee.	State         Zip Code           FL         32082-3734	Amount of Each Receipt this Period 500.00
Name of Employer  Baptist Medical Center Beaches  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Christopher E. Dobson M.D.  Mailing Address 567 Estates Pl.	Chata 7: 0-d-	Date of Receipt  08 05 2014
City Longwood  FEC ID number of contributing federal political committee.	State         Zip Code           FL         32779-2857	Transaction ID : C2798618  Amount of Each Receipt this Period  500.00
Name of Employer USAP  Receipt For:  Primary General Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Timothy J. Doles M.D.  Mailing Address 9149 Brenham Ct		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Montgomery  FEC ID number of contributing federal political committee.  Name of Employer  Montgomery Anesthesia Associates  Receipt For:  Primary General Other (specify)	State Zip Code AL 36117-0923  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  1000.00	Transaction ID : C2796606  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2000.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	34	OF	•	405
(check only one)									
X	X 11a 11b					12			
	13		14		15	16	;		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Jill Dombrowski PhD  Mailing Address 5123 Watson St NW  City Washington  FEC ID number of contributing	State Zip Code DC 20016	Date of Receipt    M
federal political committee.  Name of Employer  Catholic University  Receipt For:  Primary General  Other (specify) ▼	Occupation Nurse  Aggregate Year-to-Date ▼  250.00	250.00
Full Name (Last, First, Middle Initial)  Karen B. Domino M.D., M.P.  Mailing Address Department of Anesthesiolog  1959 NE Pacific St # 356540  City  Seattle		Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer University of Washington  Receipt For:  □ Primary □ General □ Other (specify) ▼	C Occupation professor Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Patrick J. Donahue M.D.  Mailing Address 15 Chandler Circle  City Andover  FEC ID number of contributing federal political committee.  Name of Employer  MGH NSMC  Receipt For:  Primary General Other (specify)	State Zip Code MA 01810  C  Occupation Physician  Aggregate Year-to-Date ▼  225.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	875.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE	NUMBER	: PAG	E 85 OF	405
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	d Statements may not be sold or used by any pers the name and address of any political committee to			
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	9		
Full Name (Last, First, Middle Initial)  Matthew Donovan M.D.	atthew Donovan M.D.			
Mailing Address 3333 Evergreen Drive N.E.		08 22 2014		
City	State Zip Code	Transaction ID : C2811908		
Grand Rapids	MI 49525-9756	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer	Occupation	1		
Anesthesia Practice Consultants, P.C.	Anesthesiologist			
Receipt For:  Primary General  Other (specify) —	Aggregate Year-to-Date ▼			
Other (specify) ▼	291.09			
Full Name (Last, First, Middle Initial)  Thomas A. Dosland M.D.		Date of Receipt		
Mailing Address 9780 Hidden Glade Rd		08 29 / Y = Y = Y = Y		
City	State Zip Code MN 55110	Transaction ID : C2816261		
Saint Paul	MN 55110	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer	Occupation	]		
Associated Anesthesiologists, PA	Anesthesiologist			
Receipt For:  Primary  General	Aggregate Year-to-Date ▼			
Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Christopher Dow M.D.		Date of Receipt		
Mailing Address 240 South Rd		08 13 2014		
City Hampden	State Zip Code MA 01036	Transaction ID : C2803414  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer	Occupation	-		
Springfield Anesthesia Service, Inc	Anesthesiologist			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Other (specify)	230.00			
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	541.67		
TOTAL This Period (last page this line number	er only)			

FOR LINE NUMBER: PAGE 86 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Donald D. Downs M.D. Date of Receipt Mailing Address 7351 Oliver Woods Dr SE 07 2014 City Zip Code State Transaction ID: C2799594 **Grand Rapids** MI 49546-9707 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.04 Other (specify) Full Name (Last, First, Middle Initial) B. Donald D. Downs M.D. Date of Receipt Mailing Address 7351 Oliver Woods Dr SE 80 13 2014 City State Zip Code Transaction ID: C2803965 **Grand Rapids** MI 49546-9707 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.04 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Doyle M.D. Date of Receipt Mailing Address 120 N River Dr 80 19 2014 City State Zip Code Transaction ID: C2808513 FL St Augustine 32095-8895 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Anesthesia Associates of Clay County Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	: {	37	OF	4	405	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  John Draper M.D.  Mailing Address 10616 Casador Del Oso N	=	Date of Receipt
radices 10010 Casador Del Oso N	<u> </u>	08 13 2014
City	State Zip Code	Transaction ID : C2803771
Albuquerque	NM 87111-6920	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Anesthesia Specialists of Albuquerque	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Donald A. Drew M.D.		Date of Receipt
Mailing Address 4647 Zion Ave		08 13 2014
City San Diago	State Zip Code CA 92120-2507	Transaction ID : C2803592
San Diego	CA 92120-2507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Kaiser Hospital Dept of Anes  Receipt For:	Anesthesiologist	4
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  C. Clarkson M. Driggers M.D.		Date of Receipt
Mailing Address 713 N Lake Adair Blvd		08 13 2014
City Orlando	State Zip Code FL 32804	Transaction ID : C2803875
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
EAG	Physician	4
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line numb	er only)	

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 88 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c	E	12 16	17
ny information copied from such Reports and Statements ma	, , , ,					_		;

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 Full Name (Last, First, Middle Initial) Denise M. Drvol M.D. Date of Receipt Mailing Address 3330 N. 129th Circle 24 2014 City State Zip Code Transaction ID: C2812064 ΝE Omaha 68164-4238 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation pediatric anesthesiologist Children Specialty Physicians Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Douglas A. Dubbink M.D. Date of Receipt Mailing Address 4279 Dartmouth Ct 80 2014 18 City State Zip Code Transaction ID: C2807053 MN Eagan 55123-3065 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Twin Cities Anesthesiologists, P.A. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Victor A. Dudzik M.D. Date of Receipt Mailing Address 2616 Whitchurch Lane 2014 80 13 City State Zip Code Transaction ID: C2803839 IL Naperville 60564 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation DuPage Valley Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	: 8	39	OF	405
(check only one)									
X 11a 11b			11c		12				
	13		14		15		16		17

		1.0
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Amy L. Duhachek-Stapelman M.D., Mailing Address PO Box 315  City Bennington  FEC ID number of contributing federal political committee.  Name of Employer University of Nebraska Medical Center Receipt For:  Primary General Other (specify)	B.S.  State Zip Code NE 68007-0315  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt    Mark
Full Name (Last, First, Middle Initial) Christopher J. Dunkerley M.D.  Mailing Address 49 McCormack Rd  City Slingerlands  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Group of Albany  Receipt For:  Primary General Other (specify)	State Zip Code NY 12159-9647  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 23 2014  Transaction ID : C2811995  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Gregory Dwight D.O.  Mailing Address 37103 Weymouth Dr  City Livonia  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates of Ann Arbor Receipt For: Primary General Other (specify)	State Zip Code MI 48152  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE	-	: PAGE	90 OF	405
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	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)

$\overline{}$			
$\left. \right\rangle$	American Society of Anesthesio	logists Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Anthony L. Edelman M.D.  Mailing Address 1309 Baldwin Ave  City Ann Arbor  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates of Ann Arbor  Receipt For:	State Zip Code MI 48104-3624  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID: C2803749  Amount of Each Receipt this Period  250.00
	Primary General Other (specify) ▼	250.00	
B.	Full Name (Last, First, Middle Initial)  Steven Brian Edelstein M.D.  Mailing Address 2160 S 1st Ave Bldg. 103, Room 3106  City  Maywood  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For: Primary General Other (specify)	State Zip Code IL 60153  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Charlene Edwards Green M.D.  Mailing Address 4 Sail View Cv  City Greensboro  FEC ID number of contributing federal political committee.  Name of Employer Southeast Anesthesia Receipt For:  Primary General Other (specify)	State Zip Code NC 27455  C  Occupation physician  Aggregate Year-to-Date ▼  750.00	Date of Receipt  M M / D J 2014  Transaction ID: C2803231  Amount of Each Receipt this Period  250.00
s	UBTOTAL of Receipts This Page (optional)	·····	1000.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE		91	OF	4	405	
(check only one)											
	X 11a 11b					11c		12			
		13		14		15		16			17

**Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Tamara Ehlert M.D. Date of Receipt Mailing Address 469 Conway Village Dr 2014 City Zip Code State Transaction ID: C2803959 MO St. Louis 63141 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Tamara K. Ehlert, M.D. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jesse O. Ehrenclou M.D. Date of Receipt Mailing Address 398 Poindexter Ln 08 2014 80 City State Zip Code Transaction ID: C2799778 SC Lexington 29072-7858 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Lexington medical center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Eisenmenger M.D. Date of Receipt Mailing Address 3793 Valley Crest Dr 2014 80 13 City Zip Code State Transaction ID: C2803655 CO Timnath 80547-2223 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Northern Co. Anesthesia Professional C Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		7		7	I	15	00.0	0	Ī
TOTAL This Period (last page this line number only)		7	_	7	_	_			]

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

					PAGE	. (	92	OF	•	405	
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Beth A. Elliott M.D.		Date of Receipt
Mailing Address Anesthesia Dept. 200 First St. S.W.		08 20 2014
City	State Zip Code	Transaction ID : C2809847
Rochester	MN 55905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Mayo Clinic	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Jay S. Ellis Jr., M.D.	Date of Receipt	
Mailing Address 3211 Elys Path	Stata 7in Codo	08 13 2014
City San Antonio	State Zip Code TX 78230-2886	Transaction ID : C2802874
FEC ID number of contributing federal political committee.	C 70230-2000	Amount of Each Receipt this Period
Name of Employer Tejas Anesthesia	Occupation Physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) C. Theodore J. Ellis Sr., M.D.	-	Date of Receipt
Mailing Address 1223 Bonnema Ct		08 12 2014
City Naperville	State Zip Code IL 60565-5243	Transaction ID : C2800418  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
Dupage Valley Anesthesiologists Ltd	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	333.36	
SUBTOTAL of Receipts This Page (optional)		1291.67
TOTAL This Period (last page this line numb	per only)	

Ingham Regional Medical Center

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

FOR LINE NUMBER:					PAGE		93	OF	4	405	
(check only one)											
	X 11a 11b					11c		12			
		13		14		15		16			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 Full Name (Last, First, Middle Initial) Truitt C. Ellis M.D. Date of Receipt Mailing Address 4421 Sheppard PI 2014 City State Zip Code Transaction ID: C2803852 TN 37205-3813 Nashville Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation anesthesiologists Anesthesia Medical Group anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kenneth Elmassian D.O. Date of Receipt Mailing Address 2399 Pine Hollow Dr. 80 2014 01 City Zip Code State Transaction ID: C2796619 East Lansing MI 48823 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation

Hecelpt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  C. Michael R. England M.D.		Date of Receipt
Mailing Address 250 Beacon St # 5		08 23 2014
City	State Zip Code	Transaction ID : C2812004
Boston	MA 02116-1203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
tufts medical center	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.36	

Anesthesiologist

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

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

225.01

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

405 94 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Jay H. Epstein M.D. Date of Receipt Mailing Address 7358 Sawgrass Point Dr 2014 City State Zip Code Transaction ID: C2803876 FL 33782-4204 Pinellas Park Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation **GFA** physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence Epstein M.D. Date of Receipt Mailing Address 1 Gustave L Levy PI Dept Ofanesthe Department of Anesthesiology 80 2014 12 City State Zip Code Transaction ID: C2800399 New York NY 10029-6504 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee.

M	lame of Employer    Mount Sinai School of Medicine   Receipt For:   Primary General   Other (specify) ▼	Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  999.76	
C M	Full Name (Last, First, Middle Initial) Luis Esparza M.D.  Mailing Address 2810 N Swan Rd Ste 100  City Tucson  FEC ID number of contributing ederal political committee.  Jame of Employer  DLD PUEBLO ANESTH	State Zip Code AZ 85712-6300  C Occupation ANESTHESIOLOGIST	Date of Receipt  M M M / D D / Y J J J J J J J J J J J J J J J J J J
Ē	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
<b> </b>			668.30

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

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

FOR LINE NUMBER: PAGE 95 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER.				FAGL	- :	<i>5</i> 0	Oi	 +05
(check only one)									
	X 11a		11b		11c		12		
	13		14		15		16	;	17

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Christopher Espinosa M.D.  Mailing Address 25 N Winfield Rd		Date of Receipt
		08 09 2014
City	State Zip Code	Transaction ID: C2800070
Winfield	IL 60190-1222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
West Central Anesthesiology Group, Ltd	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  3. Monique Espinosa M.D.		Date of Receipt
Mailing Address PO Box 16370		M M / D D / Y Y Y Y Y
Anes. Dept.		08 13 2014
City	State Zip Code	Transaction ID : C2803265
Miami	FL 33101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Univ. of Miami	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	453.36	
Full Name (Last, First, Middle Initial)  C. Monique Espinosa M.D.		Date of Receipt
Mailing Address PO Box 16370 Anes. Dept.	Choto 7'- 0 '	08 28 2014
City Miami	State Zip Code FL 33101	Transaction ID : C2815074  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Univ. of Miami	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	453.36	
SUBTOTAL of Receipts This Page (optional)		153.34
TOTAL This Period (last page this line number	r only)	

	FOR LINE N	NUMBER:	PAGE	= 96	OF
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
,,	13	1/	15	16	Г

405

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  David H. Evans M.D.  Mailing Address 13 Woodmere Dr.  City  Dothan  FEC ID number of contributing federal political committee.  Name of Employer  Southeast Alabama Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 36301-9355  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  James Evans M.D.  Mailing Address 2302 Kingsmill Cir  City Tyler  FEC ID number of contributing federal political committee.  Name of Employer Trinity Clinic Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code TX 75703-5819  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  350.00	Date of Receipt  08 02 2014  Transaction ID: C2796761  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  James C. Evans D.O.  Mailing Address 8765 Clark rd  City Grand Ledge  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Staffing Consultants  Receipt For:  Primary General Other (specify)	State Zip Code MI 48837  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 13 2014  Transaction ID : C2801566  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	800.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 97 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) George E. Fant M.D. Date of Receipt Mailing Address P.O. Box 8305 2014 City Zip Code State Transaction ID: C2803705 Gadsden AL 35902-8305 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ana M. Faus M.D. Date of Receipt Mailing Address 7330 E. Bayaud Ave. 80 2014 14 City State Zip Code Transaction ID: C2804782 CO Denver 80230 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Greater Colorado Anesthesia physicain Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Feaster M.D. Date of Receipt Mailing Address 507 Ocean Avenue 2014 80 12 City State Zip Code Transaction ID: C2800417 CA Seal Beah 90740 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Childrens Hospital Orange County anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1999.84 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 98 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) William Feaster M.D. Date of Receipt Mailing Address 507 Ocean Avenue 2014 City State Zip Code Transaction ID: C2805123 CA Seal Beah 90740 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Childrens Hospital Orange County anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1999.84 Other (specify) Full Name (Last, First, Middle Initial) B. William Feaster M.D. Date of Receipt Mailing Address 507 Ocean Avenue 80 27 2014 City State Zip Code Transaction ID: C2814819 Seal Beah CA 90740 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Childrens Hospital Orange County anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1999.84 Other (specify) Full Name (Last, First, Middle Initial) c. David Feinstein M.D. Date of Receipt Mailing Address Department of Anesthesia 330 Brookline Avenue 80 06 2014 City Zip Code State Transaction ID: C2799274 MA **Boston** 02215 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Beth Israel Deaconess Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.02 Other (specify) 208.31 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE	-	: PAGE	99 OF	405				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  David Feinstein M.D.  Mailing Address Department of Anesthesia 330 Brookline Avenue  City Boston  FEC ID number of contributing federal political committee.  Name of Employer Beth Israel Deaconess Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code MA 02215  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Paul Fellenbaum M.D.  Mailing Address 1 Spring Street  Unit 1802  City  New Brunswick  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia consultants of NJ LLC  Receipt For:  Primary  General  Other (specify)	State Zip Code NJ 08901  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Melvin A. Ferlita M.D.  Mailing Address 320 Jade Ct.  City  Madisonville  FEC ID number of contributing federal political committee.  Name of Employer  APMC  Receipt For:  Primary  Other (specify)   General	State Zip Code LA 70447-3128  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  433.36	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	850.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:	PAGE 100 OF
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	11c 12
,	13 14	15 16

405

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Melvin A. Ferlita M.D.  Mailing Address 320 Jade Ct.  City  Madisonville  FEC ID number of contributing federal political committee.  Name of Employer  APMC  Receipt For:  Primary  General  Other (specify)	State Zip Code LA 70447-3128  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  433.36	Date of Receipt  08 15 2014  Transaction ID: C2805126  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  James R. Ferre M.D.  Mailing Address 10600 San Bernardino Dr Ni  City  Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Associates of New Mexico  Receipt For:  Primary  General  Other (specify)	State Zip Code NM 87122-3449  C  Occupation Anesthesiologist  Aggregate Year-to-Date  201.00	Date of Receipt  08 05 2014  Transaction ID : C2799223  Amount of Each Receipt this Period  201.00
Full Name (Last, First, Middle Initial)  Marley S. Ferris M.D.  Mailing Address 17141 Albans Rd  City Houston  FEC ID number of contributing federal political committee.  Name of Employer  Greater Houston Anesthesiology, LLC  Receipt For:  Primary General Other (specify)	State Zip Code TX 77005  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	492.67
TOTAL This Period (last page this line number	r only)	

	FOR LINE NUMBER: PAGE 101 OF	
Use separate schedule(s)	(check only one)	_
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
	13 14 15 16	_

405

	Detailed Summary Page	13 14 15 16 17
	nd Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	esiologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Gregory Fiasconaro M.D.  Mailing Address 505 Chestnut St		Date of Receipt
City Cheshire	State Zip Code CT 06410	08 23 2014  Transaction ID : C2811990  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  Anesthesiology of Middletown  Receipt For:	Occupation physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  Jonathon R. Fiebing M.D.  Mailing Address 1109 Bay St		Date of Receipt
City Traverse City	State Zip Code MI 49684-1450	7 Transaction ID : C2803738  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Traverse Anesthesia As Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Lisa Finn M.D.		Date of Receipt
Mailing Address 2 Hawthorne Ter	75 0.4	08 19 2014
City Saddle River	State Zip Code NJ 07458	Transaction ID : C2808480  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Advanced Perioperative Medicine  Receipt For:  Primary  General  Other (specify)	anesthesiologist  Aggregate Year-to-Date ▼  250.00	-
SUBTOTAL of Receipts This Page (optional	)	550.00
TOTAL This Period (last page this line num	her only)	

	FOR	LINE	NU	MRFK	:	PAGE	: 1	02 O
	(che	ck only	or or	ne)				
for each category of the Detailed Summary Page	×	11a		11b		11c		12
,		13		14		15		16

405

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 Full Name (Last, First, Middle Initial) Juan Firnhaber M.D. Date of Receipt Mailing Address 936 Nottingham Rd 2014 City Zip Code State Transaction ID: C2801447 NC Greenville 27858 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **ECAA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory W. Fischer M.D. Date of Receipt Mailing Address 183 Cat Rock Rd P.O. Box 1010 80 2014 13 City State Zip Code Transaction ID: C2801501 CT Cos Cob 06807-1202 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Mount Sinai Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) **c.** Stephen A. Fischer M.D. Date of Receipt Mailing Address 154 Boynton Ave 2014 80 16 Zip Code City State Transaction ID: C2806189 St Johnsbury VT 05819-1125 Amount of Each Receipt this Period FEC ID number of contributing C 41.60 federal political committee. Name of Employer Occupation NVRH, St Johnsbury, VT MD Director, Department of Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 332.80 Other (specify) 624.94 SUBTOTAL of Receipts This Page (optional).....

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

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 103 OF 405

ITEMIZED DECEIPTS		Use separate schedule(s)	(check or	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12 16	17	
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  American Society of Anes	using the name and a	ddress of any political committee	erson for the		pose of s	soliciting	g contribut	ions	
/ /	anosiologisto i								
Full Name (Last, First, Middle Initial)  A. Michael T. Flanagan M.D.			Date	of Re	eceipt				
Mailing Address 208 Haven Dr			M 08	M /	13	/ Y	2014	Y	
City Dothan	State AL	Zip Code 36301-2909			ion ID : 0		37 nis Period		
FEC ID number of contributing federal political committee.	С				7	-	500	.00	
Name of Employer	Occupation	1							
Southeast Pain Management Ctr	Pain Manag	gement Physician							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
Full Name (Last, First, Middle Initial)									
B. Melissa Flanigan D.O.			Date	of Re	eceipt				
Mailing Address 250 Fredd St			08	-	29	/ Y	2014	Y	
City	State	Zip Code	Tran	sacti	ion ID : C	281568	38		
Morgantown	WV	26501-2219	Amou	nt of	Each Re	ceipt th	nis Period		
FEC ID number of contributing federal political committee.	С				,	-1	41.	67	
Name of Employer WVUH	Occupation anesthesiol								
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼	riggrogate	333.36	]						
Full Name (Last, First, Middle Initial)  C. Shelley Fleet M.D.	<u> </u>		Date	of Re	eceipt				
Mailing Address 2073 Hutton Pt.			08	M /	18	/ Y	2014	Y	
City	State	Zip Code	Trar	nsact	ion ID : (	228080	80		
Longwood	FL	32779-2855	Amou	nt of	Each Re	ceipt th	nis Period		
FEC ID number of contributing federal political committee.	C			_	,	-,	500	.00	
Name of Employer	Occupation								
JLR Medical Group	Anesthesio	logist							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]						
SUBTOTAL of Receipts This Page (opt				÷	7	-	1041.	67	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 104 OF 405

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Roberto C. Flores M.D.  Mailing Address 1602 Governors Dr Apt 1922  City Pensacola  FEC ID number of contributing federal political committee.  Name of Employer Panhandle Anesthesiology Associates, P Receipt For: Primary General Other (specify)	State Zip Code FL 32514-9424  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.36	Date of Receipt  08 29 2014  Transaction ID: C2815680  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) Roland A. Flores Jr., M.D.  Mailing Address 1218 Brompton Ct  City Sugar Land  FEC ID number of contributing federal political committee.  Name of Employer Baylor College of Medicine Dept of Ane  Receipt For:  Primary General Other (specify)	State Zip Code TX 77479-2699  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID : C2801877  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Michael R. Flynn M.D.  Mailing Address 6808 Stone Mill Dr  City  Knoxville  FEC ID number of contributing federal political committee.  Name of Employer  University Anesthesiologists  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37919-7496  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  666.72	Date of Receipt  08 11 2014  Transaction ID : C2800156  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)		625.01
TOTAL This Period (last page this line number	only)	

Lies concrete achadula(a)		PAGE 105 OF 405
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b	11c 12
, ,	13 14	15 16 17

Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  A. Joseph M. Forand M.D.		Date of Receipt
Mailing Address 2 Fox Meadows		08 13 2014
City	State Zip Code	Transaction ID : C2803813
Saint Louis	MO 63127-1401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
South County Anesthesia	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Brandt A. Foreman M.D.	I	Date of Receipt
Mailing Address P.O. Box 20787		08 13 2014
City	State Zip Code	Transaction ID: C2803947
San Jose	CA 95160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Coast Anesthesia Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Ivy F. Forkner M.D.	-	Date of Receipt
Mailing Address 855 W Peachtree St NW		08 13 2014
City	State Zip Code	Transaction ID : C2802023
Atlanta	GA 30308-1183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Emory University Dept. of Anes.	Resident	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	·)	750.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 106 OF 405 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Stephen M. Forney M.D. Date of Receipt Mailing Address 1215 Pleasant St., Ste. 400 2014 City Zip Code State Transaction ID: C2807270 Des Moines IΑ 50309 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Information Requested Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert A. Forte M.D. Date of Receipt Mailing Address 10580 S Vinewood Rd W# 92 80 30 2014 City State Zip Code Transaction ID: C2816910 IN Roanoke 46783-9228 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists of Fort W Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph F. Foss M.D., B.S. Date of Receipt Mailing Address Dept of Anesthesiology 9500 Euclid Ave E31 80 06 2014 City State Zip Code Transaction ID: C2799273 OH Cleveland 44195-0001 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Cleveland Clinic Foundation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.02 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 107 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Joseph F. Foss M.D., B.S. Date of Receipt Mailing Address Dept of Anesthesiology 9500 Euclid Ave E31 2014 City Zip Code State Transaction ID: C2801491 OH Cleveland 44195-0001 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Cleveland Clinic Foundation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.02 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Foster M.D. Date of Receipt Mailing Address 161 Rosehill Dr 80 2014 31 City State Zip Code Transaction ID: C2816931 PA Bellefonte 16823 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mount Nittany Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles J. Fox M.D. Date of Receipt Mailing Address 1501 King Hwy 80 13 2014 LSU Health City State Zip Code Transaction ID: C2803321 LA shreveport 71130 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Professor and Chair Louisiana State University Health Scie Receipt For: Aggregate Year-to-Date ▼ Primary General 1166.72 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 108 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Charles J. Fox M.D. Date of Receipt Mailing Address 1501 King Hwy LSU Health 2014 24 City State Zip Code Transaction ID: C2812043 71130 shreveport LA Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Professor and Chair Louisiana State University Health Scie Receipt For: Aggregate Year-to-Date ▼ Primary General 1166.72 Other (specify) Full Name (Last, First, Middle Initial) **B.** John Alan Fox M.D. Date of Receipt Mailing Address 50 Hearthstone Way 80 26 2014 City State Zip Code Transaction ID: C2813047 MA Hanover 02339 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Brigham and Womens Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Teresa O. Fox M.D. Date of Receipt Mailing Address 5585 St Joseph Fairway 2014 80 13 City Zip Code State Transaction ID: C2803869 TN Memphis 38120 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Medical Anesthesia group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 109 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) William A. Frame M.D. Date of Receipt Mailing Address 2300 N Edward St 2014 City State Zip Code Transaction ID: C2800439 Decatur IL 62526-4163 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Decatur Mem Hosp Anes Dept Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Frandrup M.D. Date of Receipt Mailing Address 11201 Benton St mailstop: 112A 80 2014 19 City State Zip Code Transaction ID: C2808522 CA Loma Linda 92357 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Department of Defense Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Scott R. Frank M.D. Date of Receipt Mailing Address 2426 Gretter PI 2014 80 13 City Zip Code State Transaction ID: C2803964 Alexandria VA 22311-4958 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Washington Hospital Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 110 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Thomas M. Fuhrman M.D. Date of Receipt Mailing Address PO Box 5005 2014 Anesthesia 123 City Zip Code State Transaction ID: C2801464 FL **Bay Pines** 33744-5005 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation **Bay Pines VAHCS** anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffery L. Fuqua M.D. Date of Receipt Mailing Address 12419 Mallard Bay Dr. 80 02 2014 City State Zip Code Transaction ID: C2796751 TN Knoxville 37922 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph W. Galassi Jr., M.D. Date of Receipt Mailing Address 193 Lilac Dr 2014 80 09 City Zip Code State Transaction ID: C2800069 PΑ Allentown 18104-8552 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Allentown Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 283.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 111 OF 405 Use separa for each ca Detailed S

ate schedule(s)	_	(check only one)									
ategory of the ummary Page	×	11a		11b		11c		12			
, 0		13		14		15		16		17	

Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Thomas B. Gallen M.D., M.P.  Mailing Address 20 Flowermound Dr		Date of Receipt
		08 13 2014
City	State Zip Code	Transaction ID : C2803795
W Lafayette	IN 47906-9050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
IU Health	Cardiothoracic Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Emilio B. Gallo M.D.		Date of Receipt
Mailing Address 8930 Southern Breeze Dr.	7. 0.	08 02 2014
City	State Zip Code	Transaction ID : C2796907
Orlando	FL 32836	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
JLR-USAP	Medical Doctor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Josephine Gambardella M.D.		Date of Receipt
Mailing Address 3300 Gallows Rd		08 21 2014
City	State Zip Code	Transaction ID : C2811898
Falls Church	VA 22042-3307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Fairfax Anesthesiology Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	1500.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: (check only one) X 11a 11b 11c

PAGE 112 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Choudary C. Ganga M.D. Date of Receipt Mailing Address 1720 Louisiana Blvd., N.E. Suite 401 07 2014 City Zip Code State Transaction ID: C2799775 NM Albuquerque 87110 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Associates of New Mexico Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Z. Garber M.D. Date of Receipt Mailing Address 21551 Anns Lane 80 13 2014 City State Zip Code Transaction ID: C2801635 CA Laguna Beach 92651 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation California Anesthesia Assoc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew Garced M.D. Date of Receipt Mailing Address 3145 Geary Blvd # 426 2014 80 13 City State Zip Code Transaction ID: C2803599 CA San Francisco 94118-3316 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Peninsula Anesthesia Consultants, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1250.00

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

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

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

FOF	R LINE	NU	IMBER	:	PAGE	1	13 OF	•	405
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Gloria T. Garcia M.D.		Date of Receipt
Mailing Address 1415 Hounds Hollow Ct.		08 28 2014
City Lutz	State Zip Code FL 33549-5711	Transaction ID : C2815635  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  University Community Hospital  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Jorge Garcia M.D.  Mailing Address 100 Whetstone PI Ste 310	•	Date of Receipt
City Saint Augustine	State Zip Code FL 32086-5775	Transaction ID : C2801984  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Coastal Anesthesiology	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Rodney H. Garcia M.D.		Date of Receipt
Mailing Address 132 Garcia St NE Apt B		08 20 2014
City Albuquerque	State Zip Code NM 87123-2659	Transaction ID : C2809466  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  Anesthesia Associates of New Mexico	Occupation  Anesthesiologist	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1500.00
TOTAL This Period (last page this line number	er only)	

	FOR	LINE	ΝU	MRFK	:	PAGE	: 1	14 C
Use separate schedule(s)	(che	ck only	or	ıe)				
for each category of the Detailed Summary Page	×	11a		11b		11c		12
,		13		14		15		16

405

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 Full Name (Last, First, Middle Initial) John F. Geiser M.D. Date of Receipt Mailing Address 6215 Tremont St 2014 City State Zip Code Transaction ID: C2800123 TX Dallas 75214 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Metropolitan Anes. Consultants Anaesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Greg J. Ghiardi M.D. Date of Receipt Mailing Address 505 E. Ridge St 80 13 2014 City State Zip Code Transaction ID: C2803644 MI 49855 Marquette Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiology of Marquette physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Giam M.D. Date of Receipt Mailing Address 2411 Fountain View, Suite 200 02 2014 80 Greater Houston Anesthesiology City State Zip Code Transaction ID: C2796756 Houston TX 77057-4817 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee.

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

666.72

Occupation

Aggregate Year-to-Date ▼

Physician

Name of Employer

Primary

Receipt For:

Greater Houston Anesthesiology

Other (specify)

General

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

	LINE			PAGE	: 1	15 OF	405	
(che	ck only	or	ne)					
×	11a		11b		11c		12	
	13		14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using to	I Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Rosanne F. Giannuzzi M.D.		Date of Receipt
Mailing Address 821 Bloomfield St		08 21 2014
City	State Zip Code	Transaction ID : C2811895
Hoboken	NJ 07030-5009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Montclair Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Susan Giesecke		Date of Receipt
Mailing Address 6903 Westlake Ave		08 11 2014
City	State Zip Code	Transaction ID : C2800365
Dallas	TX 75214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Retired	Occupation Retired	-
Receipt For:		-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  C. Lesley I. Gilbertson M.D.		Date of Receipt
Mailing Address 9250 Given Road		08 13 2014
City	State Zip Code OH 45243-1146	Transaction ID : C2803027
Cincinnati	OH 45243-1146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
University of Cincinnati Medical Cente	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		2000.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 116 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Bonny Gillis M.D. Date of Receipt Mailing Address 7703 Floyd Curl Dr Dept of Anes 2014 18 City State Zip Code Transaction ID: C2808096 TX 78229-3901 San Antonio Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Texas Health Sciences Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas D. Gillock M.D. Date of Receipt Mailing Address 6839 S. Canton 80 13 2014 City State Zip Code Transaction ID: C2803614 OK Tulsa 74136 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Associated Amesthesiologists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John J. Giustozzi Jr., M.D. Date of Receipt Mailing Address 130 Treetops Dr 2014 80 24 City State Zip Code Transaction ID: C2812053 PΑ State College 16801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Nittany Anesthesia, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 117 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Philip Glogover M.D. Date of Receipt Mailing Address 21150 NE 38th Ave Apt 703 2014 City Zip Code State Transaction ID: C2803631 FL Aventura 33180-4034 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Sheridan Healthcare Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David F. Gloyna M.D. Date of Receipt Mailing Address 2401 S 31st Scott and White, Dept. of Anes. 80 2014 14 City State Zip Code Transaction ID: C2804060 TX Temple 76508-0001 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Scott and White, Dept. of Anes. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jose M. Goldar M.D. Date of Receipt Mailing Address 1453 SW 156th Way 2014 80 13 State Zip Code Transaction ID: C2801537 FL Pembroke Pines 33027-2379 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Anesthesiologist Sheridan Healthcorp Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

405 FOR LINE NUMBER: PAGE 118 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Jose M. Goldar M.D. Date of Receipt Mailing Address 1453 SW 156th Way 2014 27 City State Zip Code Transaction ID: C2814771 FL Pembroke Pines 33027-2379 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Sheridan Healthcorp Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly J. Golden M.D. Date of Receipt Mailing Address 57 River Ridge Rd 08 13 2014 City State Zip Code Transaction ID: C2802971 AR Little Rock 72227-1525 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of Arkansas for medical sci Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Adam D. Goldstein M.D. Date of Receipt Mailing Address 1 Hickory Ct 2014 80 29 City Zip Code State Transaction ID: C2816708 CT East Lyme 06333-1467 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)		Ξ	7	Ī	Ī	7	I	129	91.67	7	
TOTAL This Period (last page this line number only)			7		_	7	_	Ξ	<u>.                                    </u>	Ξ	

250.00

Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 119 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements ma	, , , ,				U		

Ar 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 Full Name (Last, First, Middle Initial) Marilyn J. Goldstein M.D. Date of Receipt Mailing Address 412 Ridgepoint Court 2014 28 City State Zip Code Transaction ID: C2826418 TN Piney Flats 37686 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Physician- Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) **B.** Peter Goldzweig D.O. Date of Receipt Mailing Address 942 Wood Hollow Ln 80 2014 01 City State Zip Code Transaction ID: C2796633 NJ Ridgewood 07450 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation TeamHealth physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan Gombola M.D. Date of Receipt Mailing Address 700 S Park St 17 2014 80 St. Marys Hospital - Department of Zip Code City State Transaction ID: C2806242 WI Madison 53715 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Dean Clinic physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 166.68 SUBTOTAL of Receipts This Page (optional).....

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

	FOF	R LINE	NU	MBER	:	PAGE	1	20 OF	405
Use separate schedule(s) for each category of the	`	ck only	or	ne)		_			
Detailed Summary Page	×	11a		11b		11c		12	
, ,		13		14		15		16	17

	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Maria A. Gomez M.D.  Mailing Address 5828 N 3RD AVE  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  Valley Anesthesiology Consultants, Ltd  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85013-1538  C  Occupation Anesthesiology  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / 2014  Transaction ID : C2809984  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Daniel B. Gosdin M.D.  Mailing Address 561 Lake Colony Dr.  City  Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  AAPC  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 35242  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M
Full Name (Last, First, Middle Initial)  Michael C. Gosney M.D.  Mailing Address 108 Chase Dr  City  Muscle Shoals  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Medical Consultants, LLC  Receipt For:  Primary General Other (specify)	State Zip Code AL 35661  C  Occupation Physician  Aggregate Year-to-Date ▼  916.72	Date of Receipt  M M M / D D / 2014  Transaction ID : C2796616  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional).	<u> </u>	883.34
TOTAL This Period (last page this line number	er only)	

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

FOR LINE	NUMBER	: PAGE	E 121 OF	405
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Michael C. Gosney M.D.  Mailing Address, 108 Chase Dr.		Date of Receipt
Mailing Address 108 Chase Dr		08 13 2014
City	State Zip Code	Transaction ID : C2801582
Muscle Shoals	AL 35661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Anesthesia Medical Consultants, LLC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	916.72	
Full Name (Last, First, Middle Initial)  Timothy P. Graham M.D.	•	Date of Receipt
Mailing Address 730 Color Peak Rd		08 13 2014
City	State Zip Code	Transaction ID : C2803304
Verona	WI 53593-8469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
University of Wisconsin	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. James D. Grant M.D.		Date of Receipt
Mailing Address 1574 Sodon Lake Dr		08 13 2014
City	State Zip Code	Transaction ID : C2801970
Bloomfield Hills	MI 48302-2362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
William Beaumont Hosp Dept of Anes	Anesthesiologist	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 122 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Paul M. Greaves M.D. Date of Receipt Mailing Address 1165 Linnwood Dr NE 2014 25 City Zip Code State Transaction ID: C2813010 OR Albany 97322-4450 Amount of Each Receipt this Period FEC ID number of contributing 501.00 federal political committee. Name of Employer Occupation self health care provider Receipt For: Aggregate Year-to-Date ▼ Primary General 501.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael V. Greco M.D. Date of Receipt Mailing Address 9108 Hagerman Ave NE 80 13 2014 City State Zip Code Transaction ID: C2801493 NM Albuquerque 87109-6452 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation New Mexico VA anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew A. Greenberg M.D. Date of Receipt Mailing Address PO Box 400 2014 80 13 City Zip Code State Transaction ID: C2803260 MD Fallston 21047-0400 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Medstar Franklin Square Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1251.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 123 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Andrew J. Greenfield M.D. Date of Receipt Mailing Address 670 Carrotwood Terrace 02 2014 City State Zip Code Transaction ID: C2796753 FL Plantation 33324 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Sheridan Healthcare Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Joel G. Greenspan M.D. Date of Receipt Mailing Address 6 Oak Ridge Ct 80 29 2014 City State Zip Code Transaction ID: C2817058 NY Armonk 10504-2629 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberly M. Greenwald M.D. Date of Receipt Mailing Address PO Box 18623 2014 80 10 City State Zip Code Transaction ID: C2800095 NC Raleigh 27619-8623 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Mednax physician Receipt For: Aggregate Year-to-Date ▼ Primary General 363.36 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 124 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

405

14 13 15 16 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 Full Name (Last, First, Middle Initial) Ralph Gregg M.D. Date of Receipt Mailing Address 18400 Pioneer Rd 2014 25 City State Zip Code Transaction ID: C2812461 FL 33908-4655 Fort Myers Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Medical Anesthesia and Pain Management Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** George A. Gregory M.D. Date of Receipt Mailing Address 15 Cedar Avenue 80 13 2014 City State Zip Code Transaction ID: C2803627 CA Larkspur 94939 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of California, San Francisco Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Philip A. Greider M.D. Date of Receipt Mailing Address 7428 Mulholland Dr 2014 80 14 City State Zip Code Transaction ID: C2804025 CA Los Angeles 90046-1306 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Staff Anesthesiologist Obstetric Anesthesia Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 125 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Stefan J. Grenvik M.D. Date of Receipt Mailing Address 350 Blountville Hwy Suite 207 05 2014 City State Zip Code Transaction ID: C2798591 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** MD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. James Griggs M.D. Date of Receipt Mailing Address 3701 Wallace Ave 80 13 2014 City State Zip Code Transaction ID: C2802002 IN 47802-2855 Terre Haute Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Union Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alina M Grigore M.D. Date of Receipt Mailing Address 1916 Glenview Dr 80 18 2014 City Zip Code State Transaction ID: C2806272 NV Las Vegas 89134 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Alina M Grigore, MD PC Cardiac Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NU	IMBER:	PAGE	126 OF	405
Use separate schedule(s)	(check only or	ne)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Detailed Garrinary 1 age	10	14	1,,	$\exists$ $\Box$	747

Any information copied from such Re or for commercial purposes, other that	ports and Statements may not be sold or used by any person using the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	esthesiologists Political Action Committee	
Full Name (Last, First, Middle Initial Steven R. Gross M.D.  Mailing Address PO Box 8305  City Gadsden  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates  Receipt For:  Primary Other (specify)   General		Date of Receipt  M M / D D / Y Y Y Y Y  08 13 2014  Transaction ID : C2802015  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initia  Mukesh B. Gupta M.B., B.S.  Mailing Address 7904 Horizon View  City Riverside  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	S	Date of Receipt  08 14 2014  Transaction ID : C2804022  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial Allen N. Gustin M.D.  Mailing Address 653 W Briar PI Aptochicago  FEC ID number of contributing federal political committee.  Name of Employer  University of Chicago Department of Receipt For:  Primary General  Other (specify)	State Zip Code IL 60657-8406  C Occupation	Date of Receipt  08 15 2014  Transaction ID : C2807313  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (	optional)	800.00
TOTAL This Period (last page this li	ne number only)	

	FOR LI	NE NU	JMBER	:	PAGE	: 1:	27 OF	
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 118	a	11b		11c		12	
	13		14		15		16	Γ

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
` '	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Juan F. Gutierrez-Mazorra M.D.		Date of Receipt
Mailing Address 1600 Seventh Avenue South I	Lowder S	08 13 2014
City Birmingham	State Zip Code AL 35233-1711	Transaction ID : C2803590  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation  Padiatria Apasthasialagist	
Pediatric Anesthesia Associates P. C.  Receipt For:	Pediatric Anesthesiologist  Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Osama I. Hafez M.D.		Date of Receipt
Mailing Address 26637 Castleview Way	7. 0. 1	08 14 2014
City	State Zip Code	Transaction ID : C2804033
Wesley Chapel	FL 33544-4740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer MOFFITT CANCER CENTER ANESTHESIOLOGY	Occupation Anesthesiologist	
ANESTHESIOLOGY Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Douglas S. Hagan M.D.		Date of Receipt
Mailing Address 2134 E. Terrace Dr		08 19 2014
City Highlands Ranch	State Zip Code CO 80126-2695	Transaction ID : C2809232  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
South Denver Anesthesiologists, P.C.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 128 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Douglas W. Hagen M.D. Date of Receipt Mailing Address 9027 W 114th St 01 2014 City Zip Code State Transaction ID: C2796627 KS Overland Park 66210-1764 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation ANESTHESIA ASSOCIATES OF KANSAS CITY **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. John P. Hagen M.D. Date of Receipt Mailing Address 1547 Babler Park Drive 80 13 2014 City State Zip Code Transaction ID: C2803879 MO Glencoe 63038 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Western Anesthesiology Associates, Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

Full Name (Last, First, Middle Initial) c. John M. Hall M.D. Date of Receipt Mailing Address 10710 N Gazebo Hill Pkwy E 80 13 2014 City Zip Code State Transaction ID: C2801481 WI Mequon 53092 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Anesthesiology Associates of Wisconsin Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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

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

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

583.34

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)   PAGE 129 OF 405
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any ped address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthesiologists	Political Action Committee	ee
Full Name (Last, First, Middle Initial)  A. Ezra A. Hallam M.D.		Date of Receipt
Mailing Address 883 Augusta Cir  City State	Zip Code	08 10 2014
North Liberty IA	52317-9419	Transaction ID : C2800102  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.34
Name of Employer  Linn County Anesthesiologists  Occupat  Physicia		
Possint For:	ate Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial)  B. Kimberley D. Haluski M.D.		Date of Receipt
Mailing Address 4565 Mystic Dr. NE		08 13 2014
City State Atlanta GA	Zip Code 30342-2516	Transaction ID : C2803560  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer  Physician Specialists in Anes., P.C.  Anesther		
Receipt For:  Primary  General  Other (specify) ▼  Aggrega	ate Year-to-Date ▼ 583.36	
Full Name (Last, First, Middle Initial)  C. Kimberley D. Haluski M.D.		Date of Receipt
Mailing Address 4565 Mystic Dr. NE		08 23 2014

Zip Code City State Transaction ID: C2811986 GΑ 30342-2516 Atlanta Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Anesthesiologist Physician Specialists in Anes., P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General 583.36 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE NUMBER:	PAGE	130 OF	405
Use separate schedule(s) for each category of the	(check only one)			
Detailed Summary Page	X 11a 11b	11c	12	
, ,		15	16	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 Full Name (Last, First, Middle Initial) Aaron Hammond D.O. Date of Receipt Mailing Address 3390 N. Campbell Ave., Ste. 110 05 2014 City State Zip Code Transaction ID: C2798585 ΑZ Tucson 85719 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesiologist Southern Arizona Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. William R. Hand M.D. Date of Receipt Mailing Address 167 Ashley Ave Ste 301 80 2014 19 City Zip Code State Transaction ID: C2808998 Charleston SC 29425 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medical University of South Carolina Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	, 250.00	
Full Name (Last, First, Middle Initial)  C. James G. Hansard M.D.  Mailing Address 9465 E 109th St		Date of Receipt  08 19 2014
City	State Zip Code	Transaction ID : C2808994
Tulsa	OK 74133-6374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Associated Anesthesiologists, Inc.	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	

833.34

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

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

FOR LINE NUMBER: PAGE 131 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Nancy J. Haring M.D. Date of Receipt Mailing Address PO Box 235019 01 2014 City State Zip Code Transaction ID: C2796601 Montgomery AL 36123-5019 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Montgomery Anesthesia Associates, PC Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Corbin D. Harline D.O. Date of Receipt Mailing Address 3046 44th Avenue Dr NE 80 13 2014 City State Zip Code Transaction ID: C2803340 NC Hickory 28601-9762 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Western Piedmont Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott E. Harper M.D. Date of Receipt Mailing Address 1065 Lake Colony Ln. 2014 80 13 City State Zip Code Transaction ID: C2803554 AL Birmingham 35242 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia resources management Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	LINE	NU	MBER	:	PAGE	: 1	32 OF	
Use separate schedule(s)	(chec	k only	or	ıe)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
zotanou cummuny r ago		13		14		15		16	Γ

405

	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  James A. Harris D.O.  Mailing Address 1227 Stone Meadows Ct  City  Grovetown  FEC ID number of contributing federal political committee.  Name of Employer  US Army  Receipt For:  Primary  General  Other (specify)	State Zip Code GA 30813-5946  C  Occupation Staff Anesthesiologist  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Russell D. Harris M.D.  Mailing Address 500 S University Ave Ste 505  City  Little Rock  FEC ID number of contributing federal political committee.  Name of Employer Southern Regional Anesthesiology Consu  Receipt For:  Primary  General  Other (specify)	State Zip Code AR 72205-5307  C  Occupation physician  Aggregate Year-to-Date ▼  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ronald L. Harter M.D.  Mailing Address 7825 Holiston Ct  City  Dublin  FEC ID number of contributing federal political committee.  Name of Employer  Ohio State University Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 43016-8659  C  Occupation Physician  Aggregate Year-to-Date ▼  583.34	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	633.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 133 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Ronald L. Harter M.D. Date of Receipt Mailing Address 7825 Holiston Ct 06 2014 City Zip Code State Transaction ID: C2799337 OH Dublin 43016-8659 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Ohio State University Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 583.34 Other (specify) Full Name (Last, First, Middle Initial) B. Alison D. Hartvigson M.D. Date of Receipt Mailing Address 5323 NE 42nd St 80 2014 23 City State Zip Code Transaction ID: C2812001 WA Seattle 98105-4910 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Virginia Mason Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Aaron L Harville M.D. Date of Receipt Mailing Address 4122 Silvery Minnow PI NW 2014 80 13 City Zip Code State Transaction ID: C2803247 NM Albuquerque 87120-4743 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Specilaists of Albuquerque Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1041.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 134 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) David M. Hatch M.D., M.B. Date of Receipt Mailing Address 415 Carolina Cir 2014 City Zip Code State Transaction ID: C2803239 NC Winston Salem 27104 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Wake Forest Univesity School of Medici Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Hattamer M.D. Date of Receipt Mailing Address 8 Prospect St Nashua Anesthesia Partners 80 02 2014 City Zip Code State Transaction ID: C2796750 NH Nashua 03060-3925 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Nashua Anesthesia Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Steven J. Hauck M.D. Date of Receipt Mailing Address 714 September Chase 2014 80 13 City Zip Code State Transaction ID: C2801465 SC Wellford 29385-9228 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Spartanburg Regional Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 135 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) William D. Hawk M.D. Date of Receipt Mailing Address 7417 Aurelia Rd 2014 25 City Zip Code State Transaction ID: C2812501 OK Oklahoma City 73121 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Affiliated Anesthesiologists, LLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. John M. Haworth M.D. Date of Receipt Mailing Address 4421 Marigold Ln. 80 25 2014 City State Zip Code Transaction ID: C2812076 CO Littleton 80123-2730 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation South Denver Anesthesiologists, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. David P. Hayes M.D. Date of Receipt Mailing Address 727 S Delaware Ave 2014 80 13 City Zip Code State Transaction ID: C2803668 MO Springfield 65802-3315 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Mercy Clinic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 136 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Stephen O. Heard M.D. Date of Receipt Mailing Address 55 Lake Ave N 2014 City Zip Code State Transaction ID: C2808997 01655-0002 Worcester MA Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of Massachusetts Medical Sc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Colleen K. Heartsill M.D. Date of Receipt Mailing Address 3555 Knickerbocker Rd 80 20 2014 City State Zip Code Transaction ID: C2811179 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation West TX Medical Assoc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lucas G. Heartsill M.D. Date of Receipt Mailing Address 5406 Woodbine Ln 2014 80 13 City Zip Code State Transaction ID: C2801586 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation West Texas Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 137 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Lucas G. Heartsill M.D. Date of Receipt Mailing Address 5406 Woodbine Ln 20 2014 City State Zip Code Transaction ID: C2811182 TX San Angelo 76904 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation West Texas Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian S. Hecht M.D. Date of Receipt Mailing Address 1600 E. Broadway 80 2014 14 City State Zip Code Transaction ID: C2804014 MO Columbia 65203-6015 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mid America Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth S. Heeringa D.O. Date of Receipt Mailing Address 3333 Evergreen Dr., NE 2014 80 13 City Zip Code State Transaction ID: C2803715 MI **Grand Rapids** 49525 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Anesthesia Med. Consultants, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 138 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

405

Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Katherine K. Hege M.D. Date of Receipt Mailing Address 320 E Hickory Ridge Cir 2014 City State Zip Code Transaction ID: C2803725 TX Argyle 76226 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pinnacle Anesthesia Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen W. Heimbach M.D. Date of Receipt Mailing Address 1105 Camelot Dr 80 13 2014 City State Zip Code Transaction ID: C2803370 OK Yukon 73099 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Oklahoma University Health Sciences Ce Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rebecca Hein M.A. Date of Receipt Mailing Address 4251 Park Lane 2014 80 19 City Zip Code State Transaction ID: C2808536 TX **Dallas** 75220 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE	1	39 OF	405
(check only one)								
×	11a		11b		11c		12	
	13		14		15		16	17

	I Statements may not be sold or used by any persthe name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Donald J. Heindel M.D.		Date of Receipt
Mailing Address 3635 Catawba Rd.		08 29 2014
City Blacksburg	State Zip Code VA 24060-0529	Transaction ID : C2817048  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  ACV  Receipt For:	Occupation  ANESTHESIOGOGIST	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  James D. Helman M.D.  Mailing Address 8205 E Mercer Way		Date of Receipt
City	State Zip Code	08 13 2014
Mercer Island	State Zip Code WA 98040-5620	Transaction ID : C2803267  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Virginia Mason Medical Center	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Jonathan E. Helvie M.D.		Date of Receipt
Mailing Address 4261 N Road 500 W		08 13 2014
City Bargersville	State Zip Code IN 46106-9251	Transaction ID : C2802709  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Ortholndy Receipt For:	Physician Anesthesiologist	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	: 1	40 OF	405
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

	I Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Gina Hendren M.D.  Mailing Address 3901 Rainbow Blvd	Date of Receipt	
Mailing Address 3901 Rainbow Bivd		08 04 2014
City	State Zip Code	Transaction ID : C2796943
Kansas City	KS 66103-2937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Univ of KS Hosp Dept Anes	Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)	7	
Peter L. Hendricks M.D.  Mailing Address 1590 Panorama Dr.		Date of Receipt  08 14 2014
City	State Zip Code	Transaction ID : C2804077
Vestavia Hills	AL 35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer self	Occupation	
Receipt For:	physician	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  Jason L. Hennes M.D.		Date of Receipt
Mailing Address 833 Ottawa Ave		08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Park Ridge	State Zip Code IL 60068-2757	Transaction ID : C2800137  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Midwest Anesthesia Partners		
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		833.34
TOTAL This Period (last page this line number	er only)	

	FOR LINE NU	MBER:	PAGE	141	OF
Use separate schedule(s)	(check only on	ie)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
,,	13	1/	15	16	Γ

405

						13	14	15	16	17
An or	ny information copied from such Reports and Stator commercial purposes, other than using the	atements may name and add	not be sold or dress of any po	r used by any political committee	erson for erson	or the p	urpose of ributions f	soliciting rom such	contributio	ons e.
\	NAME OF COMMITTEE (In Full)									
$\rangle$	American Society of Anesthesiol	ogists Pol	litical Actic	on Committe	ee _					
١.	Full Name (Last, First, Middle Initial) Robert L. Henry M.D.			_		ate of	Receipt			
	Mailing Address 3104 Blue Lake Dr., #110					M = M	/ D D	/ Y	Y = Y = Y	
	Anes. Associated, P.C.				_  L	08	21	┚┖	2014	
	City	State AL	Zip Code 35243				ction ID :			
	Birmingham	ΛL	JJ243		A	mount	of Each R	eceipt this	s Period	
	FEC ID number of contributing federal political committee.	С					7		500.0	0
	Name of Employer	Occupation			$\dashv$					
	Anes. Associated, P.C.	Medical Docto	or							
	Receipt For:	Aggregate Ye	ear-to-Date ▼		_					
	Primary General Other (specify) ▼			500.00	]					
3.	Full Name (Last, First, Middle Initial) David L. Hepner M.D.					ate of	Receipt			
	Mailing Address Department of Anesthesiology				<b>—</b>	M = M	/ D D	/ Y	Y = Y = Y	
	75 Francis St L1				_  L	08	25		2014	_
	City	State	Zip Code	1			ction ID :			
	Boston	MA	02115-6110	J	-	mount	of Each R	eceipt this	s Period	
	FEC ID number of contributing federal political committee.	С							83.3	4
	Name of Employer	Occupation			$\exists$					
	Brigham and Womens Hosp - Harvard Med	Anesthesiolog	jist							
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify) ▼			666.72	1					
).	Full Name (Last, First, Middle Initial) Andrew Herlich M.D.					ate of	Receipt			
	Mailing Address 116 Haverford Cir				_] [	M M M	12		2014	
	City	State	Zip Code				action ID :			
	Pittsburgh	PA	15228-2380	)	A	mount	of Each R	eceipt this	Period	
	FEC ID number of contributing federal political committee.	С					-	,	83.3	34
	Name of Employer	Occupation			$\dashv$					
	University of Pittsburgh School of Med	Physician			_					
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General	· · · ·		666.72	1					
	Other (specify) ▼			000.72	1					
s	SUBTOTAL of Receipts This Page (optional)			<b>)</b>					666.68	8
Т	OTAL This Period (last page this line number of	nly)			_ [		-			
•	(not page the mile hamber of	,,			-					

FOR LINE NUMBER: PAGE 142 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Steven L. Herling D.O. Date of Receipt Mailing Address 31 School Lane 20 2014 City Zip Code State Transaction ID: C2809396 NY Lloyd Harbor 11743 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. John P. Herring M.D. Date of Receipt Mailing Address 4128 Eagle Ridge Dr 80 13 2014 City State Zip Code Transaction ID: C2803480 IΑ Cedar Rapids 52411-7838 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Linn County Anesthesiologists, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Linda B. Hertzberg M.D. Date of Receipt Mailing Address 6622 N. Forkner Ave. 2014 80 01 City Zip Code State Transaction ID: C2796634 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Linda B Hertzberg MD Inc Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 766.72 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) ITEN

PAGE 143 OF FOR LINE NUMBER:

MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11b 14		11c	$\vdash$	12 16	17		
information copied from such Reports and Statements ma	, , , ,					J			

Any 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 Full Name (Last, First, Middle Initial) Linda B. Hertzberg M.D. Date of Receipt Mailing Address 6622 N. Forkner Ave. 2014 City State Zip Code Transaction ID: C2803316 CA Fresno 93711 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Linda B Hertzberg MD Inc Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 766.72 Other (specify) Full Name (Last, First, Middle Initial) B. Mali Hetmaniuk M.D. Date of Receipt Mailing Address 6206 44th Avenue NE Apt. 603 80 05 2014 City State Zip Code Transaction ID: C2798598 WA Seattle 98115 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Virginia Mason Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Richard L. Heyer Jr., M.D. Date of Receipt Mailing Address PO Box 3294 2014 80 27 City State Zip Code Transaction ID: C2814737 MS Tupelo 38803-3294 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Tupelo Anesthesia Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBER:					PAGE	: 1	44 OF	4	405
	(check	only or	ne)						
	X 11	la 🗌	11b		11c		12		
	13	3	14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial) James S. Hicks M.D.  Mailing Address 20007 S. Lake Viete Ct		Date of Receipt
Mailing Address 20287 S Lake Vista Ct		08 13 2014
City	State Zip Code	Transaction ID : C2803255
Oregon City	OR 97045-7354	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Oregon Health Sciences Univ. Anes. Dep	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Jesse R. Hill M.D.	•	Date of Receipt
Mailing Address 1738 Roosevelt Ave		08 13 2014
City	State Zip Code	Transaction ID : C2802022
Altadena	CA 91001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Huntington Hospital	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  A. Blake Hillenbrand D.O.	1	Date of Receipt
Mailing Address 651 Maxwell Ave		08 13 2014
City	State Zip Code	Transaction ID : C2803294
Boulder	CO 80304-3940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	1
Boulder Valley Anesthesiology	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.34	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line numbe		

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

FOR LINE NOMBER:

(check only one)

X 11a 11b 11

FOR LI	NF NC	MBER	:	PAGE	PAGE 145 OF					
(check only one)										
X 118	a 🗌	11b		11c		12				
13		14		15		16		17		

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  A. Blake Hillenbrand D.O.  Mailing Address 651 Maxwell Ave		Date of Receipt
		08 25 2014
City	State Zip Code	Transaction ID : C2813004
Boulder	CO 80304-3940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Boulder Valley Anesthesiology	anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial)  3. Jonathan G. Hisghman D.O.		Date of Receipt
Mailing Address 650 Poinsettia Rd		08 07 7 2014
City	State Zip Code FL 33756-1525	Transaction ID : C2799591
Belleair	FL 33756-1525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
John Hisghman D.O.  Receipt For:	Anesthesiologist	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.02	
Full Name (Last, First, Middle Initial)  C. Jonathan G. Hisghman D.O.		Date of Receipt
Mailing Address 650 Poinsettia Rd		08 13 2014
City Belleair	State Zip Code FL 33756-1525	Transaction ID : C2803811  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
John Hisghman D.O.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.02	
SUBTOTAL of Receipts This Page (optional).		416.68
TOTAL This Period (last page this line number	er only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 146 OF Use separate schedule(s) (check only one)

405

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Society of Anesthesiolog	ists Political Action Committe	ee
Rockaway  FEC ID number of contributing federal political committee.  Name of Employer  Morris Anest. Group St. Clares Hosp.  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code NJ 07866-4530  Cupation vsician gregate Year-to-Date   333.36	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Louisville  FEC ID number of contributing federal political committee.  Name of Employer One Anesthesia  Receipt For:	State Zip Code  KY 40207-5707  Cupation esthesiologist gregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Memphis  FEC ID number of contributing federal political committee.  Name of Employer  Medical anesthesia group  And Descript Ferri	State Zip Code TN 38120-4398  cupation esthesiologist gregate Year-to-Date ▼  666.72	Date of Receipt  08 13 2014  Transaction ID : C2801499  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)		375.01
TOTAL This Period (last page this line number only)		

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

							: 1	47 OF	= .	405
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	<b>;</b>
Full Name (Last, First, Middle Initial)  Jason Hoffmann M.D.  Mailing Address 1000 E Primrose St Ste 520		Date of Receipt
		08 13 2014
City	State Zip Code	Transaction ID : C2803827
Springfield	MO 65807-5180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Ozark Anesthesia Associates, Inc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Michael P. Hofkamp M.D.		Date of Receipt
Mailing Address 3009 Cancelo Cv	7' 0 '	08 06 2014
City Round Rock	State Zip Code TX 78681-1764	Transaction ID : C2799344
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Baylor Scott and White Health	Occupation	
Receipt For:	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Michael W. Hoger D.O.		Date of Receipt
Mailing Address 6003 Macon Ct SE		08 12 / Y = Y = Y = Y
City Huntsville	State Zip Code AL 35802-1931	Transaction ID : C2801417
-		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Comprehensive Anesthesia Services	anesthesiologist	-
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	· only)	

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

	_	LINE		PAGE	: 1	48 OF		405		
(check only one)										
	×	11a		11b		11c	12			
		13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee t				
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e			
Full Name (Last, First, Middle Initial)  Lauren B Hojdila A.AC, M.  Mailing Address 15605 Hometon Village Dri		Date of Receipt			
Mailing Address 15605 Hampton Village Dri	ve	08 17 2014			
City	State Zip Code	Transaction ID : C2806241			
Tampa	FL 33618	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.67			
Name of Employer	Occupation	1			
sheridan heathcorp	anesthesiologist assistant				
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  291.69				
Full Name (Last, First, Middle Initial)  3. Sung Jae Hong M.D.		Date of Receipt			
Mailing Address 4 Higbie Ct	7: 0.1	08 29 2014			
City Grosse Pointe Farms	State Zip Code MI 48236	Transaction ID : C2815670			
	WII 40230	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	250.00				
Name of Employer St. John Anesthesiologists P.C	Occupation  Anesthesiologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00				
Full Name (Last, First, Middle Initial)  C. Mark E. Honska M.D.		Date of Receipt			
Mailing Address P.O. Box 162026		08 06 2014			
City Altamonte Springs	State Zip Code FL 32716-2026	Transaction ID : C2799262  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer	Name of Employer Occupation				
JLR Medical Group	Anesthesiologists				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	666.72				
SUBTOTAL of Receipts This Page (optional)		375.01			
TOTAL This Period (last page this line numb	er only)				

FOR LINE NUMBER: PAGE 149 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

I OII LIIVE	TACIVIDE I	.		
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Ryan R. Hood M.D.  Mailing Address 6318 N Lowell Ave  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Loyola University Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code IL 60646  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08
Full Name (Last, First, Middle Initial)  Kevin M. Hook M.D.  Mailing Address 7202 E 112th PI S  City  Bixby  FEC ID number of contributing federal political committee.  Name of Employer  Associated Anesthesiologists, Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code OK 74008-2154  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08 20 2014  Transaction ID: C2811195  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Kenneth Houghton Jr., M.D.  Mailing Address 809 82nd Pkwy  Dept. of Anesthesiology  City  Myrtle Beach  FEC ID number of contributing federal political committee.  Name of Employer  Grand Strand Regional Med. Ctr.  Receipt For:  Primary  General  Other (specify)	State Zip Code SC 29572  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID: C2801474  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1500.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 150 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Timothy W. Houseman M.D. Date of Receipt Mailing Address PO Box 1025 04 2014 City Zip Code State Transaction ID: C2796964 Fairhope AL 36533-1025 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Eastern Shore Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 749.94 Other (specify) Full Name (Last, First, Middle Initial) B. Franklin L. Howell M.D. Date of Receipt Mailing Address 218 E Bearss Ave #110. 80 15 2014 City State Zip Code Transaction ID: C2805393 FL Tampa 33613-1625 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Sheridan-Greater Florida Anesthesiolog Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J. Hruskocy M.D. Date of Receipt Mailing Address 560 McCormick Dr. 2014 80 14 City State Zip Code Transaction ID: C2804084 IL Lake Forest 60045-3352 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Midwest Anesthesia Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 151 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Mark E. Hudson M.D. Date of Receipt Mailing Address Suite A-1305, Scaife Hall 3550 Terrace Street 2014 City Zip Code State Transaction ID: C2803272 PΑ Pittsburgh 15261 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Pittsburgh Physicians Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 541.67 Other (specify) Full Name (Last, First, Middle Initial) **B.** Hayden R. Hughes M.D. Date of Receipt Mailing Address 1941 21st Ave S 80 30 2014 City State Zip Code Transaction ID: C2816904 AL Birmingham 35209-1345 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Alabama Medical Center D physician Receipt For: Aggregate Year-to-Date ▼ Primary General 624.81 Other (specify) Full Name (Last, First, Middle Initial) c. Jonathan R. Hughes M.D. Date of Receipt Mailing Address 350 Blountville Hwy Ste 207 2014 **Bristol Anesthesia Services** 80 17 City Zip Code State Transaction ID: C2806243 TN Bristol 37620-1671 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bristol Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) 166.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 152 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Rea S. Hunt M.D. Date of Receipt Mailing Address 52 Medical Park E.,#321 2014 26 City State Zip Code Transaction ID: C2813063 Birmingham AL 35235 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Group East PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. James M. Hunter Jr., M.D. Date of Receipt Mailing Address Anesthesiology Department 619 S. 19th Street JT926C 80 2014 12 City State Zip Code Transaction ID: C2800402 AL Birmingham 35249 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation University of Alabama at Birmingham Anesthesiologist and Intensivist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. William E. Hurford M.D. Date of Receipt Mailing Address Department of Anesthesiology 2014 231 Albert Sabin Way 80 17 City State Zip Code Transaction ID: C2806231 OH Cincinnati 45267-0531 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation University of Cincinnati Medical Cente Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 1091.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s)

FOF	LINE	NU	IMBER	:	PAGE	: 1	53 OF	•	405
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16		17

for each category of the **Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Robert W. Hurley M.D., Ph.D Date of Receipt Mailing Address 11626 NW 2nd Ave 2014 19 City State Zip Code Transaction ID: C2808529 FL Gainesville 32607 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation University of Florida Pain Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.02 Other (specify) Full Name (Last, First, Middle Initial) B. Robert T. Husfield M.D. Date of Receipt Mailing Address 4529 Howard Ave 80 13 2014 City State Zip Code Transaction ID: C2801640 IL Western Springs 60558-1654 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Suburban Anesthesiologist Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael C. Hutchison M.D. Date of Receipt Mailing Address 14030 Briar Dr. 80 2014 80 City Zip Code State Transaction ID: C2799822 KS Overland Park 66224-1135 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Staff Physician Anes Assoc. of Topeka Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

TOTAL This Period (last page this line number only)	SUBTOTAL of Receipts This Page (optional)		Ξ	7	I	Ξ	7		55	0.00	
	TOTAL This Period (last page this line number only)	_	_	7	_	_	7	_	_	_	

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

ı	FOR LINE	NUMBER	:   PAGE	= 154 OF	405					
(check only one)										
	<b>X</b> 11a	11b	11c	12						
	13	14	15	16	17					

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Jaemy M. Hwang M.D.  Mailing Address 250 Breakwater  City Fishers  FEC ID number of contributing federal political committee.  Name of Employer  Southeast Anesthesiologists PC  Receipt For:  Primary General Other (specify)	State Zip Code IN 46037  C  Occupation Physician  Aggregate Year-to-Date ▼  433.36	Date of Receipt  M M O7 2014  Transaction ID : C2799593  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  Jaemy M. Hwang M.D.  Mailing Address 250 Breakwater  City Fishers  FEC ID number of contributing federal political committee.  Name of Employer Southeast Anesthesiologists PC  Receipt For:  Primary General Other (specify)	State Zip Code IN 46037  C  Occupation Physician  Aggregate Year-to-Date ▼  433.36	Date of Receipt  08 13 2014  Transaction ID : C2803336  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial)  Kelly P. Hyde M.D.  Mailing Address 421 Oakwood Dr  City Dothan  FEC ID number of contributing federal political committee.  Name of Employer  ACMG  Receipt For:  Primary General Other (specify)	State Zip Code AL 36303-3085  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  1000.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1141.67
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 155 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Jerry J. Hynes M.D. Date of Receipt Mailing Address 6911 Van Dorn St Ste 2 2014 City Zip Code State Transaction ID: C2803893 ΝE Lincoln 68506 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Assoc. Anes. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Impastato M.D. Date of Receipt Mailing Address 19 Barrett Hill Rd. 80 29 2014 City State Zip Code Transaction ID: C2815689 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Vassar Brothers Hospital Anes. Dept. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. W. Warriner Inge III, M.D. Date of Receipt Mailing Address 10088 Persimmon Hill Ct 2014 80 13 City State Zip Code Transaction ID: C2801878 FL Jacksonville 32256 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Florida Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 156 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Thomas F. Ingersoll M.D. Date of Receipt Mailing Address 8600 N. Route 91, Suite #250 2014 City Zip Code State Transaction ID: C2803924 Peoria IL 61615 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists, S.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael T Ingoglia M.D. Date of Receipt Mailing Address 1014 Sterling Ridge Dr 80 25 2014 City State Zip Code Transaction ID: C2812235 NY Rensselaer 12144-8460 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Albany Medical Center Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) Venesa J. Ingold M.D. Date of Receipt Mailing Address 3901 Rainbow Blvd 80 21 2014 Mail Stop 1034 City State Zip Code Transaction ID: C2811219 KS Kansas City 66103-2937 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Kansas University Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.68 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR L	INE NU	IMBER	:	PAGE	: 1	57 OF	
Use separate schedule(s)	(check	only or	ne)					
for each category of the	X 11	la 🗀	11b		11c		12	
Detailed Summary Page	Ⅰ 💾…	·~		-				_
	I I 13	3	14		15		16	

405

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Jill H. Irby M.D.  Mailing Address 4301 W Markham St Lot 515  Dept of Anes  City  Little Rock	State Zip Code AR 72205-7101	Date of Receipt  08 13 2014  Transaction ID: C2803696  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  UAMS  Receipt For:  Primary General  Other (specify)   Other	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	500.00
Full Name (Last, First, Middle Initial)  Mark T. Isaac D.O.  Mailing Address 1459 Lexington Ontario Rd  City  Mansfield	State Zip Code OH 44903-8631	Date of Receipt  M M M / D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y
FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates of Mansfield  Receipt For:	Occupation anesthesiologist  Aggregate Year-to-Date	Amount of Each Receipt this Period  83.34
Primary General Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial) William B. Isaacs M.D.  Mailing Address PO Box 401805  Anesthesiology Consultants, City Las Vegas  FEC ID number of contributing federal political committee.  Name of Employer	Inc. C State Zip Code NV 89140-1805  C	Date of Receipt  08 20 2014  Transaction ID: C2809435  Amount of Each Receipt this Period  500.00
Anesthesiology Consultants, Inc. Crede Receipt For: Primary General Other (specify)	Medical Doctor  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1083.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 158 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

405

Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Francisco Izaguirre M.D. Date of Receipt Mailing Address 1232 Granada Blvd. 2014 10 City State Zip Code Transaction ID: C2800129 FL Coral Gables 33134 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Miami Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey S. Jacobs M.D. Date of Receipt Mailing Address 11041 Pine Lodge Trail 80 05 2014 City State Zip Code Transaction ID: C2798589 FL Davie 33328 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Cleveland Clinic Florida Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas J. Jacobson M.D. Date of Receipt Mailing Address 345 W. Linda Vista Blvd 30 2014 80 City State Zip Code Transaction ID: C2816887 ΑZ Tucson 85704 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Old Pueblo Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 374.97 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 159 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

405

Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Muhammad Jaffar M.D. Date of Receipt Mailing Address 4301 W Markham St Lot 515 Dept of Anes 2014 City Zip Code State Transaction ID: C2811988 72205-7101 AR Little Rock Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Arkansas Medical Science Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Aliraza G. Jaffer M.D. Date of Receipt Mailing Address 5070 Brookdale Road 80 2014 12 City State Zip Code Transaction ID: C2800427 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation William Beaumont Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) C. Mokarram H. Jafri M.D. Date of Receipt Mailing Address 6 Oakhurst Ct 80 20 2014 City Zip Code State Transaction ID: C2809433 NY Clifton Park 12065-8719 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Group of Albany anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE	NUMBER	:	PAGE	1	60 OF	4	405
(check only one)							
X 11a	11b	<b>1</b>	I1c		12		
13	14	1	15		16		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Bruce R. James M.D.  Mailing Address 302 37th St.  City  Des Moines  FEC ID number of contributing federal political committee.  Name of Employer  Associated Anesthesiologists, P.C.  Receipt For:  Primary  General  Other (specify)	State Zip Code IA 50312  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 14 2014  Transaction ID: C2803996  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Amber L. Jandik B.S., M.D.  Mailing Address 5251 Westminster Dr  City Fort Myers  FEC ID number of contributing federal political committee.  Name of Employer Medical Anesthesia and Pain Management  Receipt For:  Primary General Other (specify)	State Zip Code FL 33919  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Daniel J. Janik M.D.  Mailing Address 15605 E Prentice Dr  City Centennial  FEC ID number of contributing federal political committee.  Name of Employer University of Colorado Denver  Receipt For:  Primary General Other (specify)	State Zip Code CO 80015-4264  C  Occupation Physician  Aggregate Year-to-Date ▼  1099.92	Date of Receipt  08
SUBTOTAL of Receipts This Page (optional)	·····	1583.34
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBE (check only one)

ı	FOR LI	NE NU	JMBER	PAGE	: 1	61 OF	405	
ı	(check only one)							
	X 11	a	11b		11c		12	
	13		14		15		16	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

/ Amendan Goolety of Anestrie	Siologists i ontical Action Committee	•
Full Name (Last, First, Middle Initial)  A. Daniel J. Janik M.D.		Date of Receipt
Mailing Address 15605 E Prentice Dr		08 13 2014
City Centennial	State Zip Code CO 80015-4264	Transaction ID : C2801643
	00013-4204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
University of Colorado Denver	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1099.92	
Full Name (Last, First, Middle Initial)  J L Lawrence Jayne Jr., M.D.	•	Date of Receipt
Mailing Address 350 Blountville Highway Suite 207		08 04 2014
City	State Zip Code	Transaction ID : C2796947
Bristol	TN 37620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Bristol Anesthesia Services, P.C.	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Curby D. Jenkins D.O.		Date of Receipt
Mailing Address 250 Cabrillo Ln		08 01 2014
City	State Zip Code	Transaction ID : C2796620
San Luis Obispo	CA 93401-7910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
Self	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional	)	641.67
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 162 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Cynthia L. Jenson M.D. Date of Receipt Mailing Address 434 Main St 05 2014 City Zip Code State Transaction ID: C2798586 ME Waterville 04901 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Associates of Lewiston Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. James N. Jeter Jr., M.D. Date of Receipt Mailing Address 303 Cypress Cove 80 13 2014 City State Zip Code Transaction ID: C2801468 AL Florence 35634 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Medical Consultants LLC anesthesiologist Receipt For: Aggregate Year-to-Date ▼

Other (specify) Full Name (Last, First, Middle Initial) c. J. F. Jimenez M.D. Date of Receipt Mailing Address 116 Seven Iron Ct. 80 15 2014 State Zip Code Transaction ID: C2805125 FL Ponte Vedra Beach 32082-3134 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Jacksonville Anesthesia Corporation Anesthesiologist Receipt For:

Aggregate Year-to-Date ▼

250.00

333.36

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

Primary

Primary

Other (specify)

General

General

federal political committee.

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

TOTAL TROMBETT							•	405	
	(che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16		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 Full Name (Last, First, Middle Initial) Randall R. Joe M.D. Date of Receipt Mailing Address 14 Dianthus Dr 2014 18 City State Zip Code Transaction ID: C2807496 NC Asheville 28803 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation AllCare Clinical Associates Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas G. Johans M.D. Date of Receipt Mailing Address 12335 Ironstone Rd 80 2014 13 City State Zip Code Transaction ID: C2802017 Saint Louis MO 63131-3849 Amount of Each Receipt this Period FEC ID number of contributing

Name of Employer	Occupation	
Western Anesthesiology Associa	tes Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle le C. Joel M. Johnson M.D.	nitial)	Date of Receipt
Mailing Address 2025 Southern	Light Dr.	08 13 2014
City	State Zip Code	Transaction ID: C2803969
Lincoln	NE 68512-3644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Associated Anesthesiologists, Po	C Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

1750.00

1000.00

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

FOF	PAGE	1	64 OF	•	405				
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Paul W. Johnson M.D.  Mailing Address 39 Woodmere Dr.		Date of Receipt
waming Address 38 Woodinere Df.		08 14 2014
City	State Zip Code	Transaction ID : C2805098
Dothan	AL 36305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Anesthesia Consultants Medical Group,	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼  500.00	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  3. Joshua R. Johnston M.D.		Date of Receipt
Mailing Address 835 S Van Buren St		08 16 2014
City	State Zip Code WI 54301-3526	Transaction ID : C2806159
Green Bay	WI 54301-3526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Green Bay Anesthesia Associates	Occupation physician	-
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  2. James W. Jones M.D.		Date of Receipt
Mailing Address 367 Bluff Ridge Cv		08 13 2014
City Cordova	State Zip Code TN 38018-7618	Transaction ID : C2801500  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	+
Medical Anesthesia Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (option	al)	1041.67
	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line null	mber only)	

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

FOF	PAGE	1	65 OF	•	405				
(che	(check only one)								
X	11c		12						
	13		14		15		16		17

	Statements may not be sold or used by any personal parame and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Kathryn C. Jones M.D.  Mailing Address 1600 7th Ave S Ste 420  City  Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  Pediatric Anesthesia  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 35233-1711  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  08 13 2014  Transaction ID: C2802761  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Zachary S. Jones M.D.  Mailing Address 6314 Eden Valley Dr  City Frisco  FEC ID number of contributing federal political committee.  Name of Employer UT Houston Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code TX 75034-1129  C  Occupation Resident  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M M / D D M 2014  Transaction ID : C2806239  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  William M. Jordan M.D.  Mailing Address 1859 Ridge Ave  City  Montgomery  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 36106-1840  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08 01 2014  Transaction ID : C2796603  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1291.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 166 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Paul F. Judson III, M.D. Date of Receipt Mailing Address 2158 Brook Highland Rdg 2014 City Zip Code State Transaction ID: C2803769 Birmingham AL 35242-5870 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Southern Perioperative Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Randhir Kaboo M.D. Date of Receipt Mailing Address 19220 Catalina Rd 80 2014 14 City State Zip Code Transaction ID: C2804013 CA Apple Valley 92308-6798 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self employed Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Aalok K. Kacha M.D., Ph.D. Date of Receipt Mailing Address 1160 S Michigan Ave Apt 2507 2014 80 13 City State Zip Code Transaction ID: C2803585 IL Chicago 60605-3046 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation University of Chicago Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 270.02 Other (specify) 770.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 167 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Aalok K. Kacha M.D., Ph.D Date of Receipt Mailing Address 1160 S Michigan Ave Apt 2507 2014 City Zip Code State Transaction ID: C2808524 Chicago IL 60605-3046 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Chicago Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 270.02 Other (specify) Full Name (Last, First, Middle Initial) B. Ian J. Kallmeyer M.D. Date of Receipt Mailing Address 9491 E Altadena Avenue 80 19 2014 City State Zip Code Transaction ID: C2808593 Scottsdale ΑZ 85260 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Valley Anesthesiology Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott T. Kane M.D. Date of Receipt Mailing Address 4242 Medical Dr Ste 3100 80 15 2014 City Zip Code State Transaction ID: C2805128 TX San Antonio 78229-5642 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Tejas Anesthesia, P.A. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 391.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOF	PAGE	1	68 OF	•	405				
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

	ports and Statements may not be sold or used by any per an using the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of An	esthesiologists Political Action Committe	e
Full Name (Last, First, Middle Initi Betsy S. Kantor M.D.	al)	Date of Receipt
Mailing Address 11854 N 96th Pl		08 13 2014 a
City Scottsdale	State Zip Code AZ 85260-5962	Transaction ID : C2801879
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer  Valley Anesthesia Consultants, LTD  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initi Thomas J. Kass M.D.  Mailing Address PO Box 31207	al)	Date of Receipt
City Spokane	State Zip Code WA 99223-3020	Transaction ID : C2802033  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Providence Medical Group PMG	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initi	al)	Date of Receipt
Mailing Address 4336 E Mountain		08 13 2014
City Phoenix	State Zip Code AZ 85028-4510	Transaction ID : C2803744  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Valley Anesthesiology Consultants Receipt For:  Primary General Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page	(optional)	1750.00
IUIAL IIIIS PENOG (last page this I	ine number only)	

# SCHEDULE A (FEC Form 3X)

CHEDOLL A (I LC I OIIII 3A)	Lieu annonata ach adula (a)	FOR LINE NUMBER: PAGE 169 OF 40	3								
TEMIZED RECEIPTS	Use separate schedule(s)	(check only one)									
IEWIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12									
	Detailed Suffillary Fage	13 14 15 16 17	7								
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 P	olitical Action Committe	ee									
Full Name / Leas First Nichtle Indian											

Full Name (Last, First, Middle Initial)  A. Stephanie D. Keller M.D.		Date of Receipt
Mailing Address 1222 South 2nd St.		08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2803785
Philadelphia	PA 19147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Associates in Anesthesia	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	riggregate real to bate v	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Jessica Kenaston M.D.		Date of Receipt
Mailing Address 6 Alden Rd		08 18 2014
City	State Zip Code	Transaction ID: C2806359
Poughkeepsie	NY 12603-4002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
North American Partners in Anesthesia	Anesthesiologist	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  C. Robert M. Kent M.D.	'	Date of Receipt
Mailing Address 8810 Fernwood Cove		08 17 2014
City	State Zip Code	Transaction ID : C2806220
Germantown	TN 38138-7357	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
MAG	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	)	583.34
TOTAL This Period (last page this line number	per only)	
· · · ·	•	, , , , , , , , , , , , , , , , , , , ,

FOR LINE NUMBER: PAGE 170 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Jonathan G. Kentros M.D. Date of Receipt Mailing Address 3104 Blue Lake Dr., #110 2014 City Zip Code State Transaction ID: C2800370 Birmingham AL 35243 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anes. Associated, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Knox Kerr III, M.D. Date of Receipt Mailing Address 2165 Herschel St 80 28 2014 City State Zip Code Transaction ID: C2815398 FL Jacksonville 32204-3819 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation North Florida anesthesia Consultants, anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Georgina O. Kesterson M.D. Date of Receipt Mailing Address 5169 Rowen Oak Rd. 2014 80 13 City Zip Code State Transaction ID: C2803881 TN Collierville 38017 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Medical anesthesia group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	: 1	71 OF	•	405
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Georgina O. Kesterson M.D.  Mailing Address 5169 Rowen Oak Rd.		Date of Receipt
a		08 29 2014
City	State Zip Code	Transaction ID : C2815679
Collierville	TN 38017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
Medical anesthesia group	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.35	
Full Name (Last, First, Middle Initial)  Millicent Khaw M.D.  Mailing Address 4570 A.J. A.A.		Date of Receipt
Mailing Address 4572 Aukai Ave.		08 13 _2014 _
City	State Zip Code	Transaction ID : C2803233
Honolulu	HI 96816-4949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Straub hospital	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Sachin Kheterpal M.D., M.B.	•	Date of Receipt
Mailing Address 1500 E Medical Center Dr S  Department of Anesthesiolo City	gy	08 13 2014
Ann Arbor	State Zip Code MI 48109	Transaction ID : C2803977  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
University of Michigan	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1041.67
TOTAL This Period (last page this line number	er only)	1 1 40 1 1 40 1 1 40 1

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

FOR LINE NOMBER
(check only one)

FOR LINE NUMBER:   PA					PAGE	: 1	72 OF	4	405	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Mani Khoshyomn M.D.  Mailing Address 1720 Louisiana Blvd NE Ste  City  Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer  Anes. Assoc. of New Mexico, P.C.  Receipt For:  Primary  General  Other (specify)	State Zip Code NM 87110  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 20 2014  Transaction ID : C2809469  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Narjeet Khurmi M.D.  Mailing Address 5777 E. Mayo Blvd  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Mayo Clinic Arizona - Dept. Anesthesio  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85054  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 08 2014  Transaction ID: C2799823  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Matthew Kidwell M.D.  Mailing Address 707 Ground Plum Circle  City Solon  FEC ID number of contributing federal political committee.  Name of Employer Linn County Anesthesiologists  Receipt For:  Primary General Other (specify)	State Zip Code IA 52333  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼ 500.04	Date of Receipt  M M M / 30 2014  Transaction ID : C2816899  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	833.34
TOTAL This Period (last page this line number	only)	

### ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) 405 FOR LINE NUMBER: PAGE 173 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Laura Kihlstrom M.D. Date of Receipt Mailing Address 915 Larchmont Cres. 2014 16 City Zip Code State Transaction ID : C2806191 VA Norfolk 23508 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Atlantic Anesthesia, Inc. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Harold Kim M.D. Date of Receipt Mailing Address 68 South Service Road Suite 350 08 2014 03 City State Zip Code Transaction ID: C2796923 Melville NY 11747 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation North American Partners in Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) **c.** Hyon Kim M.D. Date of Receipt Mailing Address 285 Davidson Ave Suite 204 2014 80 13 City Zip Code State Transaction ID: C2803646 NJ Somerset 08873 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)		Ī	Ī	7		7	Ī	3	83.3	4	
TOTAL This Period (last page this line number only)		_	_	7	 	7			i	_	

250.00

С

Occupation Physician

Aggregate Year-to-Date ▼

250.00

FEC ID number of contributing

Anesthesia Consultants of New Jersey,

General

federal political committee.

Other (specify)

Name of Employer

Primary

Receipt For:

	FOR LINE NUMBER: PAGE	174 OF 405
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c	12
,	13 14 15	16 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 Full Name (Last, First, Middle Initial) Jeffrey G. King M.D. Date of Receipt Mailing Address 2763 Meeting PI 25 2014 City State Zip Code Transaction ID: C2812228 FL Orlando 32814-6136 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation JLR Medical Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 332.80 Other (specify) Full Name (Last, First, Middle Initial) B. Melinda A. King M.D. Date of Receipt Mailing Address 926 Camino Ranchitos NW 08 31 2014 City State Zip Code Transaction ID: C2816925 NM Albuquerque 87114-1814 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Assoc. of New Mexico Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin P. Kinkead M.D. Date of Receipt Mailing Address 1776 McConnell Dr. 80 13 2014 City State Zip Code Transaction ID: C2803711 PΑ Williamsport 17701-9300 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Anesthesia Associates of Williamsport Receipt For: Aggregate Year-to-Date ▼ Primary General 1166.72 Other (specify) 791.60 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 175 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Kevin P. Kinkead M.D. Date of Receipt Mailing Address 1776 McConnell Dr. 2014 City Zip Code State Transaction ID: C2811940 PΑ Williamsport 17701-9300 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Anesthesia Associates of Williamsport Receipt For: Aggregate Year-to-Date ▼ Primary General 1166.72 Other (specify) Full Name (Last, First, Middle Initial) B. Sandra B. Kinsella M.D. Date of Receipt Mailing Address 6047 Brokenhurst Rd. 80 13 2014 City State Zip Code Transaction ID: C2802762 IN Indianapolis 46220 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **IUMC** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. James F. Kirkpatrick III, M.D. Date of Receipt Mailing Address 605 Hillrise Blvd 2014 80 13 City Zip Code State Transaction ID: C2803735 TN Johnson City 37601-4023 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Sycamore Shoals Anesthesia Associates, Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 176 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Meredith Kirkpatrick M.D. Date of Receipt Mailing Address 605 Hillrise Blvd 2014 City Zip Code State Transaction ID: C2803743 TN 37601-4023 Johnson City Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen R. Klein M.D. Date of Receipt Mailing Address Anes. Associated, P.C. 3104 Blue Lake Dr., #110 80 12 2014 City State Zip Code Transaction ID: C2801279 ΑL Birmingham 35243 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Trinity Hospital physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Klementavicius M.D. Date of Receipt Mailing Address 620 Bay Cliffs Rd 2014 80 28 Zip Code City State Transaction ID: C2815665 FL **Gulf Breeze** 32561 Amount of Each Receipt this Period FEC ID number of contributing 250.00

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

250.00

С

Occupation **PHYSICIAN** 

Aggregate Year-to-Date ▼

federal political committee.

Other (specify)

General

Name of Employer

SELF EMPLOYED Receipt For:

Primary

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

FOI	PAGE	: 1	77 OF	405			
(che	eck only	one)					
×	11a	11b		11c		12	
	13	14		15		16	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthes	ologists Political Action Committee	е
Full Name (Last, First, Middle Initial)  David J. Kliewer M.D.		Date of Receipt
Mailing Address 136 McGuire Rd		08 24 2014
City	State Zip Code VA 22603-4351	Transaction ID : C2812038
Winchester	VA 22603-4351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Winchester Anesthesiologists, Inc.	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Benjamin M. Kline M.D.	·	Date of Receipt
Mailing Address 9 Brookfield Ave.		08 13 2014
City	State Zip Code	Transaction ID: C2803892
Sinking Spring	PA 19608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Reading Anesthesia Associates	Occupation	1
Receipt For:	Physician	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Michael A. Kline M.D.		Date of Receipt
Mailing Address P.O. Box 434		08 18 2014
City Clarks Summit	State Zip Code PA 18411-0434	Transaction ID : C2806362  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	1
NAPA	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	666.72	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	833.34
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 178 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Philip J. Kline M.D. Date of Receipt Mailing Address 9700 Petersburg Rd. 2014 City State Zip Code Transaction ID: C2803862 IN Evansville 47725-1458 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation AGA, PC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew A Klopman M.D. Date of Receipt Mailing Address 930 Edgewater Ct. 80 2014 13 City State Zip Code Transaction ID: C2801452 Sandy Springs GA 30328 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Emory University Hospital Department o Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. James F. Knight M.D. Date of Receipt Mailing Address 420 Old Rapids Rd 80 2014 80 City Zip Code State Transaction ID: C2799776 SC Lexington 29072-9413 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Lexington Medical Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) **ITEMIZE**

FOR LINE NUMBER: PAGE 179 OF

ED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)				11c 12					
	Detailed Suffillary Fage		13		14		15		16		17
ation copied from such Reports and Statement	ts may not be sold or used by any pe	rson f	or the	pur	oose o	f sc	liciting	g co	ntributi	ons	

Any informa 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 Full Name (Last, First, Middle Initial) Stephania G. Knight M.D. Date of Receipt Mailing Address 4016 W 90th St 06 2014 City State Zip Code Transaction ID : C2799270 SD 57108-6207 Sioux Falls Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Anesthesia Physicians, LTD Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Renee H. Kniola M.D. Date of Receipt Mailing Address 620 Miller Rd 08 2014 13 City State Zip Code Transaction ID: C2803323 MI Gwinn 49841-8767 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Bell Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter A Knoester M.D. Date of Receipt Mailing Address 151 W. 12th St. 03 2014 80 City State Zip Code Transaction ID: C2796913 MI Holland 49423 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Macatawa Anesthesia, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOR LINE	NUMBER	:	PAGE	: 1	80 OF	- 4	405
(check only one)							
X 11a	11b		11c		12		
13	14		15		16		17

	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Christopher S. Knop M.D.  Mailing Address 373 1st St W		Date of Receipt
Mailing Address 3/3 1st St W		08 19 2014
City	State Zip Code	Transaction ID : C2808473
Tierra Verde	FL 33715-1706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Florida Gulf to Bay Anes. Assoc.	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Paul J. Knox M.D.  Mailing Address 7400 1st Ave. South		Date of Receipt
		08 13 2014
City	State Zip Code	Transaction ID : C2801653
St. Petersburg	FL 33707-1105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Greater Florida Anesthesiologists	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Nagendra S. Kodali M.D.		Date of Receipt
Mailing Address 50 N Dunlap St		08 18 2014
City Memphis	State Zip Code TN 38103-2800	Transaction ID : C2806369
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	83.34
Name of Employer	Occupation	1
Pediatric Anesthesiologists PA	Pediatric Anesthesiology	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	583.34
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: (check only one) X 11a 11b 11c

PAGE 181 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Robert F. Koebert M.D. Date of Receipt Mailing Address 541 E Erie St Unit 404 2014 City Zip Code State Transaction ID: C2800433 WI Milwaukee 53202-6237 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Aurora Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 766.72 Other (specify) Full Name (Last, First, Middle Initial) B. Robert F. Koebert M.D. Date of Receipt Mailing Address 541 E Erie St Unit 404 08 13 2014 City State Zip Code Transaction ID: C2803327 WI Milwaukee 53202-6237 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Aurora Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 766.72 Other (specify) Full Name (Last, First, Middle Initial) c. Alan Koontz M.D. Date of Receipt Mailing Address 4246 Allistair Rd. 80 13 2014 Zip Code State Transaction ID: C2801437 NC Winston Salem 27104-1204 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Piedmont Triad anesthesia, P.A. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

_	÷	7	-	-	J	-	-	(8)	-	-

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

433.34

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

#### SCHEDULE A (FEC Form 3X) ITE

PAGE 182 OF FOR LINE NUMBER:

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	)	11c 15	Н	12 16	17
y information copied from such Reports and Statements ma	, , , ,					_			

An 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 Full Name (Last, First, Middle Initial) Steven M. Koppel M.D. Date of Receipt Mailing Address 1510 Woodland Dr 06 2014 City State Zip Code Transaction ID: C2799275 IL Deerfield 60015-2022 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation NorthShore University Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.02 Other (specify) Full Name (Last, First, Middle Initial) B. Steven M. Koppel M.D. Date of Receipt Mailing Address 1510 Woodland Dr 80 13 2014 City State Zip Code Transaction ID: C2803835 Deerfield IL 60015-2022 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation NorthShore University Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.02 Other (specify) Full Name (Last, First, Middle Initial) c. Edward Kosik D.O. Date of Receipt Mailing Address 6700 Blackberry 2014 80 13 City State Zip Code Transaction ID: C2803553 OK Edmond 73034-9423 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician **OU HSC** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 791.67 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER:					PAGE	. 1	ೲ	UF	•	405	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)		
` '	logists Political Action Committee	
,		
Full Name (Last, First, Middle Initial)  1. Joanna Kountanis M.D.		Date of Receipt
Mailing Address 1H247 UH SPC 5861		M = M / D = D / Y = Y = Y
1500 East Medical Center Drive	<del>)</del>	08 08 2014
City	State Zip Code	Transaction ID : C2799819
Ann Arbor	MI 48109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Univ of MI Anes Dept	Anesthesiologist	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  Wenzel Daniel Kovarik M.D.		Date of Receipt
Mailing Address 51 Prospect St		M = M / D = D / Y = Y = Y
City	Ctata 7: 0 :	08 16 2014
City	State Zip Code	Transaction ID : C2806216
Portland	ME 04103-4017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Spectrum Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  5. Joseph Koveleskie M.D.		Date of Receipt
Mailing Address 5500 Prytania St # 435		M = M / D = D / Y = Y = Y
City	Stata Zin Codo	08 13 2014
City New Orleans	State Zip Code LA 70115-4237	Transaction ID : C2801509
	U115-4231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer	Occupation	
Ochsner Medical Center	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	333	
Other (specify) ▼	666.40	
SUBTOTAL of Receipts This Page (optional)	•	583.30
TOTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:				PAGE	1	84 OF	•	405	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Jonathan B. Kozinn M.D.  Mailing Address 721 NE Seabrook Cir  City Lees Summit  FEC ID number of contributing federal political committee.  Name of Employer Saint Lukes Anesthesia Services  Receipt For:  Primary General Other (specify)	State Zip Code MO 64064  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Michael G. Kral M.D.  Mailing Address 6 Wentworth Dr.  City  Berkeley Heights  FEC ID number of contributing federal political committee.  Name of Employer American Anesthesia  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code NJ 07922  C Occupation anestheiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 13 2014  Transaction ID : C2803683  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Susan D. Kreher M.D.  Mailing Address 7719 Wynlakes Blvd.  City  Montgomery  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 36117  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / 2014  Transaction ID : C2796602  Amount of Each Receipt this Period  1000.00
		2500.00
IUIAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 185 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

I OIT LINE	NONDELL	. I AGE	100 01	400	
(check only one)					
X 11a	11b	11c	12		
13	14	15	16	17	

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	,
Full Name (Last, First, Middle Initial)  Tom Krejcie M.D.  Mailing Address Tarry Bldg. 4-727  300 East Superior Street  City CHICAGO  FEC ID number of contributing federal political committee.  Name of Employer  Northwestern University  Receipt For:  Primary General Other (specify)	State Zip Code IL 60611-3010  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 13 2014  Transaction ID: C2803298  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Felix Kremer M.D.  Mailing Address 371 Washington Crossing Rd  City  Newtown  FEC ID number of contributing federal political committee.  Name of Employer  Liberty Anesthesia Associates  Receipt For:  Primary  General  Other (specify)	Unit A  State Zip Code PA 18940-1612  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 20 2014  Transaction ID: C2809840  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  David M. Krhovsky M.D.  Mailing Address 2248 Shawnee Dr SE  City Grand Rapids  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Practice Consultants  Receipt For: Primary General Other (specify)	State Zip Code MI 49506-5335  C  Occupation Physician  Aggregate Year-to-Date ▼  716.40	Date of Receipt  08  01  2014  Transaction ID: C2796612  Amount of Each Receipt this Period  83.30
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	583.30
TOTAL This Period (last page this line number	only)	

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

FOR LINE	NUMBER	: PAGE	E 186 OF	405	
(check only one)					
X 11a	11b	11c	12		
13	14	15	16	17	

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial)  David M. Krhovsky M.D.  Mailing Address 2248 Shawnee Dr SE		Date of Receipt
		08 13 2014
City Grand Rapids	State Zip Code MI 49506-5335	Transaction ID : C2801475
· ·	1911 45300-3333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Anesthesia Practice Consultants	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	716.40	
Full Name (Last, First, Middle Initial)  3. Gopal Krishna M.D.		Date of Receipt
Mailing Address 8807 Jules ILane		08 13 2014
City	State Zip Code	Transaction ID: C2803963
Indianapolis	IN 46278	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Indiana University Health Physicians	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  C. Karl A. Kroeker M.D.		Date of Receipt
Mailing Address 14510 Millhaven PI		08 13 2014
City	State Zip Code	Transaction ID : C2803991
Colorado Springs	CO 80908-3267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesia Associates of Colorado Spri	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:				PAGE	1	87 OF	•	405	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)	•	
	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. James Krug M.D.		Date of Receipt
Mailing Address P.O. Box 2119		08 13 2014
City	State Zip Code	Transaction ID : C2803306
Albemarle	NC 28002-2119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Albemarle Anesthesiology, P.A.	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Alan D. Krys M.D.		Date of Receipt
Mailing Address 1628 Whisper Bay Blvd.		08 14 2014
City	State Zip Code	Transaction ID : C2804051
Gulf Breeze	FL 32563-2673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Panhandle Anesthesiology Associates	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  C. Donna A. Kucharski M.D., M.D.		Date of Receipt
Mailing Address 180 Read St		08 13 _ 2014 _
City	State Zip Code	Transaction ID : C2803901
Seekonk	MA 02771-1412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Providence Anestheisologists	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 188 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Matthew E. Kuestner M.D. Date of Receipt Mailing Address 1113 Rostrevor Cir 30 2014 City State Zip Code Transaction ID: C2816889 KY Louisville 40205-1741 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Pediatric Anaesthesia Associates, PSC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Jane A. Kugler M.D. Date of Receipt Mailing Address 9739 Fieldcrest Dr 80 13 2014 City State Zip Code Transaction ID: C2803325 NE Omaha 68114-4932 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Nebraska Pediatric Plan MD anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Eric T. Kunichika M.D. Date of Receipt Mailing Address 2272 Alaqua Dr 80 13 2014 City State Zip Code Transaction ID: C2803410 FL Longwood 32779-3100 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation JLR Medical Group physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1041.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

ı	FOR LINE	NUMBER	t:   PAGE	PAGE 189 OF								
	(check only one)											
	<b>X</b> 11a	11b	11c	12								
	13	14	15	16	17							

	Statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9				
Full Name (Last, First, Middle Initial)  A. Carlos J. Kurek M.D.		Date of Receipt				
Mailing Address 90 Radcliffe Dr		08 18 2014				
City Getzville	State Zip Code NY 14068-1284	Transaction ID : C2807348  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer  maple gate anesthesiologists pc  Receipt For:  Primary General  Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  250.00					
Full Name (Last, First, Middle Initial)  Michael Kutner M.D.  Mailing Address 6916 Avondale Ct	Date of Receipt					
City	State Zip Code	08 28 2014 Transaction ID : C2815658				
Nichols Hills  FEC ID number of contributing federal political committee.	OK 73116-5009	Amount of Each Receipt this Period 250.00				
Name of Employer North West Anesthesia	Occupation Physcian					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
Full Name (Last, First, Middle Initial)  C. Hung-Chi Kwok M.D.		Date of Receipt				
Mailing Address 2732 Muir Woods Dr., SE		08 14 2014				
City Hampton Cove	State Zip Code AL 35763	Transaction ID : C2805107  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	175.00				
Name of Employer	Occupation					
Alabama Anes. of Huntsville, LLC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  1400.00					
SUBTOTAL of Receipts This Page (optional)		675.00				
TOTAL This Period (last page this line numbe						

FOR LINE NUMBER: PAGE 190 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Mark U. Kyker M.D. Date of Receipt Mailing Address 1793 Burning Tree Lane 2014 City Zip Code State Transaction ID: C2801825 Carmel IN 46032 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation st vincent medical group phyician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. John E. La Gorio M.D. Date of Receipt Mailing Address 1543 Forest Park Rd 80 2014 01 City State Zip Code Transaction ID: C2796623 **Norton Shores** MI 49441-4642 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Lakeshore Anesthesia Services physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher J. Lace M.D. Date of Receipt Mailing Address 12401 E 17th Ave Ste B113 2014 University of Colorado 80 04 City Zip Code State Transaction ID: C2796958 CO Aurora 80045-2548 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation University of Colorado Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FO	PAGE	: 1	91 OF		405							
(ch	(check only one)											
>	X 11a 11b				11c		12					
	13		14		15		16		17			

Any information copied from such Reports and So or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  Sarah J Laduzenski M.D.		Date of Receipt
Mailing Address 201 Delano Park		08 26 _ 2014 _
City	State Zip Code	Transaction ID : C2814733
Cape Elizabeth	ME 04107-1941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Maine Medical Center Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Ellis C. Lai M.D.		Date of Receipt
Mailing Address 2100 Via Acalones		08 13 2014
City	State Zip Code	Transaction ID : C2803958
Palos Verdes Estates	CA 90274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Cedars-Sinai Medical Center Anesthesio	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Jared R. Lake M.D.		Date of Receipt
Mailing Address 889 Eaglepointe Dr		08 13 2014 _
City	State Zip Code	Transaction ID : C2803767
North Salt Lake	UT 84054-2661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Mountain West Anesthesia	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 192 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Michael Lam M.D. Date of Receipt Mailing Address 23600 Camino Hermoso Dr 2014 City Zip Code State Transaction ID: C2804001 CA Los Altos Hills 94024 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Michael Lam MD APC physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Benjamin A. Lampert M.D. Date of Receipt Mailing Address 245 S Farm Road 197 08 30 2014 City State Zip Code Transaction ID: C2816869 MO Springfield 65809 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation mercy clinic physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher T Lancaster M.D. Date of Receipt Mailing Address 291 Southhall Ln 80 13 2014 City State Zip Code Transaction ID: C2803443 FL Maitland 32751-7274 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation JLR Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 193 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Christopher T Lancaster M.D. Date of Receipt Mailing Address 291 Southhall Ln 30 2014 City State Zip Code Transaction ID: C2816888 FL Maitland 32751-7274 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation JLR Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) B. Steven N. Landau M.D. Date of Receipt Mailing Address 2443 Dundee Dr 80 29 2014 City State Zip Code Transaction ID: C2815685 MI Ann Arbor 48103-6022 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Associates of Ann Arbor Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Alice L. Landrum M.D. Date of Receipt Mailing Address 1121 S Hickory Grove School Rd 2014 80 13 City State Zip Code Transaction ID: C2803800 MO Columbia 65279-9785 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation University of Missouri physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 183.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 194 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) James Langdon M.D. Date of Receipt Mailing Address PO Box 51947 Medical Center 80 08 2014 City Zip Code State Transaction ID: C2799827 TN Knoxville 37950-1947 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of Tennessee Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven J. Lansing M.D. Date of Receipt Mailing Address 5215 N. County Rd. 775 W 80 2014 22 City State Zip Code Transaction ID: C2811935 IN 47304-9751 Muncie Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Indiana University Health Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bud E. Larson D.O. Date of Receipt Mailing Address 22508 Norfolk Ct 2014 80 26 City State Zip Code Transaction ID: C2813887 MI Novi 48374-3975 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Botsford Anesthesiologists, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 195 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Eric L. Larson M.D. Date of Receipt Mailing Address 2215 Cascade Lakes Cir SE 03 2014 City Zip Code State Transaction ID: C2796917 **Grand Rapids** MI 49546 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nathan Lasiter M.D. Date of Receipt Mailing Address 18904 Shilstone Way 80 30 2014 City State Zip Code Transaction ID: C2816894 OK Edmond 73003 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Northwest Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L. Lathem M.D. Date of Receipt Mailing Address 3104 Blue Lake Dr., #110 80 13 2014 City State Zip Code Transaction ID: C2803473 ΑL Birmingham 35243 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anes. Assoc., P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 591.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 196 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Gary W. Latson M.D. Date of Receipt Mailing Address 14954 Sunshine Rd 2014 City State Zip Code Transaction ID: C2801523 TX Holland 76534-5048 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Baylor Scott and White Hospital Physician Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Hector O. Laurel M.D. Date of Receipt Mailing Address 2317 Woodcliff Rd SE 80 13 2014 City State Zip Code Transaction ID: C2803885 AL Huntsville 35801-1471 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Comprehensive Anesthesia Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew A. Lavalle M.D. Date of Receipt Mailing Address 4505 Reedsport Ct 2014 80 13 City Zip Code State Transaction ID: C2803951 MO Columbia 65203-6499 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Mid-America Anesthesia Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 197 OF 405 Use separate schedul for each category of t Detailed Summary Pa

ile(s) the		ck only		PAGE	: !	91	OF	 +05	
age	×	11a	11b		11c		12		
-9-		13	14		15		16		17

		1.0
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any persthe name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Patrick J. Lawler M.D.  Mailing Address 1301 W Ralph Rogers Rd  City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer McKennan Hospital  Receipt For: Primary General Other (specify)	State Zip Code SD 57108-2702  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08 29 2014  Transaction ID : C2817053  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Greg A. Lawrence M.D.  Mailing Address 3390 N. Campbell Ave., Sui  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer Southern Arizona Anesthesia Services  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85733  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.36	Date of Receipt  08 17 2014  Transaction ID: C2806234  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) John P. Lawrence M.D., M.Ed  Mailing Address 7100 Hollyleaf Dr.  City Burlington  FEC ID number of contributing federal political committee.  Name of Employer University of Cincinnati College of Me  Receipt For: Primary General Other (specify)	State Zip Code KY 41005  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1083.34
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 198 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Gary-Anthony Lawson-Boucher M.D. Date of Receipt Mailing Address 5238 Mason Corbin Ct #101 07 2014 City State Zip Code Transaction ID: C2799588 FL Fort Myers 33907 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Moonlight Anesthesia Anaesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Leachman M.D. Date of Receipt Mailing Address 7130 Coors Trl NW 80 15 2014 City State Zip Code Transaction ID: C2805130 NM Albuquerque 87120 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Anesthesia Specialists of Albuquerque Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kathleen A. Leavitt M.D. Date of Receipt Mailing Address 3467 N Venice St 2014 80 15 City Zip Code State Transaction ID: C2807236 Arlington VA 22207-4446 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Information Requested Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 199 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Laura H. Leduc M.D. Date of Receipt Mailing Address 58 North St 2014 City Zip Code State Transaction ID: C2801516 NY Delmar 12054-1018 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Albany Medical Center Anesthesia Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Carlos-Nicholas L. Lee M.D. Date of Receipt Mailing Address 9529 Hopeland Drive 80 04 2014 City State Zip Code Transaction ID: C2801410 TX Austin 78749 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Capitol Anesthesiology Association Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Jay B. Lee M.D. Date of Receipt Mailing Address 20 Oakwood Circle 2014 80 04 City Zip Code State Transaction ID: C2796960 NY Roslyn 11030-3816 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 249.98 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 200 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

405

14 13 15 16 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 Full Name (Last, First, Middle Initial) Jeffrey A. Lee M.D. Date of Receipt Mailing Address 6650 Pasture Lands Pl. 06 2014 City State Zip Code Transaction ID: C2799272 FL Winter Garden 34787-6229 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 449.95 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey A. Lee M.D. Date of Receipt Mailing Address 6650 Pasture Lands Pl. 80 13 2014 City State Zip Code Transaction ID: C2803699 Winter Garden FL 34787-6229 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 449.95 Other (specify) Full Name (Last, First, Middle Initial) c. Maxine M. Lee M.D. Date of Receipt Mailing Address 5432 Woodchuck Ln. 2014 80 13 City Zip Code State Transaction ID: C2803556 Roanoke VA 24018 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Anesthesiology Consultants of Virginia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 975.07 Other (specify) 341.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 201 OF

MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	×	ck only 11a 13		e) 11b 14	11	С	- -	12 16		17
information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	purp	ose o	f solici	ting	con	tributi	ons	

Any 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 Full Name (Last, First, Middle Initial) Maxine M. Lee M.D. Date of Receipt Mailing Address 5432 Woodchuck Ln. 2014 28 City State Zip Code Transaction ID: C2815067 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesiology Consultants of Virginia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 975.07 Other (specify) Full Name (Last, First, Middle Initial) B. William Lee M.D. Date of Receipt Mailing Address 55 Ridgeview Dr 08 20 2014 City State Zip Code Transaction ID: C2809845 Belle Mead NJ 08502-5515 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Consultants of NJ Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark J. Lema M.D., Ph.D Date of Receipt Mailing Address 155 Roxbury Park 2014 80 14 City Zip Code State Transaction ID: C2805062 NY East Amherst 14051-1775 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Physician State University New York at Buffalo Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 202 OF 405

,	Use separate schedule(s)	(check only one)									
	for each category of the Detailed Summary Page	X	11a		11b		11c		12		
			13		14		15		16		17
Out and the second beautiful to the second beautiful to the second of th											

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesic	ologists Political Action Committee	<b>;</b>
Full Name (Last, First, Middle Initial) Richard F. Lenz D.O.  Mailing Address 3790 Timbers Edge Ln  City Glenview  FEC ID number of contributing federal political committee.  Name of Employer Elmhurst Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 60025-1481  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 29 2014  Transaction ID : C2816587  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Brenda S. Lewis D.O.  Mailing Address 646 Charles Pl.  City  Highland Heights  FEC ID number of contributing federal political committee.  Name of Employer Cleveland Clinic  Receipt For:  Primary General Other (specify)	State Zip Code OH 44143-0100  C  Occupation ansthesiologist  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Michael C. Lewis M.D.  Mailing Address 655 W 8th St  Professor Chair Anesthesiolo  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer  University of Florida  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 32209-6511  C  Occupation Physician  Aggregate Year-to-Date   691.72	Date of Receipt  08  01  2014  Transaction ID: C2796631  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	625.01
TOTAL This Period (last page this line number	only)	7

FOR LINE NUMBER: PAGE 203 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Michael C. Lewis M.D. Date of Receipt Mailing Address 655 W 8th St Professor Chair Anesthesiology 2014 City Zip Code State Transaction ID: C2803752 FL Jacksonville 32209-6511 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation University of Florida Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 691.72 Other (specify) Full Name (Last, First, Middle Initial) **B.** Richard J. Lewis M.D. Date of Receipt Mailing Address 3104 Blue Lake Dr., #110 80 13 2014 City State Zip Code Transaction ID: C2801448 AL Birmingham 35243 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anes. Associated, P.C. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alan Lichtenstein M.D. Date of Receipt Mailing Address 9411 Silverthorn Rd. 2014 80 18 City State Zip Code Transaction ID: C2808092 FL Largo 33777-3166 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Sheridan Healthcare Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 775.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 204 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Jason B. Lichtenstein M.D. Date of Receipt Mailing Address 5315 London Drive NW 2014 City Zip Code State Transaction ID: C2803281 GA Sandy Springs 30327 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Mednax Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. J. Lance Lichtor M.D. Date of Receipt Mailing Address PO Box 4668 80 01 2014 City State Zip Code Transaction ID: C2796640 NY New York 10163-4668 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Yale University Department of Anesthes Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 624.56 Other (specify) Full Name (Last, First, Middle Initial) c. Kristen L. Lienhart M.D. Date of Receipt Mailing Address 4301 W Markham St Lot 515 2014 80 12 City State Zip Code Transaction ID: C2800425 AR Little Rock 72205-7101 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Physician University of Arkansas for Medical Sci Receipt For: Aggregate Year-to-Date ▼ Primary General 916.72 Other (specify) 425.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 205 OF 405 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Kristen L. Lienhart M.D.  Mailing Address 4301 W Markham St Lot 515  City Little Rock  FEC ID number of contributing federal political committee.  Name of Employer University of Arkansas for Medical Sci Receipt For:  Primary General Other (specify)	State Zip Code AR 72205-7101  C  Occupation Physician  Aggregate Year-to-Date ▼  916.72	Date of Receipt  08 13 2014  Transaction ID : C2801457  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Penny J. Lindgren M.D.  Mailing Address 1720 Louisiana Blvd., NE., #4  City  Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer  Anes. Assoc. of New Mexico, P.C.  Receipt For:  Primary  General  Other (specify)	State Zip Code NM 87110  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 17 2014  Transaction ID : C2806264  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) John E. Lindsey Jr., M.D.  Mailing Address 2502 S 186th Cir  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Anesthesia Specialists  Receipt For:  Primary General Other (specify)	State Zip Code NE 68130-2798  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M M / D 28 2014  Transaction ID : C2815066  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)		791.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 206 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Steven J. Lisco M.D. Date of Receipt Mailing Address Department of Anesthesiology 98455 Nebraska Medical Center 2014 City Zip Code State Transaction ID: C2802018 ΝE Omaha 68198-0001 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of Nebraska Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael B. Little M.D. Date of Receipt Mailing Address 214 Tuttle Rd 80 2014 31 City State Zip Code Transaction ID: C2816932 TX San Antonio 78209-6145 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation University of Texas Health Science Cen Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Krzysztof Litynski M.D. Date of Receipt Mailing Address 4311 Lin Nan Ln. 2014 80 13 City State Zip Code Transaction ID: C2803778 MI Muskegon 49441-4652 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation Lakeshore Anes. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 207 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) George Liu M.D. Date of Receipt Mailing Address 338 Spear St Unit 5B 2014 City State Zip Code Transaction ID: C2803971 CA San Francisco 94105-6168 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Medical Anesthesia Consultants Physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rene A. Llera Jr., M.D. Date of Receipt Mailing Address PO Box 235019 80 2014 01 City State Zip Code Transaction ID: C2796604 AL Montgomery 36123-5019 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Asa C. Lockhart M.D. Date of Receipt Mailing Address 2106 Kennebunk Ln. 2014 80 04 City State Zip Code Transaction ID: C2796956 TX Tyler 75703 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation **ETAA** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify)

1183.30

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

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 208 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	×	k only 11a 13	one) 11b 14	11c	12 16	17
y information copied from such Reports and Statements ma	, , , ,				_		

Ar or NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Nancy L. Loeffler M.D. Date of Receipt Mailing Address 3726 Lakeview Dr. 2014 City State Zip Code Transaction ID: C2803431 FL Tallahassee 32310-6348 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Anesthesiologist Anesthesiology Assoc. of Tallahassee Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. James B. Loftus M.D. Date of Receipt Mailing Address 8 W 78th St 80 09 2014 City State Zip Code Transaction ID: C2800056 Harvey Cedars NJ 08008-5912 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation James b Loftus MD PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. John J. Long D.O. Date of Receipt Mailing Address 2110 Hidden Harbor 2014 80 13 City State Zip Code Transaction ID: C2803274 NC New Bern 28562 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Mosaic Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR	PAGE	4	405					
(che	ck only	or	ne)					
X 11a			11b		11c	12		
	13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	sielegiete Delitical Action Committee	_
/ American Society of Anesthes	siologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Nard G. Longbottom M.D.		Date of Receipt
Mailing Address 17910 Spencer Rd.	08 30 2014	
City	State Zip Code	Transaction ID : C2816920
Odessa	FL 33556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
University of South Florida Endoscopy	Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Thomas D. Looke M.D.,Ph.D.  Mailing Address 4609 Jetty St		Date of Receipt
		08 13 2014
City	State Zip Code	Transaction ID : C2801997
Orlando	FL 32817-3182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Florida Hospital	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Brit M. Lovvorn M.D.		Date of Receipt
Mailing Address 604 Canyon Cir N		08 04 2014
City Tuscaloosa	State Zip Code AL 35406-2144	Transaction ID : C2796984  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	1
Anesthesiology and Pain Management Con	Anesthesiology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	2000.00

FOR LINE NUMBER: PAGE 210 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Deborah A. Lowery M.D. Date of Receipt Mailing Address 6258 Memorial Dr 2014 City Zip Code State Transaction ID: C2800438 OH Dublin 43017-8911 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation The Ohio State Univ Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen R. Lowry M.D. Date of Receipt Mailing Address 3436 Beltway Rd. S. 80 13 2014 City State Zip Code Transaction ID: C2803819 TX Abilene 79606-5607 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Hendrick Health Systems Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary E. Loyd M.D. Date of Receipt Mailing Address 2741 Oak St. 2014 80 21 City Zip Code State Transaction ID: C2811203 FL Jacksonville 32205 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Professor and Vice Chair for Research Dept of Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 433.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

405 FOR LINE NUMBER: PAGE 211 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Jeffrey Lu M.D. Date of Receipt Mailing Address 30 North 1900 East 09 2014 City State Zip Code Transaction ID: C2800084 UT Salt Lake City 84132-2304 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ. of Utah, Anes Dept., 3C-444 SOM Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jason P. Lujan M.D. Date of Receipt Mailing Address 3626 Ruffin Rd 08 13 2014 City State Zip Code Transaction ID: C2803107 CA San Diego 92123-1810 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Service Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joshua L. Lumbley M.D. Date of Receipt Mailing Address 4356 Olentangy Blvd 2014 80 12 N411 Doan Hall City Zip Code State Transaction ID: C2800406 OH Columbus 43214 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee.

SUBTOTAL of Receipts This Page (optional)	1	791.67
TOTAL This Period (last page this line number only)	,	

333.36

Occupation

anesthesiologist

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify)

Receipt For:

The Ohio State University Medical Cent

General

FOR LINE NUMBER: PAGE 212 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Claudio Lumermann M.D. Date of Receipt Mailing Address Dept. of Anesthesia 270-75 76 Ave, 07 2014 City Zip Code State Transaction ID: C2799589 NY 11040 New Hyde Park Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Long Island Jewish Med. Ctr. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) Full Name (Last, First, Middle Initial) B. Roya Maani M.D. Date of Receipt Mailing Address Northridge Hospital Medical Center 18300 Roscoe Blvd 80 24 2014 City State Zip Code Transaction ID: C2812045 Northridge CA 91328 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Northridge Hospital Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennie A. Mace M.D. Date of Receipt Mailing Address P.O. Box 369 2014 80 13 City State Zip Code Transaction ID: C2803695 FL Melrose 32666-0369 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 213 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Robert I. Macfarlane M.D. Date of Receipt Mailing Address 350 Blountville Highway Suite 207 05 2014 City Zip Code State Transaction ID: C2798592 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **Bristol Anesthesia Services** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. David P. Maguire M.D. Date of Receipt Mailing Address 8 Talon Ct. 80 23 2014 City State Zip Code Transaction ID: C2812018 NJ Sewell 08080 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Department of Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) John Makrides M.D. Date of Receipt Mailing Address 324 Gannett Drive 2014 80 26 Suite 200 City State Zip Code Transaction ID: C2813901 MF South Portland 04106 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Spectrum Medical Group Southern Anesth Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 214 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Henry F. Malarkey IV, M.D. Date of Receipt Mailing Address 188 W. Virginia Blvd. 2014 28 City Zip Code State Transaction ID: C2815627 NY Jamestown 14701-8432 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Southern Tier Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Anita K. Malhotra M.D. Date of Receipt Mailing Address 1680 sherwood dr 80 2014 22 City State Zip Code Transaction ID: C2811981 PA Hummelstown 17036 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Penn State Hershey Medical Center Depa Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Asif M. Malik M.D. Date of Receipt Mailing Address 2758 Charnwood Dr 80 12 2014 City State Zip Code Transaction ID: C2800414 MI Troy 48098-2184 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Henry Ford West Bloomfield Hospital An Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 215 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

I OIT LINE NOWDEIT.				IIAGL	 10 01	-10	•		
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	1	7

or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark Mandabach M.D.  Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer  UAB Department of Anesthesiolog  Receipt For:  Primary General Other (specify)	State Zip Code AL 35249-0001  C  Occupation physician  Aggregate Year-to-Date ▼  766.72	Date of Receipt  M M ON 2014  Transaction ID: C2796637  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  Mark Mandabach M.D.  Mailing Address Dept of Anesthesiology 619 S. 19th St., JT845  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer UAB Department of Anesthesiolog  Receipt For:  Primary General Other (specify)	State Zip Code AL 35249-0001  C  Occupation physician  Aggregate Year-to-Date ▼  766.72	Date of Receipt    M
Full Name (Last, First, Middle Initial) Alan T. Mann D.O.  Mailing Address 76 Bright Spot St  City Pike Road  FEC ID number of contributing federal political committee.  Name of Employer  MUSC Anes Dept  Receipt For:  Primary General Other (specify)	State Zip Code AL 36064-3853  C  Occupation Resident  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08 01 2014  Transaction ID: C2796563  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	1183.34
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:			PAGE	2	16 OF	•	405		
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	Э
Full Name (Last, First, Middle Initial)  A. Stephen A. Mannis M.D.  Mailing Address 1348 39th St  City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer CASE Medical Group Receipt For:  Primary General Other (specify)	State Zip Code CA 95816-6718  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 13 2014  Transaction ID: C2803598  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Frederick M. Mansfield M.D.  Mailing Address 960 Keyes Ave  City Winter park	State Zip Code FL 32789	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  JLR Medical Group USAP  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	500.00
Full Name (Last, First, Middle Initial) Inna Maranets M.D.  Mailing Address 4 Timber Ln.  City Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer Woodland Anesthesia Associates, PC  Receipt For:  Primary General Other (specify)	State Zip Code CT 06525-1815  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 217 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Mollyann G. March M.D. Date of Receipt Mailing Address 6504 Greentree Rd. 2014 City Zip Code State Transaction ID: C2802034 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation First Colonies Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J. Marcovitz M.D. Date of Receipt Mailing Address 4483 Ford Rd. 80 24 2014 City State Zip Code Transaction ID: C2812030 MI Ann Arbor 48105 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Associates of Ann Arbor, P. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Scott S. Margolies M.D. Date of Receipt Mailing Address 2535 Aberdeen Rd. 2014 80 13 City State Zip Code Transaction ID: C2803830 AL Birmingham 35223 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Southern Perioperative Services Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 791.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 218 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Gregory Marino M.D. Date of Receipt Mailing Address 2626 E 66th St 2014 City Zip Code State Transaction ID: C2800099 OK Tulsa 74136-1248 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Blue cross oklahoma Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kurt W. Markgraf M.D. Date of Receipt Mailing Address 3663 McKinley Ave 80 2014 12 City State Zip Code Transaction ID: C2800412 FL Fort Myers 33901 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Medical Anesthesia and Pain Management Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory B. Marsh M.D. Date of Receipt Mailing Address 1931 26th Ave East 30 2014 80 City Zip Code State Transaction ID: C2816909 WA Seattle 98112 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation PAS anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 383.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 219 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11/	c	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	ourpose o	f solici	ting c	ontributi	ions	

A 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 Full Name (Last, First, Middle Initial) Barry W. Martin M.D., FRCA Date of Receipt Mailing Address 90 Miller Cir 25 2014 City State Zip Code Transaction ID: C2813022 **Indian Springs** AL 35124-3738 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiologist Anesthesia Group East Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Timothy Martin M.D. Date of Receipt Mailing Address Arkansas Childrens Hospital #1 Childrens Way, S-203 08 2014 04 City State Zip Code Transaction ID: C2796967 AR Little Rock 72202-3591 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Arkansas for Medical Sci physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. George Mashour M.D., Ph.D. Date of Receipt Mailing Address Department of Anes 2014 1500 E Medical Center Dr 80 13 City Zip Code State Transaction ID: C2801467 MI Ann Arbor 48109-5048 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation University of Michigan Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 220 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Donald M. Mathews M.D. Date of Receipt Mailing Address 340 S Willard St 2014 City Zip Code State Transaction ID: C2806364 VT Burlington 05401-3908 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Vermont Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Scott W. Maxwell M.D. Date of Receipt Mailing Address 16305 Scotland Way 80 26 2014 City State Zip Code Transaction ID: C2814731 OK Edmond 73013 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Affiliated Anesthesiologists, LLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Keith A. May M.D. Date of Receipt Mailing Address 1107 Thornehill Dr 2014 80 13 City State Zip Code Transaction ID: C2803309 SC Anderson 29621-1574 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Anderson Anesthesia Consultants Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 683.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	I FOR LINE I	NOMBER	:
Use separate schedule(s)	(check only	one)	
for each category of the Detailed Summary Page	X 11a	11b	Г
zotanou ouriniary i ago			г

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 OF 405 (check only one)    X   11a
---	--

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal part and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Stephen C. Maze M.D.  Mailing Address 1550 Boyson Rd.		Date of Receipt
Linn County Anesthesiologists	<u> </u>	08 29 2014
City	State Zip Code	Transaction ID : C2817065
Hiawatha	IA 52233-2310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Linn County Anesthesiologists	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Jennifer L. Maziad M.D.		Date of Receipt
Mailing Address 6899 Lucca St		08 13 /
City	State Zip Code	Transaction ID : C2803338
Orlando	FL 32819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
JLR Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Brian G. McAllister M.D.		Date of Receipt
Mailing Address 39 Rangers Way		08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2814808
Cumberland	ME 04021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Spectrum Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	800.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 222 OF

TS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	eck only	one)	11c	12	17
			13	14	15	16	17
such Benorts and Statements ma	ay not be sold or used by any ne	rson i	for the i	nurnose of	soliciting	contributi	ons

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 Full Name (Last, First, Middle Initial) Russell K. McAllister M.D. Date of Receipt Mailing Address 2401 S 31st St 2014 City State Zip Code Transaction ID: C2807223 TX 76508-0001 Temple Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Scott and White Memorial Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Michael L. McCartney M.D. Date of Receipt Mailing Address 15001 Linden St 80 2014 13 City Zip Code State Transaction ID: C2803566 KS Leawood 66224-3656 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Truman Medical Center- Hospital Hill A Physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) James B. McClain D.O.		Date of Receipt
Mailing Address 1507 Crestwood Cir.		08 13 2014
City	State Zip Code	Transaction ID : C2801458
Williamsport	PA 17701-9378	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesia Associates of Williamsport	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 13 11 11 11 11	
Other (specify) ▼	250.00	

SUBTOTAL of Receipts This Page (optional)			7		Ξ	7	I	(	600.0	0	
TOTAL This Period (last page this line number only)		_	,	_	_	7				_	]

C.

FOR LINE NUMBER: PAGE 223 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Mark McClain M.D. Date of Receipt Mailing Address 5180 N Camino Esplendora 2014 City Zip Code State Transaction ID: C2804021 Tucson ΑZ 85718-6227 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Old Pueblo Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Philip P. McClarty M.D. Date of Receipt Mailing Address 213 Marigold Ln 80 2014 14 City State Zip Code Transaction ID: C2804044 AL Dothan 36305 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **ACMG** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory B. McComas M.D. Date of Receipt Mailing Address 6578 Canyon Cove PI 80 20 2014 City Zip Code State Transaction ID: C2809842 UT Salt Lake City 84121-6307 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Mountain West Anesthesia physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:						- 2	24 UF	-	+05
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	9
Full Name (Last, First, Middle Initial) Felicia M. McCreary M.D.  Mailing Address 1850 N Central Ave Ste 16  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Valley Anesthesiology Consultants  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85004  C  Occupation Anesthesiologist  Aggregate Year-to-Date   500.00	Date of Receipt  08 13 2014  Transaction ID : C2803463  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Joel E. McCreary D.O.  Mailing Address 4595 E Calle Redonda  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Valley Anesthesiology Consultants  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85018-3817  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt  08 13 2014  Transaction ID: C2803448  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Joel E. McCreary D.O.  Mailing Address 4595 E Calle Redonda  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  Valley Anesthesiology Consultants  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85018-3817  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1100.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 225 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Amanda T McDowell M.D. Date of Receipt Mailing Address 291 Southhall Ln Dept of Anes 2014 City State Zip Code Transaction ID: C2803482 FL Maitland 32751-7274 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph McIsaac III, M.D. Date of Receipt Mailing Address 99 East River Drive. 5th Floor 80 23 2014 City State Zip Code Transaction ID: C2812009 East Hartford CT 06108 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Integrated Anesthesia Associates, Inc. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert D. McKay M.D. Date of Receipt Mailing Address 350 Blountville Hwy Ste 207 80 13 2014 City Zip Code State Transaction ID: C2801512 TN Bristol 37620-1671 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Bristol Anesthesia Services Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 226 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Robert E. McKlveen M.D. Date of Receipt Mailing Address 5261 Lochloy Dr 2014 City Zip Code State Transaction ID: C2801553 MN Edina 55436-2023 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Northwest Anesthesia, P.A. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard R. McNeer M.D. Date of Receipt Mailing Address 18340 SW 122 St. 80 23 2014 City State Zip Code Transaction ID: C2811993 FL Miami 33196 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation University of Miami Dept of Anesthesio Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J. Meddows M.D. Date of Receipt Mailing Address 8508-B Atlantic Ave. 2014 80 04 City Zip Code State Transaction ID: C2796965 Virginia Beach VA 23451 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Atlantic Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 OF 405 (check only one)    X   11a
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesth	esiologists Po	olitical Action Committe	<b>∋e</b>
Full Name (Last, First, Middle Initial)  A. Philip M. Meeks M.D.			Date of Receipt
Mailing Address 103 Golden Hill Dr			08 29 2014
City	State	Zip Code	Transaction ID : C2816282
Guilford	CT	06437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		_
Yale University	Anesthesiolo	ogist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  B. Christina M. Menor M.D.	'		Date of Receipt
Mailing Address 552 W Elk Ave STE 213			08 14 2014
City	State	Zip Code	Transaction ID : C2804004
Glendale	CA	91204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
Indigodoc Inc	Anesthesiolo	ogist	
Receipt For:  Primary General  Other (specify)		Year-to-Date ▼	

	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Melville M. Mercer Jr., M.D.		Date of Receipt
	Mailing Address 3020 S. Wheeling		08 04 2014
	City	State Zip Code	Transaction ID : C2798577
	Tulsa	OK 74114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Associated Anesthesiologists, Inc.	anesthesiologist	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	

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

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

1000.00

FOR LINE NUMBER: PAGE 228 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Sharon M. Merker M.D. Date of Receipt Mailing Address 2517 Top Hill Rd. 2014 City Zip Code State Transaction ID: C2801502 Louisville KY 40206 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Williams and Wagner, PSC Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Lauren N. Merritt M.D. Date of Receipt Mailing Address 6032 Evensong Cove 80 26 2014 City State Zip Code Transaction ID: C2813028 TN Memphis 38120 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Metropolitan Anesthesia Alliance Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brigitte M. Messenger M.D. Date of Receipt Mailing Address 1924 Alcoa Hwy # U109 2014 80 13 City Zip Code State Transaction ID: C2801507 TN Knoxville 37920-1511 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation The University of Tennessee Graduate S Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 666.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 229 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Thomas W. Meyer D.O. Date of Receipt Mailing Address 4805 Chilton Court 2014 City Zip Code State Transaction ID: C2803820 MO Columbia 65203-6048 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mid American Anes. Consultants anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert K. Michaels M.D. Date of Receipt Mailing Address 3632 Beech Tree Dr 80 21 2014 City State Zip Code Transaction ID: C2811216 FL Orlando 32835 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Ana M. Michelena M.D. Date of Receipt Mailing Address 2460 SW 105th Ter 2014 80 24 City State Zip Code Transaction ID: C2812037 FL Davie 33324-7609 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Sheridan healthcorp Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 230 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) James K. Miller M.D. Date of Receipt Mailing Address 1924 Alcoa Hwy # U109 Anes. Dept. 2014 City State Zip Code Transaction ID: C2800097 TN Knoxville 37920-1511 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation University of Tennessee Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin M. Miller M.D. Date of Receipt Mailing Address 22223 Cass Ave. 80 2014 03 City State Zip Code Transaction ID: C2796924 Woodland Hills CA 91364 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation St. John Health Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew K. Miller M.D. Date of Receipt Mailing Address 5331 Bellaire Dr. 2014 80 13 City State Zip Code Transaction ID: C2803790 LA **New Orleans** 70124-1061 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 391.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 231 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

٠.	٠				•		-	· · ·	
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Michael D. Miller M.D.  Mailing Address 15936 Oak Park Ct		Date of Receipt
Mailing Address 15936 Oak Park Ct		08 27 2014
City	State Zip Code	Transaction ID : C2814772
Westfield	IN 46074-9140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Anesthesia Consultants of Indianapolis	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  Warren G. Mills M.D.		Date of Receipt
Mailing Address 178 Burton PI		08 24 2014
City	State Zip Code	Transaction ID : C2812041
Statesville	NC 28625-9631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer providence anesthesiology associates,	Occupation	
Receipt For:	anesthesiologist	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)		2. (2. ::
Christopher G. Millson M.D.		Date of Receipt
Mailing Address 2400 Wimbledon Dr		08 12 2014
City	State Zip Code	Transaction ID : C2800407
Las Vegas	NV 89107-2364	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
Desert Anesthesiologists	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	666.72	
SUBTOTAL of Receipts This Page (optional)		416.68
TOTAL This Period (last page this line numb	er only)	

Lles concrets cohodule(s)	_	LINE	_	PAGE	2	32 OF	 405		
Use separate schedule(s) for each category of the	(che	ck only	or	ne)		i		1	
Detailed Summary Page	<u> </u> ×	11a		11b		11c		12	
, ,		13		14		15		16	17

	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	·
Full Name (Last, First, Middle Initial)  Mitchell F. Minana M.D.  Mailing Address 1306 E Welden Dr  City Spokane  FEC ID number of contributing federal political committee.  Name of Employer PHYSICIAN ANETHESIOLOGIST GROUP Receipt For:  Primary General Other (specify)	State Zip Code WA 99223  C  Occupation ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Mohammed Minhaj M.B.A., M.  Mailing Address 5841 S Maryland Ave MC 402  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer ucmc  Receipt For: Primary General Other (specify)	State Zip Code IL 60637  C Occupation physician  Aggregate Year-to-Date   500.00	Date of Receipt  08 13 2014  Transaction ID: C2803780  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) Chander S. Mishra M.D.  Mailing Address 217 Mill Xing W  City Colleyville  FEC ID number of contributing federal political committee.  Name of Employer US anesthesia partners Pinnacle Partne Receipt For: Primary General Other (specify)	State Zip Code TX 76034-3661  C  Occupation Medical Director Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1050.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 233 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Karen P. Mitchell M.D. Date of Receipt Mailing Address 827 Old Oyster Trl 2014 City State Zip Code Transaction ID: C2811989 TX Sugarland 77478 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Memorial Hermann Southwest Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.44 Other (specify) Full Name (Last, First, Middle Initial) B. Karen P. Mitchell M.D. Date of Receipt Mailing Address 827 Old Oyster Trl 80 2014 27 City State Zip Code Transaction ID: C2814817 TX Sugarland 77478 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Memorial Hermann Southwest Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.44 Other (specify) Full Name (Last, First, Middle Initial) c. Nanhi R. Mitter M.D. Date of Receipt Mailing Address 6850 Peachtree Dunwoody Rd Apt 217 2014 80 13 City State Zip Code Transaction ID: C2803461 GA Atlanta 30328-6724 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physicians Specialists in Anesthesia Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 416.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR L			PAGE	2	34 OF	4	405			
(check only one)										
<b>X</b> 11	1a	11b	11c		12					
13	3	14		15		16		17		

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	;
Full Name (Last, First, Middle Initial)  A. Parag Modi M.D.		Date of Receipt
Mailing Address 26 Regency Dr		08 28 2014
City Voorhees	State Zip Code NJ 08043-2849	Transaction ID : C2815057  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  lourdes anesthesia associates  Receipt For:  Primary General  Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Stanley R. Mogelnicki M.D., Ph.D  Mailing Address 640 Tanglewood Trail NW		Date of Receipt
City Atlanta	State Zip Code GA 30327	08 13 2014  Transaction ID : C2803582  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer physician specialists in anesthesia	Occupation anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 1044 Belmont Ave  Dept of Anes		08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Youngstown	State Zip Code OH 44504-1006	Transaction ID : C2801506  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer	Occupation	
BelPark Anesthesia Associates  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  291.69	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	541.67
TOTAL This Period (last page this line number	<u>-</u> _	

Use separate sche for each category Detailed Summary

	FOR LINE NUMBER: PAGE 235 OF 405							
edule(s) of the	(check only	one)						
/ Page	<b>X</b> 11a	11b	11c	12				
	13	14	15	16	17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commented purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Anerican Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  Joseph Monaco D. O.  Mailing Address 6195 NW Hickory PI  City  State Zip Code Parkville  MO 64152-8712  FEC ID number of contributing (advaria political committee)  FEC ID number of contributing (advaria political committee)  FEC ID number of contributing (advaria political committee)  Full Name (Last, First, Middle Initial)  Ximberty E. Monocure MD.  Mailing Address 12603 Granada Road  City  State Zip Code KS 68209  FEC ID number of contributing (advaria political committee)  Receipt For:  Primary General  Other (specity)   Aggregate Year-to-Date   Aggregate Year-to-Date   Date of Receipt   Transaction ID: C2804079  Amount of Each Receipt this Period  FEC ID number of contributing (advaria political committee)  FULL Name (Last, First, Middle Initial)  William Montgomery M.D.  Anesthesia Associates of Kansas City  Receipt For:  Primary General  Other (specity)   Aggregate Year-to-Date   Date of Receipt this Period  Transaction ID: C2804079  Amount of Each Receipt this Period  Transaction ID: C2804079  Amount of Each Receipt this Period  FEC ID number of contributing (advariate political committee)  City  State Zip Code HI 98816  FEC ID number of contributing (advariate political committee)  Aggregate Year-to-Date   Cocupation  Aggregate Year-to-Date   Transaction ID: C2804079  Amount of Each Receipt his Period  Transaction ID: C2804079  Amount of Each Receipt his Period  Transaction ID: C2804079  Amount of Each Receipt his Period  Transaction ID: C2804079  Amount of Each Receipt his Period  Transaction ID: C2804079  Amount of Each Receipt his Period  Transaction ID: C2804079  Amount of Each Receipt his Period			1.0
American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  Joseph Monaco D.O.  Malling Address 6105 NW Hickory PI  City  State Zip Code  Parkville  MO 84152-8712  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  State Zip Code  Name (Last, First, Middle Initial)  Skimberly E. Moncure M.D.  Mailing Address 12603 Granada Road  City  State Zip Code  KS 66209  FEC ID number of contributing federal political committee.  City  State Zip Code  KS 66209  FEC ID number of contributing federal political committee.  City  State Zip Code  KS 66209  FEC ID number of contributing federal political committee.  City  State Zip Code  Anesthesia Sociates of Kansas City  Anesthesia Sociates of Kansas City  Anesthesia Sociates of Kansas City  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  William Montgomery M.D.  Malling Address 4348 Walslate Avenue #846  City  State Zip Code  Hil 96816  FEC ID number of contributing federal political committee.  City  State Zip Code  Hil 96816  FEC ID number of contributing  Coccupation  Anesthesiologist  Anount of Each Rec			
L Joseph Monaco D.O.  Mailing Address 6105 NW Hickory PI  City State Zip Code Parkville MO 64152-8712  FEC ID number of contributing federal political committee.  Name of Employer Union Hill Anesthesia Staff anesthesiologist  Fec lin Iname (Last, First, Middle Initial)  Staff anesthesiologist  FEC ID number of contributing federal political committee.  City State Zip Code KS 66209  Amount of Each Receipt this Period  Transaction ID: C2804079  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: C2804079  Date of Receipt  Date of Receipt  Transaction ID: C2804079  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Anesthesia Associates of Kansas City Anesthesiologist  Fec primary General Other (specify) ▼ 1000,00  Full Name (Last, First, Middle Initial)  William Montgomery M.D.  Mailing Address 4348 Waiatae Avenue #846  City State Zip Code HII 96816  Amount of Each Receipt this Period  Transaction ID: C2804079  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C2904070  Date of Receipt  Transaction ID: C2904070  Amount of Each Receipt this Period  Transaction ID: C2904070  Date of Receipt  Transaction ID: C2904070  Amount of Each Receipt this Period  Primary General Other (specify) ▼ 1000,00  Amount of Each Receipt this Period  Transaction ID: C2904070  Amount of Each Receipt this Period	,	siologists Political Action Committe	ee
Transaction ID : C280000   Teul Name (Last, First, Middle Initial)   Last Primary   General Other (specify) ▼   Docupation	A. Joseph Monaco D.O.  Mailing Address 6105 NW Hickory PI  City	•	08 13 2014 Transaction ID : C2803106
Aggregate Year-to-Date ▼    City	federal political committee.  Name of Employer  Union Hill Anesthesia  Receipt For:  Primary General	Occupation Staff anesthesiologist  Aggregate Year-to-Date ▼	250.00
Name of Employer   Anesthesia Associates of Kansas City   Anesthesia Associates of Kansas City   Anesthesiologist	Mailing Address 12603 Granada Road  City Leawood		08 14 2014 Transaction ID : C2804079
Mailing Address 4348 Waialae Avenue #846  City State Zip Code HI 96816  FEC ID number of contributing federal political committee.  Name of Employer Self Anesthesiologist  Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M M M M M M M M M M M M M M M M M M M	Federal political committee.  Name of Employer Anesthesia Associates of Kansas City  Receipt For: Primary General	Occupation Anesthesiologist  Aggregate Year-to-Date ▼	1000.00
Primary General Other (specify) ▼ 250.00	City Honolulu  FEC ID number of contributing federal political committee.  Name of Employer self	State Zip Code HI 96816  C  Occupation Anesthesiologist	08 08 2014  Transaction ID : C2799830  Amount of Each Receipt this Period
	Other (specify) ▼		1500.00

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 236 OF 405 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a				
Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committe	ee				
Full Name (Last, First, Middle Initial) Richard C. Month M.D.  Mailing Address 2001 Hamilton St Apt 2307  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer University of Pennsylvania Dept. of An Receipt For: Primary General Other (specify)	State Zip Code PA 19130  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  666.72	Date of Receipt    M				
Full Name (Last, First, Middle Initial)  Raul R. Montiague M.D.  Mailing Address 7803 Railyard Dr SW  City  Byron Center  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Practice Consultants, PC  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 49315-9525  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  341.20	Date of Receipt  08 13 2014  Transaction ID : C2803333  Amount of Each Receipt this Period  50.00				
Full Name (Last, First, Middle Initial)  Thomas A. Moore II, M.D.  Mailing Address 1748 Vestwood Hills Dr  City Vestavia  FEC ID number of contributing federal political committee.  Name of Employer University of Alabama School of Medici Receipt For:  Primary General Other (specify)	State Zip Code AL 35216  C  Occupation Physician  Aggregate Year-to-Date ▼  1500.00	Date of Receipt    M M				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1633.34				
TOTAL This Period (last page this line number	only)					

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

	_	LINE	_		PAGE	2	37 OF	405	
(0	che	ck only	or	ne)					
X 11a 11b 1					11c		12		
		13		14		15		16	17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full)	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Arun V. Moorjani M.D.  Mailing Address 291 Southhall Ln  Dept of Anesthesia  City  Maitland  FEC ID number of contributing federal political committee.  Name of Employer  jlr medical group  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 32751-7274  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 04 2014  Transaction ID: C2798571  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Jonathan B. Morgan M.D.  Mailing Address 60559 Sugar Factory Rd  City Scottsbluff  FEC ID number of contributing federal political committee.  Name of Employer Regional West Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code NE 69361  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID: C2801531  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Matthew L. Morgan M.D.  Mailing Address 115 9th Ave S Unit 7B  City  Jacksonville Beach  FEC ID number of contributing federal political committee.  Name of Employer jacksonville anesthesia corp, inc  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 32250-6573  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 08 2014  Transaction ID : C2799925  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 238 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Samuel A. Morgos M.B., B.S. Date of Receipt Mailing Address 12707 Crestmoor Cir 2014 25 City State Zip Code Transaction ID: C2812237 KY Prospect 40059-9182 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Jewish Physician Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Caroline Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 08 29 2014 City State Zip Code Transaction ID: C2815678 TN Germantown 38138 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Medical Anesthesia Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Dennis W. Morris M.D. Date of Receipt Mailing Address 6330 E. 116th St. 2014 80 10 City Zip Code State Transaction ID: C2800117 OK Tulsa 74137 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Associated Anesthesiologist physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 624.97 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 239 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Gregory S. Morris M.D. Date of Receipt Mailing Address 9550 E. Havasupai Drive 2014 City Zip Code State Transaction ID: C2803793 Scottsdale ΑZ 85255 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Valley Anes. Consultants, Ltd. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jason E. Morris M.D. Date of Receipt Mailing Address 2797 Fox Creek Dr. 80 2014 29 City State Zip Code Transaction ID: C2815677 TN Germantown 38138-5723 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Medical Anesthesia Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Scott C. Morrow M.D. Date of Receipt Mailing Address 220 Genius Drive 80 03 2014 City State Zip Code Transaction ID: C2796942 FL Winter Park 32789 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 240 OF 405 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Frank Moya M.D. Date of Receipt Mailing Address 1450 Madruga Ave Ste 207 05 2014 City Zip Code State Transaction ID: C2799214 FL Coral Gables 33146 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Retired anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. John P. Mrachek M.D. Date of Receipt Mailing Address 4520 W. Woodlland Rd. 80 25 2014 City State Zip Code Transaction ID: C2812238 MN Edina 55424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Northwest Anesthesia, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Jochen D. Muehlschlegel M.D. Date of Receipt Mailing Address 75 Francis St Cwn Li 80 13 2014 City State Zip Code Transaction ID: C2801542 MA **Boston** 02115-6110 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Brigham and Womens Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 241 OF (check only one) X 11a 11b 11c 12

405 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Michael L. Mueller M.D. Date of Receipt Mailing Address 1520 Chandler Rd SE 2014 City State Zip Code Transaction ID: C2800934 Huntsville AL 35801-1476 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Comprehensive Anesthesia Service Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven A. Mueller M.D. Date of Receipt Mailing Address 1111 N Lee Ave Ste 236 80 28 2014 City State Zip Code Transaction ID: C2815637 OK Oklahoma City 73103-2620 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Steven A Mueller MD Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joel H. Mumford M.D. Date of Receipt Mailing Address 221 Elm Hill St 80 12 2014 Zip Code City State Transaction ID: C2800415 Springfield VT 05156-2424 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation V A Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 1583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 242 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Sergio A Murillo M.D. Date of Receipt Mailing Address 2170 Trenton Way 2014 City State Zip Code Transaction ID: C2808516 TX Allen 75013-4911 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pinnacle Partners In Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Robert F. Murray III, M.D. Date of Receipt Mailing Address 19 Elm Park Blvd. 80 13 2014 City State Zip Code Transaction ID: C2801505 MI 48069-1106 Pleasant Ridge Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation William Beaumont Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey A. Nachman M.D. Date of Receipt Mailing Address 169 Timothy Circle 2014 80 24 City State Zip Code Transaction ID: C2812031 PΑ Wayne 19087 Amount of Each Receipt this Period FEC ID number of contributing 33.00 С federal political committee. Name of Employer Occupation Associates in Anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 231.00 Other (specify) 216.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 243 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Mark Y. Nakajima M.D. Date of Receipt Mailing Address 415 E. Pine Street, Apt. 1020 2014 City Zip Code State Transaction ID: C2801515 FL Orlando 32801-6621 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Wolverine Anesthesia Consultants, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1116.70 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Y. Nakajima M.D. Date of Receipt Mailing Address 415 E. Pine Street, Apt. 1020 80 2014 14 City State Zip Code Transaction ID: C2804063 FL Orlando 32801-6621 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Wolverine Anesthesia Consultants, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1116.70 Other (specify) Full Name (Last, First, Middle Initial) c. Kenneth C. Nanners M.D. Date of Receipt Mailing Address 170 Leewood Farms Rd 2014 80 13 City Zip Code State Transaction ID: C2802984 WV Wheeling 26003 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Medical Business Administration Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 433.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR	LINE	NU	IMBER	PAGE	2	44 OF	•	405		
(check only one)										
X	11a		11b	11c		12				
	13		14		15		16		17	

**Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Brad J. Narr M.D. Date of Receipt Mailing Address 1911 Oak Knoll Ln NW 13 2014 City Zip Code State Transaction ID: C2802004 MN Rochester 55901-2431 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mayo Clinic College of Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Norah N. Naughton M.D. Date of Receipt Mailing Address 1H247 UH SPC 5048 1500 East Medical Center Drive 08 2014 26 City Zip Code State Transaction ID: C2814725 MI Ann Arbor 48109 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of Michigan Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Emery Navori M.D. Date of Receipt Mailing Address 412 S Paloma Pl 2014 80 13 City State Zip Code Transaction ID: C2803446 FL Tampa 33609-3712 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Fla Gulf to Bay Anesthesia

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

500.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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

	_	LINE	_		PAGE	2	45 OF	405	
(c	he	ck only	or	ie)					
X 11a 11b					11c		12		
		13		14		15		16	17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial) Prashant N. Nayak M.B.,B.S.  Mailing Address 217 Springfield Pike  City Wyoming  FEC ID number of contributing federal political committee.  Name of Employer St. Elizabeths Med Ctr  Receipt For:  Primary General Other (specify)	State Zip Code OH 45215-4261  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Kenneth M. Nechin M.D.  Mailing Address 12605 Tribunal Lane  City  Potomac  FEC ID number of contributing federal political committee.  Name of Employer  Fairfax Anesthesiology Associates  Receipt For:  Primary General Other (specify)	State Zip Code MD 20854-1455  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Daniel H. Nelson M.D.  Mailing Address 76343 Fairway Dr  City Indian Wells  FEC ID number of contributing federal political committee.  Name of Employer  Rancho Mirage Anesthesia Consultants  Receipt For:  Primary General Other (specify)	State Zip Code CA 92210  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  350.00	Date of Receipt  13 2014  Transaction ID: C2803981  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	r only)	

### SCHEDULE A (FEC Form 3X) IT

	FOR LINE NUMBER:	PAGE 2	46 OF
Use separate schedule(s) for each category of the	(check only one)		
Detailed Summary Page	X 11a 11b	11c	12
		1	1 1

405

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11k 14	o [	11c		12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	ourpose	e of	solicitin	д со	ntributio	ons	

A 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 Full Name (Last, First, Middle Initial) Richard E. Nelson M.D. Date of Receipt Mailing Address 9233 Ward Pkwy Ste 230 2014 City Zip Code State Transaction ID: C2803855 MO Kansas City 64114 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation Westport Management Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert E. Nenad Jr., M.D. Date of Receipt Mailing Address 6901 E Cheney Dr 80 13 2014 City State Zip Code Transaction ID: C2803953 Paradise Valley ΑZ 85253-3582 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Valley Anesthesiology Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sheldon B. Newman M.D. Date of Receipt Mailing Address 60 Thadford St. 2014 80 13 City State Zip Code Transaction ID: C2803666 NY East Northport 11731 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

405 FOR LINE NUMBER: PAGE 247 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Jennifer Ng M.D. Date of Receipt Mailing Address 58 Thomas St Apt 5 2014 City State Zip Code Transaction ID: C2801543 NY New York 10013-3861 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Anesthesiologist North Shore LIJ Lenox Hill Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael S. Nichols A.A.-C Date of Receipt Mailing Address 3681 Manor Brook Terrace 80 03 2014 City State Zip Code Transaction ID: C2796920 GΑ Atlanta 30319 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Case Western Reserve University MSA Pr Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼

Primary General  Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial) Teodora-Orhidee Nicolescu M.D.		Date of Receipt
Mailing Address PO Box 53188  Department of Anesthesia		08 01 2014
City Oklahoma City	State         Zip Code           OK         73152-3188	Transaction ID : C2796635  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
University of Oklahoma Health Sciences	MD Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  333.36	

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

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

625.01

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

FOR	LINE	NU	MBER	:	PAGE	2	48 OF	•	405
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Andrew E. Nicoli D.O.		Date of Receipt
Mailing Address 1262 Marina Dr		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2803984
Grafton	WI 53024-9334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Aurora Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  Heather C. Nixon M.D.		Date of Receipt
Mailing Address 4833 W Pratt Ave		08 19 2014
City	State Zip Code	Transaction ID : C2808514
Lincolnwood	IL 60712-3214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer University of Illinois at Chicago	Occupation	
	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	333.36	
Full Name (Last, First, Middle Initial) C. Craig A. Nordhues M.D.		Date of Receipt
Mailing Address 104 Inverness Dr		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dothan	State Zip Code AL 36305-7287	Transaction ID : C2803561  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Anesthesia Consultants Medical Grp	Staff Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional)		241.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 249 OF 405 Use separate for each categ Detailed Sumn

mary Page X 11a 11b 11c 12	schedule(s)	_	ck only	_		•	TAGE	 43 01	 100
13 14 15 16 17	gory of the mary Page	X	11a		11b		11c	12	
10 11 10 11	,		13		14		15	16	17

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Stacy L. Norrell M.D.  Mailing Address 10831 Holly Springs Dr.  City Houston  FEC ID number of contributing federal political committee.  Name of Employer  Associates Anesthesiologists  Receipt For:  Primary General Other (specify)	State Zip Code TX 77042  C  Occupation Anesthesiologists  Aggregate Year-to-Date ▼  208.35	Date of Receipt  08 22 2014  Transaction ID : C2811910  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  Randa K. Noseir M.D.  Mailing Address 18265 Prairie Falcon Ln  City  Brookfield  FEC ID number of contributing federal political committee.  Name of Employer  Aurora Medical Group  Receipt For:  Primary  General  Other (specify)	State Zip Code WI 53045-6317  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Joseph M. Nounou M.D.  Mailing Address 668 Lakeside Dock Dr  City  Kingsport  FEC ID number of contributing federal political committee.  Name of Employer  Bristol Anesthesia Services  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37663-4109  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID : C2801511  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional	)	375.01
TOTAL This Period (last page this line num	ber only)	

## SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 250 OF 405

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
ITEINITED VECEILIS		for each category of the Detailed Summary Page	X 118	1	11b		11c	$\vdash$	12 16 [	17		
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements mag the name and a	I ay not be sold or used by any p address of any political committe	erson for the	ne pi contr	urpose	of sons from	15 oliciting m such	cont	16 tribution mittee	17 ons e.		
NAME OF COMMITTEE (In Full)												
American Society of Anesthe	esiologists P	olitical Action Committ	ee									
Full Name (Last, First, Middle Initial)  Joseph M. Nounou M.D.			Date	of F	Receipt	t						
Mailing Address 668 Lakeside Dock Dr			O:	- 1		19	/ Y	201	14			
City Kingsport	State TN	Zip Code 37663-4109					280852 eipt thi		eriod			
FEC ID number of contributing federal political committee.	С			_	7		7	_	83.3	4		
Name of Employer	Occupation											
Bristol Anesthesia Services  Receipt For:  Primary General  Other (specify) ▼	Anesthesio	Year-to-Date ▼  1083.42	]									
Full Name (Last, First, Middle Initial)  B. Hugo A. Nova M.D.			Date	of F	Receipt	t						
Mailing Address 4270 Wood Haven Dr			M 0	- 1		13	/ Y	201	14	7		
City Melbourne	State FL	Zip Code 32935-7153					2 <b>80327</b> eipt thi		ariod			
FEC ID number of contributing federal political committee.	С				J. Euoi	11100	opt un	-	500.0	0		
Name of Employer BRevard Physicians Associates - Anesth	Occupation Anesthesio											
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
Full Name (Last, First, Middle Initial) Christopher J. O'Connor M.D.			Date	of F	Receipt	t						
Mailing Address 511 Columbia Ave			0			23	/ Y	201	14			
City Hinsdale	State IL	Zip Code 60521-4747					281200 eipt thi		eriod			
FEC ID number of contributing federal political committee.	С			_	7		,	_	20.0	00		
Name of Employer	Occupation											
university anesthesiologists Receipt For:	Aggregate	logist Year-to-Date ▼										
Primary General Other (specify) ▼	7.199.094.10	260.00	]									
SUBTOTAL of Receipts This Page (optional	l)(l		C	=	7		,	_	603.34	4		
TOTAL This Period (last page this line num	nber only)				-		-					

FOR LINE NUMBER: PAGE 251 OF 405 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Richard P. O'Flynn M.D. Date of Receipt Mailing Address 10 White Pine Ln. 2014 City Zip Code State Transaction ID: C2804076 PΑ Rose Valley 19063 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Society Hill Anesthesia Consultants at Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen A. O'Leary M.D. Date of Receipt Mailing Address 666 Elm and Carlton St Roswell Park Cancer Institute 80 2014 13 City State Zip Code Transaction ID: C2801508 Buffalo NY 14263-0001 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Roswell Park Cancer Institute **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 332.80 Other (specify) Full Name (Last, First, Middle Initial) c. Raymond C. Oakes M.D. Date of Receipt Mailing Address 1850 N. Central Ave., Ste.1600 2014 80 13 City State Zip Code Transaction ID: C2803295 ΑZ Phoenix 85004-4633 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Valley Anes. Consultants, LTD Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 333.27 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 252 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Matthew R. Offerdahl M.D. Date of Receipt Mailing Address 7551 E Placita Ventana Hayes 2014 City Zip Code State Transaction ID: C2803023 Tucson ΑZ 85750 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Old Pueblo Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chiebonam C. Oguejiofor M.D. Date of Receipt Mailing Address 322 Reserve Cir 80 13 2014 City State Zip Code Transaction ID: C2803703 Clarendon Hills IL 60514-1565 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Hinsdale Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Oluwatosin Oladipupo M.D. Date of Receipt Mailing Address 1836 S Shores Dr 2014 80 13 City State Zip Code Transaction ID: C2803988 IL Decatur 62521-5529 Amount of Each Receipt this Period FEC ID number of contributing 1200.00 С federal political committee. Name of Employer Occupation Associated Anes. of Decatur Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1950.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 253 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) David L. Oliver M.D. Date of Receipt Mailing Address P.O. Box 1928 2014 City Zip Code State Transaction ID: C2801639 SC Columbia 29202 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Carolina Anesthesiology Associates physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard G. Oliver M.D. Date of Receipt Mailing Address 1715 E McMillan St # 2 80 13 2014 City State Zip Code Transaction ID: C2803632 OH Cincinnati 45206-2111 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **IAPSC** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kimberlee Olsen M.D. Date of Receipt Mailing Address 1236 E Elizabeth St Ste 1 2014 80 13 City Zip Code State Transaction ID: C2803882 CO Fort Collins 80524 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Northern Colorado Anesthesia Professio Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 254 OF 405

TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b	11c	12 16	17			
Any information copied from such Reports and S or for commercial purposes, other than using the				or the p		ose of	soliciting	contribut	ions			
NAME OF COMMITTEE (In Full)												
American Society of Anesthesic	ologists Po	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial)  Bryan Orme M.D.				Date of	Re	ceipt						
Mailing Address 10001 E 33rd Street				м = м	/	19	/ Y	2014	Y			
City	State	Zip Code		Trans	acti	on ID :	C280859					
Jones	OK	73049		Amount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	C				_	,	,	500	.00			
Name of Employer	Occupation											
Affiliated Anesthesiologists	Anesthesiol	ogist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		500.00	1									
Other (specify)		300.00	4									
Full Name (Last, First, Middle Initial)  3. Dale P. Ostrander M.D.			[	Date of	Re	ceipt						
Mailing Address 2300 N. Edward St.				M = M	/	13	/ Y	2014	Y			
City	State	Zip Code		Transa	acti	on ID :	C280356	2				
Decatur	IL .	62526		Amount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С					7	,	250.	00			
Name of Employer	Occupation											
Assoc. Anes. of Decatur, Ltd	Anesthesiolo	ogist										
Receipt For:	Aggregate '	Year-to-Date ▼										
Primary General Other (specify) ▼		250.00	1									
Other (specify)		200,00	4									
Full Name (Last, First, Middle Initial)  Chad A. Ott M.D.				Date of	Re	ceipt						
Mailing Address 6911 Van Dorn St Ste 2				M = M	/	D   D	/ Y	YYY	Υ			
City	State	Zip Code	-	08		13	0000055	2014				
Lincoln	NE	68506-6801					C280355	is Period				
FEC ID number of contributing federal political committee.	С			unount	OI	,	occipi in	250	.00			
Name of Employer	Occupation											
Associated Anesthesiologists	Physician											
Receipt For:		Year-to-Date ▼	$\dashv$									
Primary General Other (specify) ▼	/ iggiogato	250.00										
SUBTOTAL of Receipts This Page (optional)								1000.	00			
TOTAL This Period (last page this line number	only)		ij									

FOR LINE NUMBER: PAGE 255 OF 405

Use separate schedule(s)		_	(check only one)								
	for each category of the Detailed Summary Page	X	11a		11b		11c	1	2		
			13		14		15	1	6		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per- he name and address of any political committee t	son for the purpose of soliciting contributions so solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committed	e
Full Name (Last, First, Middle Initial)  Kevin A. Pace D.O.		Date of Receipt
Mailing Address 231 Charleston Court, Sout		08 01 2014
City	State Zip Code	Transaction ID : C2796605
Montgomery	AL 36117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Montgomery Anesthesia Assoc.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Udaya Padakandla M.B.		Date of Receipt
Mailing Address 4449 Young Dr.		08 13 2014
City	State Zip Code	Transaction ID : C2803935
Carrollton	TX 75010-1145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
US Anesthesia Partners	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial)  C. Michael T. Paige M.D.	'	Date of Receipt
Mailing Address 126 Clover Way		08 13 2014
City	State Zip Code	Transaction ID : C2803674
Los Gatos	CA 95032-5620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Group Anesthesia Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	•	1500.00
TOTAL This Period (last page this line number	er only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) X 11a 11b

405 PAGE 256 OF Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 11c Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Zaheer K. Pajnigar M.D. Date of Receipt Mailing Address 10309 N Fisk Ave 2014 City State Zip Code Transaction ID: C2806357 MO Kansas City 64154-1725 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Occupation Anesthesiologist Ad Vivum Anesthesiology, P.C. Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph M. Palmeri M.D. Date of Receipt Mailing Address 7765 S Erie Ave 80 2014 15 City State Zip Code Transaction ID: C2806148 OK Tulsa 74136 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation

	AAI  Receipt For:  Primary General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	
C.	Full Name (Last, First, Middle Initial) Heather A. Panaro M.D.  Mailing Address 29 Adams Point Rd		Date of Receipt  08 26 2014
	City	State Zip Code	Transaction ID : C2814728
	Barrington	RI 02806-5005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer	Occupation	
	Providence Anesthesiologists Inc.	Anesthesiologist	
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	

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

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

1291.67

FOR LINE NUMBER: PAGE 257 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	INE INC	INIDEU	FAGL	 37 (	JI.	 +05
(check	only or	ne)				
X 11	a	11b	11c	12		
13		14	15	16		17

	and Statements may not be sold or used by any pering the name and address of any political committee				
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Committe	e			
Full Name (Last, First, Middle Initial) Shoyab A. Panchbhaya M.D.  Mailing Address 3036 Locke Ln	rab A. Panchbhaya M.D.				
		08 13 2014			
City	State Zip Code	Transaction ID : C2803390			
Houston	TX 77019-6202	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation				
Greater Houston Anesthesiology	Physician				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial)  Parag Pandya M.D.		Date of Receipt			
Mailing Address 210 Royal Vw	Ctata 7in Coda	08 04 2014			
City Pittsford	State Zip Code NY 14534-9633	Transaction ID : C2796963  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer Geneva General Hospital Anesthesiology	Occupation  Anesthesiologist	-			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74				
Full Name (Last, First, Middle Initial)  C. Parag Pandya M.D.		Date of Receipt			
Mailing Address 210 Royal Vw		08 22 2014			
City Pittsford	State Zip Code NY 14534-9633	Transaction ID : C2811905  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer	Occupation	1			
Geneva General Hospital Anesthesiology	Anesthesiologist				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74				
SUBTOTAL of Receipts This Page (ontion	al)	666.68			
IVIAL THIS PERIOD (last page this line nul	mber only)				

FOR LINE NUMBER: PAGE 258 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Huiling Pang M.D., Ph.D Date of Receipt Mailing Address 16225 Burt St. 09 2014 City Zip Code State Transaction ID: C2800067 ΝE Omaha 68118 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Univ. of Nebraska Medical Center Dept Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Huiling Pang M.D., Ph.D. Date of Receipt Mailing Address 16225 Burt St. 80 13 2014 City State Zip Code Transaction ID: C2803877 NE Omaha 68118 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Univ. of Nebraska Medical Center Dept Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Leila Mei Pang M.D. Date of Receipt Mailing Address 10 Carlotta Way 80 13 2014 City Zip Code State Transaction ID: C2803420 NJ Demarest 07627-2501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation New York Presbyterian Hospital Columbi Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1275.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 259 OF 405 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Tanmay Panigrahi M.D. Date of Receipt Mailing Address 225 N 2nd St Apt 5F 2014 City Zip Code State Transaction ID: C2803870 Lafayette IN 47901-1284 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation IU Health ,Arnett Hospital Dept of An Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Theodoros G. Papalimberis M.D. Date of Receipt Mailing Address 2 Goldenrod Ln. 80 24 2014 City State Zip Code Transaction ID: C2812059 ME Falmouth 04105-3823 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Spectrum Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John L. Pappas M.D. Date of Receipt Mailing Address 294 Barden Rd 2014 80 12 City Zip Code State Transaction ID: C2800398 MI Bloomfield Hills 48304-2711 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation William Beaumont Hospital Troy Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) 833.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:
Use separate schedule(s)	(check only one)
for each category of the	
Detailed Summary Page	X 11a 11b
	I

FOR LINE NUMBER: PAGE 260 OF								405				
(check only one)												
<b>X</b> 11	a	11b		11c		12						
13		14		15		16		17				

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Marc A. Paradis M.D.  Mailing Address 4 Whitman Pond Rd.  City Simsbury  FEC ID number of contributing federal political committee.  Name of Employer  UCONN Health Center Anes. Dept.  Receipt For:  Primary General Other (specify)	State Zip Code CT 06070  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Edward K. Park M.D.  Mailing Address 99 Nobscot Road  City Sudbury  FEC ID number of contributing federal political committee.  Name of Employer Commonwealth Anesthesia Associates  Receipt For:  Primary General Other (specify)	State Zip Code MA 01776  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 25 2014  Transaction ID : C2812532  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Jason D. Parker M.D.  Mailing Address 8300 Sunburst Pkwy  City Round Rock  FEC ID number of contributing federal political committee.  Name of Employer Scott and White Receipt For:  Primary General Other (specify)	State Zip Code TX 78681-3464  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBE (check only one)

ı	FOR LINE NUMBER: PAGE 261 OF								405			
ı	(check only one)											
	<b>X</b> 11a		11b		11c		12					
	13		14		15		16		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 Full Name (Last, First, Middle Initial) Lance J. Parks D.O. Date of Receipt Mailing Address 115 South Harwich Drive 2014 13 City Zip Code State Transaction ID: C2803626 WV Morgantown 26508 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation WVU Ruby Memorial Hospital attending anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert I. Parks Jr., M.D. Date of Receipt Mailing Address 3454 Granada Ave. 80 05 2014 City State Zip Code Transaction ID: C2799215 Dallas TX 75205-2234 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation US Anesthesia Partners Anesthesiologist Receipt For: Aggregate Year-to-Date ▼

Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Harry G. Parr D.O.		Date of Receipt
Mailing Address 4725 Tully Rd.		08 13 2014
City	State Zip Code	Transaction ID : C2801583
Bloomfield Hills	MI 48302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesia Solutions	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)		,		7	75	0.00	
TOTAL This Period (last page this line number only)		7	_	7		_	

250.00

Primary

Primary

Other (specify)

General

General

Other (specify)

Other (specify)

General

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

FOF	R LINE	NU	MBER	PAGE	2	62 OF	-	405	
(che	eck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		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 Full Name (Last, First, Middle Initial) Narendra L. Parson M.B. Date of Receipt Mailing Address 280 S. Main St., #100 2014 City Zip Code State Transaction ID: C2804002 CA Orange 92868-3852 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy P. Pastore M.D. Date of Receipt Mailing Address 2183 Stopper Dr. 08 13 2014 City State Zip Code Transaction ID: C2803818 PA Montoursville 17754-9697 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Williamsport Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) c. Srikanth S. Patankar M.D. Date of Receipt Mailing Address 124 Lincoln Rd. 2014 80 13 City Zip Code State Transaction ID: C2803672 NJ Westfield 07090-3902 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation New Jersey Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary

250.00

2000.00

SUBTOTAL of Receipts This Page (optional)	Ī	7		Ξ	7	Ξ	17:	50.00	)
TOTAL This Period (last page this line number only)	_	7		_	7	_	_		

FOR LINE NUMBER: PAGE 263 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Srikanth S. Patankar M.D. Date of Receipt Mailing Address 124 Lincoln Rd. 2014 City Zip Code State Transaction ID: C2803681 07090-3902 Westfield NJ Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation New Jersey Anesthesia Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amish Patel M.D. Date of Receipt Mailing Address 4169 Saltwater Blvd 80 10 2014 City State Zip Code Transaction ID: C2800126 FL Tampa 33615-5638 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation All Childrens hospital anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Haresh D. Patel M.D. Date of Receipt Mailing Address 1120 Enclave Rd 30 2014 80 City Zip Code State Transaction ID: C2816890 TN Chattanooga 37415-5650 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesiology Consultants Exchange Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 1583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

federal political committee.

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

	FOR LINE	NUMBER	: PAGE	E 264 OF	405					
(check only one)										
	X 11a	11b	11c	12						
	13	14	15	16	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 Full Name (Last, First, Middle Initial) Cheryl A. Patterson M.D. Date of Receipt Mailing Address 972 Mc Donald Dr. 20 2014 City State Zip Code Transaction ID: C2809833 MI Northville 48167 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Physician St. Mary Mercy Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elena O Patterson M.D. Date of Receipt Mailing Address PO Box 2256 80 2014 13 City State Zip Code Transaction ID: C2801535 Asheboro NC 27204 Amount of Each Receipt this Period FEC ID number of contributing

Name of Employer Carolina Anesthesia Group Receipt For:  Primary General Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  C. Scott M. Paulsen M.D.  Mailing Address 3103 153rd St		Date of Receipt  08 13 _ 2014 _
City Urbandale	State Zip Code IA 50323-2424	Transaction ID : C2801966  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Associated Anesthesiologists, P.C.  Receipt For:  Primary General  Other (specify) ▼	Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
CURTOTAL of Provide This Provides		600.00

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

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

100.00

FOR LINE NUMBER: PAGE 265 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Don R. Pearson Jr., M.D. Date of Receipt Mailing Address 4326 Beechwood Rd 2014 City Zip Code State Transaction ID: C2801397 TN 37920-6014 Knoxville Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University Anesthesiologists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Blake E. Pedersen D.O. Date of Receipt Mailing Address 2757 Carriage Way 80 13 2014 City State Zip Code Transaction ID: C2803335 ID Twin Falls 83301 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St. Lukes Magic Valley Regional Medica Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kathy M. Perryman M.D. Date of Receipt Mailing Address 11412 Canterbury Cir. 2014 80 13 Zip Code State Transaction ID: C2803898 KS Shawnee Mission 66211-2935 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric anesthesiologist Anesthesia associates of KC Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 266 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Raymond M. Pesso M.D. Date of Receipt Mailing Address 278 Round Swamp Rd 2014 City Zip Code State Transaction ID: C2804073 NY Melville 11747-1903 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NORTH AMERICAN PARTNERS ANESTHESIA **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Peters M.D. Date of Receipt Mailing Address 1401 W Bay Dr 80 2014 12 City State Zip Code Transaction ID: C2801201 FL Largo 33770-2209 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Diagnostic Clinic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shannon M. Peters M.D. Date of Receipt Mailing Address 577 E Baseline Road #1077 2014 80 13 City State Zip Code Transaction ID: C2803485 ΑZ Tempe 85283 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Pediatric Anesthesiologist Valley Anesthesiology Consultants Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 433.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 267 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Larry D. Petersen M.D. Date of Receipt Mailing Address 1000 E Primrose St Ste 520 2014 City Zip Code State Transaction ID: C2802021 MO 65807-5180 Springfield Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** Ozark Anes. Assoc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shane L Petersen M.D. Date of Receipt Mailing Address 3224 Regan Ct 80 13 2014 City State Zip Code Transaction ID: C2803371 UT Salt Lake City 84121 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Shane Petersen MDPC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. John D. Peterson D.O. Date of Receipt Mailing Address 2105 N. Mars 80 13 2014 City Zip Code State Transaction ID: C2803931 KS Wichita 67212 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Consulting Services Anesthesiology Critical Care Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OH	LINE	Ŋυ	MRFK	:	PAGE	: 2	68 UF	•	405			
(0	(check only one)												
	X	11a		11b		11c		12					
		13		14		15		16		17			

Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Theodore A. Peterson M.D.  Mailing Address 3632 21st Ave. S.		Date of Receipt
011		08 21 2014
City St. Cloud	State Zip Code MN 56301-8935	Transaction ID : C2811897
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer  Anesthesia Associates of St. Cloud	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. Joyce F. Phillips M.D.  Mailing Address 6104 Bluebird Ln NE	•	Date of Receipt
		08 13 2014
City Albuquerque	State Zip Code NM 87122-1818	Transaction ID : C2803763
FEC ID number of contributing federal political committee.	C 87122-1818	Amount of Each Receipt this Period 500.00
Name of Employer University of New Mexico	Occupation Pediatric Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Mark C. Phillips M.D.	1	Date of Receipt
Mailing Address 619 19th St S University of Alabama- Bir		08 13 2014
City Birmingham	State Zip Code AL 35249	Transaction ID : C2801503
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  83.34
Name of Employer	Occupation	-
University of Alabama- Birmingham	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (optional)		833.34
TOTAL This Period (last page this line numb	per only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 269 OF 405

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Society of Anesthesi	e name and a	ddress of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas W. Phillips Jr., M.D.  Mailing Address 1334 Sheffield Drive  City Florence  FEC ID number of contributing federal political committee.  Name of Employer Anesthesiology Consultants of Florence  Receipt For: Primary General Other (specify)	State SC  C Occupation Anesthesio Aggregate		Date of Receipt  08 13 2014  Transaction ID: C2803801  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Amy M. Pichoff M.D.  Mailing Address 3901 Rainbow Blvd MC 1034  Department of Anesthesiolog  City  Kansas City  FEC ID number of contributing federal political committee.  Name of Employer  University Kansas Medical Center  Receipt For:  Primary  General  Other (specify)	State KS  C Occupation Anesthesion		Date of Receipt  08 22 2014  Transaction ID: C2811942  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  C. Patrick M. Pickett M.D.  Mailing Address 13304 Creekside Dr  City Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer Affiliated Anesthesiologists  Receipt For:  Primary General Other (specify)	State OK  C  Occupation Anesthesio  Aggregate		Date of Receipt  08 15 2014  Transaction ID: C2805138  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1000.00

FOR LINE NUMBER: PAGE 270 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Estee Piehl M.D. Date of Receipt Mailing Address 27019 E Friend PI 06 2014 City State Zip Code Transaction ID: C2799261 CO Aurora 80016-7278 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Colorado Denver Anesthes Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Sara K. Pieren M.D. Date of Receipt Mailing Address 1918 E Lafayette PI Unit 308-S 80 2014 28 City State Zip Code Transaction ID: C2815069 WI Milwaukee 53202-1368 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesiology Associates of Wisconsin anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) Margaret A. Pitts M.D. Date of Receipt Mailing Address 1 pillsbury street 05 2014 80 Suite 202 City State Zip Code Transaction ID: C2798595 NH Concord 03301 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesia Associates PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) 166.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LIN	IF NC	IMBER	:	PAGE	: 2	71 OF	•	405
(check o	nly or	ne)						
X 11a		11b		11c		12		
13		14		15		16		17

Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  1. Jeffrey A. Poage M.D.		Date of Receipt
Mailing Address 211 Roan Dr		08 12 2014
City	State Zip Code	Transaction ID : C2800400
Danville	CA 94526-1916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	†
MACMGI	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial)  3. Dean Polce D.O.		Date of Receipt
Mailing Address 3092 Red Arrow Dr		08 16 2014
City	State Zip Code	Transaction ID : C2806192
Las Vegas	NV 89135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  Dean Polce D.O.		Date of Receipt
Mailing Address 3092 Red Arrow Dr		08 26 2014
City	State Zip Code NV 89135	Transaction ID : C2814644
Las Vegas	NV 89135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (optional	1)	241.67
TOTAL This Period (last page this line num	her only)	

	FOR LINE	MOMBER:	:
Use separate schedule(s)	(check only	one)	
for each category of the	<b>□</b> □	¬ ∣	
Detailed Summary Page	<b>X</b> 11a	11b	
	I		$\overline{}$

	LINE	_		PAGE	2	72 OF	405		
(cl	he	ck only	or	ie)					
[	X	11a		11b		11c		12	
		13		14		15		16	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 Full Name (Last, First, Middle Initial) Roma C. Polce M.D. Date of Receipt Mailing Address 3092 Red Arrow Dr. 06 2014 City Zip Code State Transaction ID : C2799572 NV Las Vegas 89135-1303 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Anesthesiologist VAMC Southern Nevada Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Trevor M. Ponte D.O. Date of Receipt Mailing Address 2906 149th Street 08 2014 13 City State Zip Code Transaction ID: C2801551 IΑ Urbandale 50323 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Associated Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jason Porter M.D. Date of Receipt Mailing Address 622 Geier Ave 17 2014 80

City Zip Code State Transaction ID: C2806240 OH St Henry 45883 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation Mercer Health, Coldwater, Ohio Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify)

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

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

41.67

FOR LINE NUMBER: PAGE 273 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) George M. Powell M.D. Date of Receipt Mailing Address PO Box 189 2014 City Zip Code State Transaction ID: C2804064 Saint Charles IL 60174-0189 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Kane Anethesia Associates, SC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.04 Other (specify) Full Name (Last, First, Middle Initial) B. Satish M. Prabhu M.B. Date of Receipt Mailing Address 18 Long Meadow Ln 80 13 2014 City State Zip Code Transaction ID: C2803486 SC Columbia 29223 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation PALMETTO BAPTIST HOSPITAL ANESTHESIOLOGIST, M.D. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory N. Prah M.D. Date of Receipt Mailing Address 53 Lorenz Rd 80 27 2014 City Zip Code State Transaction ID: C2814913 NH West Chesterfield 03466-3426 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Brattleboro Memorial Hospital anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

l FOR	LINE	NU	MBER		PAGE	- 2	74 OF	-	+05			
(check only one)												
X	11a		11b	11c		12						
	13		14		15		16		17			

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full)  American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Ravindra V. Prasad M.D.  Mailing Address Nagga Na		Date of Receipt
Mailing Address N2201 North Wing CB 70	10	08 09 2014
City	State Zip Code	Transaction ID : C2800072
Chapel Hill	NC 27599	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
U NC Sch of Med Anes Dept	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial)  Clyde W. Pray M.D.		Date of Receipt
Mailing Address 303 Anchor Dr		08 29 2014
City	State Zip Code VA 23692-3143	Transaction ID : C2815682
Yorktown	VA 23692-3143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Fair Oaks Anesthesia Associates	Occupation  Anesthesiologist	1
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial)  Johnathan L. Pregler M.D.		Date of Receipt
Mailing Address 10556 Dunleer Dr		08 01 2014
City Los Angeles	State         Zip Code           CA         90064-4318	Transaction ID : C2796618  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	+
UCLA Dept of Anesthesiology	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	666.72	
SUBTOTAL of Receipts This Page (optional	)	208.35
TOTAL This Period (last page this line numl	per only)	

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

FOR LINE NUMBER:

(check only one)

X 11a 11b 11

ı	FOR LINE	NUMBER	t:   PAGI	= 275 OF	405		
	(check only one)						
	<b>X</b> 11a	11b	11c	12			
	13	14	15	16	17		

	Statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	Э
Full Name (Last, First, Middle Initial)  Matthew D. Price M.D.		Date of Receipt
Mailing Address 50791 Chesapeake Dr.		08 19 2014 1
City Novi	State Zip Code MI 48374-2552	Transaction ID : C2808519  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.30
Name of Employer  South Oakland Anesthesia Associates PC  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  249.90	
Full Name (Last, First, Middle Initial)  Polly C. Primm M.D.		Date of Receipt
Mailing Address 1720 Louisiana Blvd., NE. Suite 401 City	State Zip Code	08 12 2014
Albuquerque	NM 87110	Transaction ID : C2800844  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Anes. Assoc. of New Mexico, P.C.	Occupation anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  Daniel E. Propp M.D.		Date of Receipt
Mailing Address 3100 Lorraine Drive		08 13 2014
City Missoula	State Zip Code MT 59803-9632	Transaction ID : C2803576  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Missoula Anesthesiology Receipt For:	Anesthesiology	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1183.30
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 276 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Danica Q. Pruett M.D. Date of Receipt Mailing Address 806 Mullins Hill Dr. 2014 City State Zip Code Transaction ID: C2803748 Huntsville AL 35802 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Danica Q Pruett M.D. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jaroslaw Przybyl M.D. Date of Receipt Mailing Address 25W274 Salem Ave. 80 13 2014 City State Zip Code Transaction ID: C2803713 IL Naperville 60540 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Edward Hospital Dept. of Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. William W. Purkey Jr., M.D. Date of Receipt Mailing Address 5445 Pine Hollow Trl. 2014 80 03 City State Zip Code Transaction ID: C2796931 FL Oviedo 32765-8750 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LIN	E NUM	BER:	PAGE	: 2	77 OF
Use separate schedule(s)	(check or	nly one)	)			
for each category of the Detailed Summary Page	<b>X</b> 11a	1	1b	11c		12
., .,	12	1 1	1	15		16

405

		1.0
	nd Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  William W. Purkey Jr., M.D.  Mailing Address 5445 Pine Hollow Trl.  City Oviedo  FEC ID number of contributing federal political committee.  Name of Employer  JLR Medical Group  Receipt For:  Primary General Other (specify)	State Zip Code FL 32765-8750  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1250.00	Date of Receipt  08 13 2014  Transaction ID : C2803682  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Forrest C. Quiggle M.D.  Mailing Address 13048 Rocky River Rd No  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer  FAA  Receipt For:  Primary  General	State Zip Code FL 32224  C Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 21 2014  Transaction ID : C2811874  Amount of Each Receipt this Period  1000.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  John F. Quinn M.D.  Mailing Address 90 Cowdray Park  City Columbia  FEC ID number of contributing federal political committee.  Name of Employer Carolina Anesthesiology Associates  Receipt For:  Primary General Other (specify) ▼	State Zip Code SC 29223-8137  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional	)	1750.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 278 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Nathan M. Rachman M.D. Date of Receipt Mailing Address 1241 Killarney Dr 2014 26 City Zip Code State Transaction ID: C2813882 FL Ormond Beach 32174-2828 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Halifax Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Eric J. Radel D.O. Date of Receipt Mailing Address 1180 Dogwood Meadows Dr SE 80 30 2014 City State Zip Code Transaction ID: C2816885 MI Ada 49301-9412 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Medical Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Lloyd E. Rader M.D. Date of Receipt Mailing Address 4225 Stirrup Ln 2014 80 17 City Zip Code State Transaction ID: C2806253 OK Edmond 73034-1532 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Affiliated Anesthesiologists, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: (check only one) X 11a 11b 11c

PAGE 279 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Matthew Ragland M.D. Date of Receipt Mailing Address 315 N Rollston Ave Apt 201 2014 City Zip Code State Transaction ID: C2803398 AR Fayetteville 72701-4131 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Northwest Anesthesiology Associates anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nariman Rahimzadeh M.D. Date of Receipt Mailing Address 1885 Manzanita Circle Nevada Anesthesiology and Perioper 80 2014 12 City Zip Code State Transaction ID: C2800431 NV Reno 89509 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Nevada Anesthesiology and Perioperativ Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Stephanie L. Randall M.D. Date of Receipt Mailing Address 6911 Van Dorn St Ste 2 2014 80 06 City State Zip Code Transaction ID: C2799405 NF Lincoln 68506-6801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation MD Anesthesiologist Associated Anesthesiologists, PC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBER:				PAGE	: 2	80 OF	•	405	
(check only one)									
	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Joseph S. Rayburn M.D.  Mailing Address 206 English Ln  City Rainbow City  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates, PA  Receipt For: Primary General Other (specify)	State Zip Code AL 35906  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  J. Ann Rea M.D.  Mailing Address P.O. Box 70  City  Summit	State Zip Code MS 39666-0070	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer Southwest Mississippi Regional Medical Receipt For:  Primary General	Occupation anesthesiologist  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  50.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Kellie E. Reading M.D.  Mailing Address 9710 Ravenswood Ct  City Saline  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Associates of Ann Arbor  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code MI 48176-9803  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 14 2014  Transaction ID: C2803992  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1300.00
TOTAL This Period (last page this line number	er only)	

	5_
Use separate schedule(s) (check only one) for each category of the	
Detailed Summary Page   X   11a   11b   11c   12   12	
13   14   15   16   17	

Full Name (Last, First, Middle Initial)		
Ann C. Reardon M.D.		Date of Receipt
Mailing Address 34 Bellevue Ave.		08 13 2014
City	State Zip Code	Transaction ID : C2803442
Bangor	ME 04401-5226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Spectrum Medical Group	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jeffrey Reed M.D.		Date of Receipt
Mailing Address 12516 Deep Wood Cree	ek Dr	08 18 _2014 _
City	State Zip Code	Transaction ID : C2808081
Oklahoma City	OK 73142-4000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Affiliated Anesthesiologists, LLC	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James M. Reusch M.D.		Date of Receipt
Mailing Address 16223 Pepper View Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2803936
Chesterfield	MO 63005-6713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Western Anesthesiology Associates	Anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Other (specify)	333.00	

Use separate schedule(s)

	FOR LINE	PAGE	2	82 OF	•	405		
(check only one)								
	<b>X</b> 11a	1	1b	11c		12		
	13	1-	4	15		16		17

for each category of the **Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Linda J. Rice M.D. Date of Receipt Mailing Address 1139 42nd Ave N 2014 City State Zip Code Transaction ID: C2801980 FL Saint Petersburg 33703-4535 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation All Childrens Hospital Pediatric anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Richardson M.D. Date of Receipt Mailing Address PO Box 3355 08 2014 12 City State Zip Code Transaction ID: C2800429 NJ Princeton 08543-3355 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Consultants of NJ anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Theresa Rickelman D.O. Date of Receipt Mailing Address 315 South Osteopathy 2014 80 22 City Zip Code State Transaction ID: C2811901 MO Kirksville 63501 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Northeast Regional Medical Center Anes physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1583.34

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

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

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

FOR LINE NOMBER:

(check only one)

X 11a 11b 11

ı	FOF	LINE	NU	MRFK	:	PAGE	: 2	83 OF	•	405
l	(check only one)									
	X	11a		11b		11c		12		
L		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  A. Jeffrey M. Ricketts D.O.		Date of Receipt
Mailing Address 880 Bradford Holw NE		08 28 2014
City Grand Rapids	State Zip Code MI 49525-3300	Transaction ID : C2815397
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer  Anesthesia Medical Consultants, P.C.  Receipt For:  Primary General  Other (specify) ▼	Occupation anesthesiologist  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Philip M. Rickman M.D.  Mailing Address 57 Posada Dr		Date of Receipt
City	State Zip Code	08 26 2014
Pueblo  FEC ID number of contributing federal political committee.	CO 81005-2946	Amount of Each Receipt this Period 250.00
Name of Employer Anesthesia and Pain Management	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. James D. Ridge M.D.		Date of Receipt
Mailing Address 1677 E Cider Ct		08 13 2014
City Bloomington	State Zip Code IN 47408-9480	Transaction ID : C2803777  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
IU School of Medicine Receipt For:	Anesthesiologist	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	r only)	

Use se for eac Detaile

	TOTAL MONIBERTS							-	405	
parate schedule(s) h category of the	`	ck only	or	ne)						
d Summary Page	×	11a		11b		11c		12		
, ,		13		14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Joseph M. Rifici A.AC	Date of Receipt	
Mailing Address Lakeside ANES 2532 LKS50 11100 Euclid Ave.	07	08 13 2014
City	State Zip Code	Transaction ID : C2801524
Cleveland	OH 44106-1716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Univ Hosp of Cleveland Case Med Ctr	Anesthesiologist Assistant	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  Frank E. Rinaldo M.D.	•	Date of Receipt
Mailing Address 8524 Pine Lake Rd		08 13 _ 2014 _
City	State Zip Code	Transaction ID : C2803319
Denver	NC 28037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Western Piedmnont Anesthesia	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial)  C. Robert L. Ringering D.O.		Data of Receipt
Mailing Address Department of Anesthesia		Date of Receipt  08 17 2014
City Norwich	State Zip Code CT 06360	Transaction ID : C2806237
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	41.67
Name of Employer	Occupation	
North American Partners in Anesthesia	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.72	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	625.01
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 285 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Robert L. Ringering D.O. Date of Receipt Mailing Address Department of Anesthesia 2014 City Zip Code State Transaction ID: C2806365 CT Norwich 06360 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation North American Partners in Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. William J. Ritchie M.D. Date of Receipt Mailing Address 1720 Louisiana Blvd., NE. Ste 401 80 29 2014 City State Zip Code Transaction ID: C2816231 NM Albuquerque 87110 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anes. Assoc. of New Mexico, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Riutort M.D. Date of Receipt Mailing Address 5425 S Franklin St 2014 80 13 Zip Code State Transaction ID: C2801585 CO Greenwood Village 80121-1316 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation South Denver Anesthesiologists, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 286 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Daniel Rivera M.D. Date of Receipt Mailing Address 26015 Meadowlark Bay 04 2014 City State Zip Code Transaction ID: C2796962 TX San Antonio 78260 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **Hutchinson Regional Medical Center Ane** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) Full Name (Last, First, Middle Initial) B. Ellen K. Roberts M.D. Date of Receipt Mailing Address 17302 Yucca Circle 80 13 2014 City State Zip Code Transaction ID: C2803895 NE Bellevue 68123 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University of NE Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin W. Roberts M.D. Date of Receipt Mailing Address 240 Walnut Ln. 2014 80 20 City Zip Code State Transaction ID: C2809397 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Albany Medical Center Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 287 OF 405

TEMIZED DECEIDTS		Use separate schedule(s)	(check only one)									
TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12 16	17			
Any information copied from such Reports and or for commercial purposes, other than using				or the p		ose of	soliciting	contribut	ions			
NAME OF COMMITTEE (In Full)												
American Society of Anesthes	siologists P	olitical Action Committe	ee									
Full Name (Last, First, Middle Initial)  Michael W. Roberts II, M.D.				Date of	Re	ceipt						
Mailing Address 430 W Symmes St					/	17	/ Y	2014	Y			
City State Zip Code					acti	on ID :	C280624	5				
Norman	OK	73069		Amount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С					,	7	83	.34			
Name of Employer	Occupation											
Northwest Anesthesia	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		333.36	1									
Other (specify) ▼		333.30	1									
Full Name (Last, First, Middle Initial)  3. Ryan Roberts M.D.			-	Date of	Re	ceint						
Mailing Address 1000 E Primrose St Ste 520	)			M = M	/	13	/ Y	2014	Y			
City	State	Zip Code		Transa	acti	on ID :	C280343					
Springfield	MO	65807-5180		Amount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С				_	,	-	500.	00			
Name of Employer	Occupation	<u> </u>										
Ozark Anesthesia Associates, Inc.	Anesthesiol	ogist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General		500.00	1									
Other (specify) ▼		500.00	4									
Full Name (Last, First, Middle Initial)			-	Date of	Re	ceipt						
Mailing Address 48 White Oak Tree Rd.			<b>-</b>	M = M	1	D D	/ Y	YYY	Υ			
			_	08		13	J L	2014				
City	State	Zip Code		Trans	acti	on ID :	C280338	34				
Laurel Hollow	NY	11791		Amount	of	Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С				_	,	,	250	.00			
Name of Employer	Occupation											
North American Partners in Anesthesia	Anesthesio	logist										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		250.00										
SUBTOTAL of Receipts This Page (optional).	1							833.	34			
TOTAL This Period (last page this line numb	er only)					-						

SCHEDULE A (FEC FORM 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 288 OF 409 (check only one)						
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17						
or for commercial purposes, other than us			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Society of Anestl	nesiologists P	olitical Action Committ	ee						
Full Name (Last, First, Middle Initial) <b>A.</b> David Robinson M.D.			Date of Receipt						
Mailing Address 3882 Belle Vista Dr E	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
City St Pete Beach	State FL	Zip Code 33706-2629	Transaction ID : C2816928  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation								
David Robinson MD PA Receipt For:	Physician	V	_						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
Full Name (Last, First, Middle Initial)  3. Edward S. Robinson M.D.	<u> </u>		Date of Receipt						
Mailing Address 417 E 37th St			08 14 2014						
City Kansas City	State MO	Zip Code 64109-2604	Transaction ID : C2804068  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer AAKC	Occupation ANESTHES								
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00							
Full Name (Last, First, Middle Initial)  C. Joel C. Robinson M.D.	<u> </u>		Date of Receipt						
Mailing Address 1905 E 3100 N	-		08 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City North Logan	State UT	Zip Code 84341-8341	Transaction ID : C2801968  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer	Occupation								
Self	Anesthesio	<del>-</del>	_						
Receipt For:	Angregate	Year-to-Date ▼							

Aggregate Year-to-Date ▼

500.00

		7	_	5.00	_
TOTAL This Period (last page this line number only)	 Ξ	7	_		]

Primary

Other (specify) ▼

General

FOR LINE NUMBER: PAGE 289 OF (check only one) X 11a 11b 11c 12

405 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Shay E. Robinson M.D. Date of Receipt Mailing Address 809 Homestead Dr Unit 85 2014 City Zip Code State Transaction ID: C2800101 PΑ Dallas 18612-7219 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Wilkes-Barre General Hospital Anesthes Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.08 Other (specify) Full Name (Last, First, Middle Initial) B. Shay E. Robinson M.D. Date of Receipt Mailing Address 809 Homestead Dr Unit 85 80 18 2014 City State Zip Code Transaction ID: C2806360 **Dallas** PA 18612-7219 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Wilkes-Barre General Hospital Anesthes Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.08 Other (specify) Full Name (Last, First, Middle Initial) **c.** Jon R. Robison M.D. Date of Receipt Mailing Address 1690 E. 3250 N. 2014 80 13 City Zip Code State Transaction ID: C2802963 UT North Logan 84341 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOF	LINE	NU	IMBER	:	PAGE	2	90 OF	•	405
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16		17

**Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Fred Rock M.D. Date of Receipt Mailing Address 2835 Regatta Way 2014 15 City State Zip Code Transaction ID : C2807237 35406-2963 Tuscaloosa AL Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation West Alabama Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Melissa A. Rockford M.D. Date of Receipt Mailing Address 10011 Kill Creek Rd 08 2014 09 City State Zip Code Transaction ID: C2800066 De Soto KS 66018-9568 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation University of Kansas Hospital Dept of Anesthesia Clinical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Leopoldo V. Rodriguez M.D. Date of Receipt Mailing Address PO Box 1858 2014 80 11 Zip Code City State Transaction ID: C2800153 FL Hallandale 33008 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)		Ī	Ī	7	Ξ		7	I	6	33.3	34	
TOTAL This Period (last page this line number only)		Ξ	Ξ	7	Ξ	Ξ	7	Ξ	Ξ			]

666.72

Anesthesiology

Aggregate Year-to-Date ▼

Sheridan Healthcare Inc

Other (specify)

General

Primary

Receipt For:

FOR LINE NUMBER: PAGE 291 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Luis I. Rodriguez M.D. Date of Receipt Mailing Address 1611 NW 12th Ave. C-300 Department of Anesthesia 2014 City Zip Code State Transaction ID: C2801513 FL Miami 33136 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Department of Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gerson Rodriguez-Fazzi M.D. Date of Receipt Mailing Address 801 6th St S Dept 6941 80 12 2014 City State Zip Code Transaction ID: C2801400 FL Saint Petersburg 33701-4816 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Pediatric Physician Serv Anes Division Staff Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott T. Roethle M.D. Date of Receipt Mailing Address 5005 W 131 Terr 2014 80 04 City Zip Code State Transaction ID: C2796955 KS Leawood 66209 Amount of Each Receipt this Period FEC ID number of contributing 83.30 С federal political committee. Name of Employer Occupation **AAKC** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) 633.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FO	R LINE	NU	IMBER	:	PAGE	2	92 OF	•	405
(ch	eck only	or or	ne)						
>	11a		11c		12				
	13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	iologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Robert D. Roettger M.D.  Mailing Address 9051 Itasca Trail North  City Grant  FEC ID number of contributing federal political committee.  Name of Employer Twin Cities Anesthesia Associates  Receipt For: Primary General Other (specify)	State Zip Code MN 55082-5285  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Anne T. Rogers M.B., Ch.B.  Mailing Address 6005 River Rd  City  Norfolk  FEC ID number of contributing federal political committee.  Name of Employer  Atlantic Anesthesia Inc  Receipt For:  Primary General Other (specify)	State Zip Code VA 23505-4708  C  Occupation Anesthesiologists  Aggregate Year-to-Date ▼  450.00	Date of Receipt  08 05 2014  Transaction ID: C2798601  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial)  Howard G. Rogers M.D.  Mailing Address 495 Sweetwater Dr.  City Cataula  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates of Columbus PA  Receipt For:  Primary General Other (specify)	State Zip Code GA 31804  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D M 2014  Transaction ID: C2799843  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	850.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 293 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Olivia B. Romano M.D. Date of Receipt Mailing Address 4022 Osceola St 2014 City Zip Code State Transaction ID: C2811907 CO Denver 80212-2168 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Colorado Denver Resident Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Melissa D. Rose M.D. Date of Receipt Mailing Address 109 Masters Way 80 13 2014 City State Zip Code Transaction ID: C2803861 Hendersonville TN 37075 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Services Associates, PLLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Rosen M.D. Date of Receipt Mailing Address 90 Glade Rd. 2014 80 25 City State Zip Code Transaction ID: C2812079 IL Glencoe 60022-1456 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **PHYSICIAN** Lutheran General Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 294 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Gerald P. Rosen M.D. Date of Receipt Mailing Address 4300 Alton Rd # 1401 2014 City State Zip Code Transaction ID: C2803658 FL Miami Beach 33140-2948 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Miami Beach Anesthesiology Assoc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 332.87 Other (specify) Full Name (Last, First, Middle Initial) B. Thea Rosenbaum M.D. Date of Receipt Mailing Address 260 River Ridge Pt 80 12 2014 City State Zip Code Transaction ID: C2800430 AR Little Rock 72227-1527 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UAMS** Assistant Professor of Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Glen S. Rosenfeld M.D. Date of Receipt Mailing Address 25 Fulton Place 2014 80 13 City Zip Code State Transaction ID: C2803563 CT West Hartford 06107 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Milford Ansthesia Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 295 OF	405
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X   11a   11b   11c   12	
		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 Full Name (Last, First, Middle Initial) Michael J. Rosenfeld M.D. Date of Receipt Mailing Address 145 Shale Bank Rd 2014 21 City Zip Code State Transaction ID: C2811882 VA Marion 24354-3151 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Virginia Highlands Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frank A. Rosinia M.D. Date of Receipt Mailing Address 23 Idlewood PI 80 2014 07 City State Zip Code Transaction ID: C2799586 LA River Ridge 70123-1525 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Tulane University School of Medicine Chairman, Department of Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Morris J. Ross Jr., D.O. Date of Receipt Mailing Address 2655 Bayou Blvd. 2014 80 13 Zip Code City State Transaction ID: C2803926 FL Pensacola 32503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Panhandle anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 791.67 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 296 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Joseph J. Rossi Jr., M.D. Date of Receipt Mailing Address 1720 Louisiana Blvd NE Ste 401 2014 24 City Zip Code State Transaction ID: C2812074 NM Albuquerque 87110 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anes. Assoc. of New Mexico, P.C. physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Brian S. Rothman M.D. Date of Receipt Mailing Address 1301 Medical Center Dr # 4648 80 22 2014 City State Zip Code Transaction ID: C2811906 TN Nashville 37232-0028 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Vanderbilt University Medical Center Assistant Professor - Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. John C. Rowlingson M.D. Date of Receipt Mailing Address Box 800710, UVA HS 80 13 2014 City Zip Code State Transaction ID: C2803570 Charlottesville VA 22908-0710 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Univ of Virginia Hlth System anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 791.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SC	CHEDULE A (FEC Form 3X)		Harana and Later	FOR LINE NUMBER: PAGE 297 OF 405			
Any information copied from such Reports and Statements in			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17			
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	tements ma ame and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
$\Big angle$	American Society of Anesthesiolo	ogists P	olitical Action Committe	e			
Α.	Full Name (Last, First, Middle Initial) Lawrence J. Roy M.D.			Date of Receipt			
	Mailing Address 2420 Freeman Manor Dr			08 12 2014			
	City Jones	State OK	Zip Code 73049-8747	Transaction ID : C2800405  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		83.34			
	, ,	Occupation  Anesthesiol					
	Pagaint For:		Year-to-Date ▼  666.72				
— В.	Full Name (Last, First, Middle Initial) Stephen M. Rublaitus D.O.			Date of Receipt			
	Mailing Address 278 E Oneida Avenue			08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Elmhurst	State IL	Zip Code 60126	Transaction ID : C2816893			
	FEC ID number of contributing federal political committee.	С	00120	Amount of Each Receipt this Period  100.00			
	Dunaga Vallay Anaa	Occupation Anesthesiol					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00				
C.	Full Name (Last, First, Middle Initial)  Judith Ruiz M.D.			Date of Receipt			
	Mailing Address 601 West Dr			08 13 2014			
	City	State	Zip Code	Transaction ID : C2802706			

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

1083.38

38112-1728

TN

Occupation anesthesiologist

Aggregate Year-to-Date ▼

C

500.00

Amount of Each Receipt this Period

Memphis

FEC ID number of contributing

federal political committee.

Medical Anesthesia Group

Other (specify)

General

Name of Employer

Primary

Receipt For:

FOR LINE NUMBER: PAGE 298 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Winnie Y. Ruo M.D. Date of Receipt Mailing Address 326 Hambletonian Dr. 2014 City State Zip Code Transaction ID: C2808592 Oak Brook IL 60523 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Elmhurst Anesthesiologists PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara A. Ryan M.D. Date of Receipt Mailing Address 10 Sea Spray Dr 80 28 2014 City State Zip Code Transaction ID: C2815183 Biddeford ME 04005-9204 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Spectrum Medical Group MD Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas J. Ryan M.D. Date of Receipt Mailing Address 4655 N. Murray Ave. 2014 80 25 City Zip Code State Transaction ID: C2812151 WI Milwaukee 53211-1259 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Aurora medical group physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 299 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name (Last, First, Middle Initial) Patrick Salisbury M.D. Date of Receipt Mailing Address 3333 Riverbend Dr Sacred Heart Medical Center 2014 City Zip Code State Transaction ID: C2803673 OR Springfield 97477 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Department Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert H. Sanborn M.D. Date of Receipt Mailing Address 3939 J St Ste 310 80 13 2014 City State Zip Code Transaction ID: C2803978 CA Sacramento 95819 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Sacramento Anesthesia Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mandy M. Sander-Prather M.D. Date of Receipt Mailing Address 8717 W 110th St Ste 600 2014 80 01 City Zip Code State Transaction ID: C2796625 KS Overland Park 66210-2126 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Anesthesia Assoc. of Kansas City Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 300 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Joseph J. Sandor M.D. Date of Receipt Mailing Address 8625 E. Clydesdale Tr. 2014 25 City Zip Code State Transaction ID: C2812232 Scottsdale ΑZ 85258 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Valley Anes. Consultants, Ltd. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Jordan Sankel M.D. Date of Receipt Mailing Address 333 W Hampden Ave Ste 600 80 13 2014 City State Zip Code Transaction ID: C2803766 CO Englewood 80110-2336 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation United Health Care Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gabriel E. Sarah M.D. Date of Receipt Mailing Address 4226 24th St 80 18 2014 City Zip Code State Transaction ID: C2806371 CA San Francisco 94114-3656 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Pediatric Anesthesiologist Jackson Memorial Hospital Unviersity o Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 375.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 301 O	F 405
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X   11a   11b   11c   12	
, ,		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 Full Name (Last, First, Middle Initial) John M. Satterfield M.D. Date of Receipt Mailing Address 125 White Sail Dr. 2014 City State Zip Code Transaction ID: C2801463 CT Southington 06489-3854 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation The Hospital of Central CT, Dept. of A anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shannon H. Savage M.D. Date of Receipt Mailing Address 52 Medical Park East Dr., #321 80 19 2014 City State Zip Code Transaction ID: C2809237 AL Birmingham 35235 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Group East anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shannon H. Savage M.D. Date of Receipt Mailing Address 52 Medical Park East Dr., #321 2014 80 19 Zip Code City State Transaction ID: C2809238 ΑL Birmingham 35235 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Group East anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR	LINE 1	NUMBE	R:	PAGE	3	02 OF	•	405
(checl	k only	one)						
X	11a	11b		11c		12		
	13	14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial) Yashesh R. Savani M.D.		Date of Receipt
Mailing Address 9 Fox Point Ct., N.E.		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2803700
Ada	MI 49301-9263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Anesthesia Medical Consultants, PC	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. David G. Schaner M.D.	·	Date of Receipt
Mailing Address 8 Spruce St Apt 20A		08 01 2014
City	State Zip Code	Transaction ID : C2796621
New York	NY 10038-5212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
North American Partners in Anesthesia	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial)  C. Phyllis G. Schapire M.D.		Date of Receipt
Mailing Address 52 Cedar Hill Ln		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code PA 19063-6310	Transaction ID : C2816938
Media	PA 19063-6310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	1
Associates in anesthesia	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		691.67
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 303 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) John D. Scheub M.D. Date of Receipt Mailing Address 585 Neck Road 2014 City Zip Code State Transaction ID: C2801546 Rochester MA 02770 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Upper Cape Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Schianodicola M.D. Date of Receipt Mailing Address 218 Center St 80 2014 12 City State Zip Code Transaction ID: C2801427 NY Staten Island 10306-1436 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation New York Methodist Hospital **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. J. Michael Schneider M.D. Date of Receipt Mailing Address P.O. Box 67 2014 80 29 City Zip Code State Transaction ID: C2816859 MO Strafford 65757-8611 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Mercy Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 304 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a   11b   13   14   14	11c 12 15 16 17
y information copied from such Reports and Statements ma	y not be sold or used by any pe	rson for the purpose of sol	iciting contributions

Any 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 Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  James A. Schneidmiller M.D.  Mailing Address 1720 Louisiana Blvd., NE.		Date of Receipt
Suite 401 City Albuquerque	State Zip Code NM 87110	08 30 2014  Transaction ID : C2816913  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  Anes. Assoc. of New Mexico, P.C.  Receipt For:  Primary  General  Other (specify)	Occupation anesthesiologist  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Armin Schubert M.D., M.B.  Mailing Address 1514 Jefferson Hwy  Department of Anesthesiology		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Orleans	State Zip Code LA 70121-2429	Transaction ID : C2806156  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ochsner Health System	Occupation Professor and Chair	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  833.36	
Full Name (Last, First, Middle Initial)  C. Armin Schubert M.D., M.B.		Date of Receipt
Mailing Address 1514 Jefferson Hwy  Department of Anesthesiology City	/ State Zip Code	08 30 2014
New Orleans	LA 70121-2429	Transaction ID : C2816892  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Ochsner Health System	Occupation Professor and Chair	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  833.36	
SUBTOTAL of Receipts This Page (optional)	····	941.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 305 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Steven B. Schulman M.D. Date of Receipt Mailing Address 100 Port Washington Blvd 2014 City Zip Code State Transaction ID: C2801510 NY Roslyn 11576-1353 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NY Cardiovascular Anesthesiologists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Anthony L. Schwagerl M.D. Date of Receipt Mailing Address 45 E Newton St Apt 707 80 13 2014 City State Zip Code Transaction ID: C2802705 MA **Boston** 02118 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation **UMASS Memorial Medical Center** Attending Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Scokin M.D. Date of Receipt Mailing Address 216 Olive Branch Rd 80 19 2014 City Zip Code State Transaction ID: C2808476 TN Nashville 37205-3220 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Skyline Medical Center Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 608.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 306 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Papiya Sengupta M.B. Date of Receipt Mailing Address 90 Apple Gate Unit 95 08 2014 City State Zip Code Transaction ID: C2799795 CT Southington 06489 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Milford Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 332.80 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey P. Serwin D.O. Date of Receipt Mailing Address 4726 Dow Ridge Rd. 80 29 2014 City State Zip Code Transaction ID: C2817056 Orchard Lake MI 48324-2327 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **BOTSFORD ANESTH ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kara L. Settles M.D. Date of Receipt Mailing Address 4940 W. 132nd Terr. 2014 80 12 City State Zip Code Transaction ID: C2800392 KS Leawood 66209 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Union Hill Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

791.60

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

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

FOR LINE NUMBER: PAGE 307 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Robert P. Shafer M.D. Date of Receipt Mailing Address 6516 Fairway View Trail 20 2014 City Zip Code State Transaction ID: C2809394 VA Roanoke 24018 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation ACV Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Fred E. Shapiro D.O. Date of Receipt Mailing Address Department of Anesthesiology 330 Brookline Ave # F-407 80 2014 01 City State Zip Code Transaction ID: C2796611 MA **Boston** 02215-5400 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Harvard Medical School Assistant Professor of Anesthesia Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Mickel B. Sharp M.D. Date of Receipt Mailing Address 1878 E Somerset Ridge Dr 2014 80 01 City Zip Code State Transaction ID: C2796636 UT Draper 84020-9133 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Mickel Sharp MD PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 174.97 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 308 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Shaina M. Sheppard M.D. Date of Receipt Mailing Address 2706 Royal Creek Ct 2014 City State Zip Code Transaction ID: C2803962 TX Pearland 77584-1687 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation UT Medical School at Houston Departmen Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald A. Shore D.O. Date of Receipt Mailing Address 551 Overlook Dr 80 13 2014 City State Zip Code Transaction ID: C2803792 NJ Wyckoff 07481-1342 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St. Clares Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen S. Sibert M.D. Date of Receipt Mailing Address 4146 Sunnyslope Ave. 2014 80 05 City State Zip Code Transaction ID: C2798590 CA Sherman Oaks 91423 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Karen S. Sibert MD Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 850.06 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 309 OF 405 Use separate schedule(s) for each category of the Detailed Summary Page

)	(check only		. ITAGE	2 000 01	100
	X 11a	11b	11c	12	
	13	14	15	16	17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Karen S. Sibert M.D.		Date of Receipt
Mailing Address 4146 Sunnyslope Ave.		08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2803111
Sherman Oaks	CA 91423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Karen S. Sibert MD Inc.	Anesthesiologist	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	850.06	
Full Name (Last, First, Middle Initial)  Karen S. Sibert M.D.		Date of Receipt
Mailing Address 4146 Sunnyslope Ave.		08 22 2014
City	State Zip Code	Transaction ID : C2811947
Sherman Oaks	CA 91423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Karen S. Sibert MD Inc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	850.06	
Full Name (Last, First, Middle Initial)  C. Afreen Siddiqui M.B.,B.S.		Date of Receipt
Mailing Address 1 Darl Ct		08 03 2014
City	State Zip Code	Transaction ID : C2796914
East Greenwich	RI 02818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Afreen Siddiqui DBA	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)		225.01
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 310 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Dean Sider M.D. Date of Receipt Mailing Address 2699 Lee Rd Ste 510 2014 City State Zip Code Transaction ID: C2803704 FL Winter Park 32789-1742 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiologists of Greater Orlando, Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. David W. Siegel M.D. Date of Receipt Mailing Address 7014 Guadalupe Trail, N.W. 80 13 2014 City State Zip Code Transaction ID: C2803237 NM Albuquerque 87107-6608 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of New Mexico School of Med Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. John H. Siegle M.D. Date of Receipt Mailing Address 22 Bramhall St 80 18 2014 Maine Med. Ctr., Anes. Dept City Zip Code State Transaction ID: C2807231 MF Portland 04102-3134 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Spectrum Medical Group anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOF	PAGE	: 3	11 OF	- 4	405			
(che								
×	11a	11b		11c		12		
	13	14		15		16		17

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Richard B. Silverman M.D.  Mailing Address 1800 Jefferson Ave		Date of Receipt
		08 28 2014
City Miami Beach	State Zip Code FL 33139-2446	Transaction ID : C2815661
	1.5 33138-2440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University of Miami	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Erin N. Silvius M.D.		Date of Receipt
Mailing Address 8717 W 110th St Ste 600		08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2801406
Overland Park	KS 66210-2126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Anesthesia Assoc. of Kansas City	anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Bernis A. Simmons M.D.		Date of Receipt
Mailing Address 52 Medical Park East Dr., #32		08 25 2014
City Birmingham	State Zip Code AL 35235	Transaction ID : C2812243
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Anesthesia Group East	Physician Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number of	)nlv)	

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 312 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements ma	, , , ,			•	U		

Ar 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 Full Name (Last, First, Middle Initial) Brett A. Simon M.D., Ph.D Date of Receipt Mailing Address Josie Robertson Surgery Center 1275 York Ave., S1028 2014 City Zip Code State Transaction ID: C2803918 NY New York 10065 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Memorial Sloan Kettering Cancer Center Director, Josie Robertson Surgery Cent Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael B. Simon M.D. Date of Receipt Mailing Address 35 Gellatly Dr 80 09 2014 City State Zip Code Transaction ID: C2800068 NY Wappingers Falls 12590 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation NAPA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Linda B. Sirugo M.D. Date of Receipt Mailing Address 1420 Indiana Avenue 2014 80 13 City Zip Code State Transaction ID: C2803640 IN La Porte 46350 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Anesthesia Associates of LaPorte Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NOMBER:

(check only one)

X 11a 11b 11

ı	FOR LINE	NUMBER	:   PAGE	E 313 OF	405
	(check only				
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Stephen J. Skahen M.D.  Mailing Address 37 Balboa Cvs  City Newport Beach  FEC ID number of contributing federal political committee.  Name of Employer Hoag Memorial Hospital Presbyterian  Receipt For:  Primary General Other (specify)	State Zip Code CA 92663  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Karen A. Slack M.D.  Mailing Address 1316 W. SWANN AVE  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Millennium Anesthesia Care  Receipt For:  Primary General Other (specify)	State Zip Code FL 33606  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  08 13 2014  Transaction ID : C2801460  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Jonathan H. Slonin M.D., M.B.  Mailing Address 134 SE Via Verona  City Port Saint Lucie  FEC ID number of contributing federal political committee.  Name of Employer TeamHealth Anesthesia Receipt For: Primary General Other (specify)	State Zip Code FL 34984  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  691.72	Date of Receipt  08 02 2014  Transaction ID: C2796757  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1333.34
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 314 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Jonathan H. Slonin M.D., M.B. Date of Receipt Mailing Address 134 SE Via Verona 2014 City Zip Code State Transaction ID: C2803693 FL Port Saint Lucie 34984 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation TeamHealth Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 691.72 Other (specify) Full Name (Last, First, Middle Initial) B. Robert H. Small M.D. Date of Receipt Mailing Address 410 W 10th Ave Dept of Anes - N411 Doan Hall 80 12 2014 City Zip Code State Transaction ID: C2800409 OH Columbus 43210 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation The Ohio State University Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew O. Smith M.D. Date of Receipt Mailing Address 5207 146th Ave SE 80 13 2014 City Zip Code State Transaction ID: C2803234 WA Bellevue 98006-3553 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Valley Anesthesia Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 358.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: (check only one) X 11a 11b 11c

PAGE 315 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Andrew J. Smith M.D. Date of Receipt Mailing Address 6431 Bergeson Way 20 2014 City Zip Code State Transaction ID: C2809244 Indianapolis IN 46278-2211 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Consultants of Indianapolis Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Blair Smith M.D. Date of Receipt Mailing Address 1046 Lake Colony Ln 80 06 2014 City State Zip Code Transaction ID: C2799265 AL Vestavia 35242 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **UAB** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Jeremy B. Smith M.D. Date of Receipt Mailing Address 525 Boulder Lake Way 2014 80 13 City State Zip Code Transaction ID: C2803803 ΑL Vestavia 35242-2105 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Anesthesia Consultants Med. Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional).....

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

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

	R LINE			PAGE	3	16 OF	405	
(check only one)								
>	11a		11b		11c		12	
	13		14		15		16	17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal part and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Todd A. Smith M.D.  Mailing Address 2000 E. Southern Ave.		Date of Receipt
Ste. 102		08 13 2014
City	State Zip Code	Transaction ID : C2803310
Gilbert	AZ 85282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesia Resources, Inc.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Paul R. Smythe M.D.		Date of Receipt
Mailing Address Department of Anesthesiology 1500 E. Medical Center Drive		08 13 7 2014
City Ann Arbor	State Zip Code MI 48109	Transaction ID : C2803275
Ann Arbor	MI 48109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
University of Michigan	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  C. Paul R. Smythe M.D.		Date of Receipt
Mailing Address Department of Anesthesiolog 1500 E. Medical Center Drive		08
City Ann Arbor	State Zip Code MI 48109	Transaction ID : C2812229
	40109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
University of Michigan	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER (check only one)

FOR LINE NUMBER:					PAGE	3	17 OF	•	405
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persibe name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	Э
Full Name (Last, First, Middle Initial) Gregory W. Snodgrass M.D.  Mailing Address 100 Deerfield Ln  City Oak Ridge  FEC ID number of contributing federal political committee.  Name of Employer  MMC Anesthesia Group  Receipt For:  Primary General Other (specify)	State Zip Code TN 37830-8767  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  M M M / D J J 2014  Transaction ID : C2803419  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial)  Henry W. Soechting M.D.  Mailing Address 102 Charm Drive  City  New Braunfels  FEC ID number of contributing federal political committee.  Name of Employer Star Anesthesia PA  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78132  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y  08 13 2014  Transaction ID : C2803393  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  David Sofair M.D.  Mailing Address 2475 St. Raymond Ave.  City  Bronx  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary General Other (specify)	State Zip Code NY 10461  C  Occupation Doctor  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 20 2014  Transaction ID : C2811180  Amount of Each Receipt this Period  500.00
	<b>&gt;</b>	900.00
TOTAL This Period (last page this line number	er only)	

ı	FOR LINE NUMBER:   PAGE 31						18 OF	•	405	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	<del></del>
Full Name (Last, First, Middle Initial)  Bryan T. Solby M.D.  Mailing Address 3444 Ashton Oaks Cv  City  Longwood  FEC ID number of contributing federal political committee.  Name of Employer  JLR Medical Group  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 32779-3164  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 05 2014  Transaction ID: C2799221  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Gregory M. Somerville M.D.  Mailing Address 6208 Devils Hollow Rd.  City Fort Wayne  FEC ID number of contributing federal political committee.  Name of Employer Associated Anesthesiologists of Fort W  Receipt For: Primary General Other (specify)	State Zip Code IN 46814-9401  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  350.00	Date of Receipt  08 13 2014  Transaction ID: C2803606  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) Shannon M. Sorah D.O.  Mailing Address 11743 Couch Mill Road  City Knoxville  FEC ID number of contributing federal political committee.  Name of Employer Methodist Med. Ctr. Anes. Gr.  Receipt For:  Primary General Other (specify)	State Zip Code TN 37932  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  583.36	Date of Receipt  08 13 2014  Transaction ID : C2801983  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	850.00
TOTAL This Period (last page this line numb	er only)	

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

FOR	LINE N	NOMBER:	:	PAGE	: 3	19 OF	4	405
(checl	k only	one)						
X <sub>1</sub>	11a	11b		11c		12		
	13	14		15		16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial) Shannon M. Sorah D.O.  Mailing Address 11743 Couch Mill Road  City Knoxville  FEC ID number of contributing federal political committee.  Name of Employer Methodist Med. Ctr. Anes. Gr.  Receipt For:  Primary General Other (specify)	State Zip Code TN 37932  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  583.36	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Michael J. Souter M.B.,Ch.B.  Mailing Address 325 9th Ave, Box 359724  Box 359724  City  Seattle  FEC ID number of contributing federal political committee.  Name of Employer  Harborview Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code WA 98104-2499  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  666.72	Date of Receipt  08 12 2014  Transaction ID : C2800416  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial) Spiro G. Spanakis D.O.  Mailing Address 65 Lake Ave Apt 1005  City Worcester  FEC ID number of contributing federal political committee.  Name of Employer UMASS Memorial Medical Group  Receipt For:  Primary General Other (specify)	State Zip Code MA 01604-1163  C  Occupation Assistant Professor of Anesthesiology  Aggregate Year-to-Date ▼  291.27	Date of Receipt  08 12 2014  Transaction ID : C2801133  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	166.68
TOTAL This Period (last page this line number	only)	

# SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 320 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck onl 11a 13	y or	ne) 11b 14	11	c	1	12 16	17
any information copied from such Reports and Statements may for commercial purposes, other than using the name and a										

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
۹.	Full Name (Last, First, Middle Initial) David C. Spann M.D.  Mailing Address 3940 Pointe Dr		Date of Receipt
	City Lakeland  FEC ID number of contributing federal political committee.  Name of Employer  Medical Anesthesia Group  Receipt For:  Primary General Other (specify)	State Zip Code TN 38002-9888  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.36	Transaction ID: C2800403  Amount of Each Receipt this Period  41.67
3.	Full Name (Last, First, Middle Initial) Stephen M. Speck M.D.  Mailing Address 9021 Naples Cove  City Benton  FEC ID number of contributing federal political committee.  Name of Employer Arkansas Anesthesia Associates  Receipt For:  Primary General Other (specify)	State Zip Code AR 72019  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Full Name (Last, First, Middle Initial) Leon Specthrie M.D.  Mailing Address 53 Green Hill Rd  City Kinnelon  FEC ID number of contributing federal political committee.  Name of Employer  Morris Anesthesia Group  Receipt For:  Primary General Other (specify) ▼	State Zip Code NJ 07405  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  583.38	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1125.01
Т	OTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 321 OF 405 (check only one)    X   11a										
	y information copied from such Reports and State for commercial purposes, other than using the				for the	purp	ose o	f solici		contribut	ions			
$\setminus$	NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists P	olitical Action Committe	ее										
Α.	Full Name (Last, First, Middle Initial)  Jeffrey R. Spires D.O.  Mailing Address PO Box 1149						Date of Receipt							
	City Erie					: C280	3250							
	FEC ID number of contributing federal political committee.	РА	16512-1149		Amoun	t or i	Each	Receip	this	Period 250.	00			
	Name of Employer Anesthesia Consultants of Erie Receipt For:	Occupation Physician	Year-to-Date ▼											
	Primary	Aggregate	250.00											
В.	Full Name (Last, First, Middle Initial)  Matthew F. Spond M.D.  Mailing Address 31 Bayonne Dr				Date of Receipt  08 06 2014									
	City Little Rock	State AR	Zip Code 72223-9167	Transaction ID : C27992 Amount of Each Receipt					9267					
	FEC ID number of contributing federal political committee.	С					,		_	83.	34			
	Name of Employer University of Arkansas for Medical Sci	Occupation Resident												
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.72											
<del></del>	Full Name (Last, First, Middle Initial) . Carolyn P. Sprague M.D.				Date o	f Red	ceipt							
	Mailing Address 4573 Chelsea Ln  City State Zip Code						08 13 / Y = Y = Y = Y = Y							
	Bloomfield Hills	MI 48301-3617					Transaction ID : C2801647  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				,			750.	00				
	Name of Employer	Occupation												

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

750.00

anesthesiologist

Aggregate Year-to-Date ▼

Henry Ford Health System

Other (specify) ▼

General

Receipt For:

Primary

FOR LINE NUMBER: PAGE 322 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Thomas S. Stamos M.D. Date of Receipt Mailing Address 1441 Schoettler Rd. 2014 City Zip Code State Transaction ID: C2803853 MO Chesterfield 63017-5534 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Western Anesthesiologists Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Stangl M.D. Date of Receipt Mailing Address 314 Martin Luther King Jr Way Ste 80 2014 14 City State Zip Code Transaction ID: C2804061 WA Tacoma 98405-4292 Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation Tacoma Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.40 Other (specify) Full Name (Last, First, Middle Initial) c. Richard A. Stark M.D. Date of Receipt Mailing Address 915 E Eagle Lake Dr 2014 80 13 City State Zip Code Transaction ID: C2803884 MI Kalamazoo 49009-8426 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Kalamazoo Anesthesiology, PC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1083.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

ı	FOR LINE	NUMBER	:   PAGE	PAGE 323 OF 40					
ı	(check only	one)							
	<b>X</b> 11a	11b	11c	12					
	13	14	15	16	17				

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	ee
Full Name (Last, First, Middle Initial)  A. Dale Steele M.D.		Date of Receipt
Mailing Address 1720 Louisiana Blvd., NE	#401	08 08 2014
City Albuquerque	State Zip Code NM 87110	Transaction ID : C2800054  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer  Anesthesia Assoc. of NM, PC  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  3. Glen L Steeves M.D.  Mailing Address 24 Eagle Dr		Date of Receipt
City	State Zip Code	08 01 2014
Bedford  FEC ID number of contributing federal political committee.	NH 03110-4412	Amount of Each Receipt this Period  50.00
Name of Employer Anesthesia Care Group PC Receipt For:	Occupation Anesthesiologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  C. Erica Stein M.D.		Date of Receipt
Mailing Address 410 W 10th Ave., Anes. D  N411 Doan Hall		08 11 2014
City Columbus	State Zip Code OH 43210-1240	Transaction ID : C2800150  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
ohio state university  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  666.72	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	1133.34
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER: (check only one)

FOF	R LINE	NU	IMBER	:	PAGE	3	24 OF	•	405
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthe	esiologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Steven P. Stein M.D.  Mailing Address 18 Harbor Hill Dr		Date of Receipt
		08 06 2014
City	State Zip Code	Transaction ID : C2799268
Lloyd Harbor	NY 11743-1031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
NAPA	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1333.44	
Full Name (Last, First, Middle Initial)  Steven P. Stein M.D.		Date of Receipt
Mailing Address 18 Harbor Hill Dr		M = M / D = D / Y = Y = Y = Y = Y = O = O = O = O = O =
City	State Zip Code	Transaction ID : C2799269
Lloyd Harbor	NY 11743-1031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	1
NAPA 	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1333.44	
Full Name (Last, First, Middle Initial)  C. Hans E. Steine M.D.		Date of Receipt
Mailing Address 660 13th Ave SW		08 29 2014
City Mount Vorner	State Zip Code	Transaction ID : C2817064
Mount Vernon	IA 52314-9586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Linn County Anesthesiologists, P.C.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	416.68
TOTAL This Period (last page this line num)		
IVIAL THIS PERIOD (JAST DAME THIS line NUM	DEL OUIVI	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 325 OF 405

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Society of Anesthesic	ologists Political Action Committ	ee
Full Name (Last, First, Middle Initial)  John H. Stephenson M.D.  Mailing Address 5671 Peachtree Dunwoody R Suite 610  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Physician Specialists in Anesthesia, P  Receipt For:  Primary General Other (specify)	State Zip Code GA 30342  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 02 2014  Transaction ID: C2796749  Amount of Each Receipt this Period  83.30
Full Name (Last, First, Middle Initial)  John H. Stephenson M.D.  Mailing Address 5671 Peachtree Dunwoody R.  Suite 610  City  Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Physician Specialists in Anesthesia, P  Receipt For:  Primary  General  Other (specify)	State Zip Code GA 30342  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  583.26	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Mark A. Stevens M.D.  Mailing Address 1420 S Taylor St  City Little Rock  FEC ID number of contributing federal political committee.  Name of Employer  UAMS Dept of Anesthesiology  Receipt For:  Primary General Other (specify)	State Zip Code AR 72204-2643  C  Occupation Assistant Professorof Anesthesiology  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M M / D D / Y Y Y Y Y  08
SUBTOTAL of Receipts This Page (optional)		208.31
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 326 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Ann Still M.D. Date of Receipt Mailing Address 1800 Alabama Highway 157 Ste 201 Cullman Primary Care 2014 25 City State Zip Code Transaction ID: C2812234 ΑL Cullman 35058-1273 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Alabama Pain Center Cullman Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 729.22 Other (specify) Full Name (Last, First, Middle Initial) **B.** Richard J. Stilz M.D. Date of Receipt Mailing Address 1354 Herschel Ave 80 2014 12 City State Zip Code Transaction ID: C2800404 OH Cincinnati 45208-2511 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation anesthesia assoc of cincinnati physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Todd A. Stine M.D. Date of Receipt Mailing Address 1626 Lookout Landing Cir 80 20 2014 City State Zip Code Transaction ID: C2811190 FL Winter Park 32789-5941 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation US Anesthesia Partners Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 327 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Aimee D. Stotz D.O. Date of Receipt Mailing Address 5079 W. Catalpa Ave. 2014 City State Zip Code Transaction ID: C2806219 Chicago IL 60630 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Consultants. Ltd. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David M. Stout M.D. Date of Receipt Mailing Address 1229 Madison St Ste 1440 80 13 2014 City State Zip Code Transaction ID: C2802025 WA Seattle 98104-3538 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Physicians Anes Service, Inc, PS Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tracy D. Strandhagen M.D. Date of Receipt Mailing Address 600 Riders Trl 80 12 2014 City Zip Code State Transaction ID: C2800434 Austin TX 78733-1838 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation MD Anesthesiologist Austin Anesthesiology Group Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 1041.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 328 OF 405 Use for e Deta

	1 01	I LIIIL	IVO	IVIDLI	IAGL	 20 01	100
separate schedule(s)	(che	ck only	or	ıe)			
each category of the ailed Summary Page	X	11a		11b	11c	12	
anou cummary r ago		13		14	15	16	17

or for commercial purposes, other than using the	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	Э
Full Name (Last, First, Middle Initial)  Erin A Sullivan M.D.  Mailing Address Dept of Anes PUH C-224  200 Lothrop St.  City  Pittsburgh  FEC ID number of contributing federal political committee.  Name of Employer  Univ of Pittsburgh Med Ctr  Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code PA 15213-2536  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  349.90	Date of Receipt  08 03 2014  Transaction ID : C2796922  Amount of Each Receipt this Period  83.30
A Sullivan M.D.  Mailing Address Dept of Anes PUH C-224  200 Lothrop St.  City  Pittsburgh  FEC ID number of contributing federal political committee.  Name of Employer  Univ of Pittsburgh Med Ctr  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code PA 15213-2536  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  349.90	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Matthew D. Sunderlin M.D.  Mailing Address 16099 Surrey Way  City Spring Lake  FEC ID number of contributing federal political committee.  Name of Employer Lakeshore Anes.Services  Receipt For:  Primary General Other (specify)	State Zip Code MI 49456-8830  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  916.72	Date of Receipt  08 13 2014  Transaction ID : C2803648  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	433.30
TOTAL This Period (last page this line numbe	er only)	

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

FOF	R LINE	NU	IMBER	R: PAGE 329 OF					405
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesio	logists Political Action Committee	
Full Name (Last, First, Middle Initial)  Matthew D. Sunderlin M.D.  Mailing Address 16000 Surrey Way		Date of Receipt
Mailing Address 16099 Surrey Way		08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2811218
Spring Lake	MI 49456-8830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Lakeshore Anes.Services	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	916.72	
Full Name (Last, First, Middle Initial)  Mark P. Sundet D.O.	Date of Receipt	
Mailing Address 1215 Pleasant St Ste 400	Chate 7'- 0 1	08 13 2014
City  Des Moines	State Zip Code IA 50309-1418	Transaction ID : C2803587
Des Moines	33330 1115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Associated Anesthesiologists, P.C.	Anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Esther Sung M.D.		Date of Receipt
Mailing Address 3710 SW US Veterans Hospita P3 ANES		08
City Portland	State Zip Code OR 97239-2964	Transaction ID : C2799592  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37233 2304	Amount of Each Receipt this Period
Name of Employer	Occupation	
Portland VAMC Operative Care	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	583.38	
SUBTOTAL of Receipts This Page (optional)		666.68
TOTAL This Period (last page this line number of	only)	

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

	FOR LINE NUMBER:						PAGE	: 3	30 OF		405
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any personal the name and address of any political committee to	son for the purpose of soliciting contributions so solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Stephen D. Surgenor M.B.A., M.  Mailing Address 1 Medical Center Dr		Date of Receipt
		08 13 2014
City	State Zip Code	Transaction ID : C2803864
Lebanon	NH 03756-1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Dartmouth Hitchcock Medical Center	PROFESSOR	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Laurie A. Sutherland M.D.		Date of Receipt
Mailing Address 2 Golden Rod Ln.		08 24 2014
City	State Zip Code ME 04105-3823	Transaction ID : C2812060
Falmouth	ME 04105-3823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Maine Medical Center	Anesthesiologist	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Frank M. Sutton Jr., M.D.	<del>-</del>	Date of Receipt
Mailing Address 3 Light Cahill Ct		08 15 2014
City Biltmore Lake	State Zip Code NC 28715	Transaction ID : C2805129
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 41.67
Name of Employer	Occupation	-
AllCare Clinical Associates, PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	316.69	
SUBTOTAL of Receipts This Page (optional)	)	791.67
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

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

F	OR	LINE	NU	MBER	PAGE	3	31 OF		405	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and a or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial) Johan P. Suyderhoud M.D.  Mailing Address 3467 N Venice St		Date of Receipt
Mailing Address 3467 N Venice St		08 15 2014
City	State Zip Code	Transaction ID : C2807234
Arlington	VA 22207-4446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Georgetown Hospital	ANESTHESIOLOGIST	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Cathy Jo W. Swanson M.D.	Date of Receipt	
Mailing Address 3426 West Ridge Rd.		08 13 2014
City	State Zip Code	Transaction ID : C2801453
Roanoke	VA 24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
ACV, Inc	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  David A. Swastek M.D.		Date of Receipt
Mailing Address 5540 Lohr Lake Dr		08 13 2014
City	State Zip Code	Transaction ID : C2803736
Ann Arbor	MI 48108-8558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
St. Joseph Mercy Hospital - Ann Arbor	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	<u> </u>	

FOR LINE NUMBER: (check only one) X 11a 11b 11c

PAGE 332 OF 405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Christopher R. Swayze M.D. Date of Receipt Mailing Address 2245 Houston Antioch Rd 2014 City Zip Code State Transaction ID: C2801211 Lexington KY 40516-9512 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven L. Sween M.D. Date of Receipt Mailing Address 240 Marchand Ct NW 80 2014 01 City State Zip Code Transaction ID: C2796632 GA Atlanta 30328-2055 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Physician Specialists in Anesthesia Physician Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) c. Timothy J. Swift M.D. Date of Receipt Mailing Address 2937 Thomas Ave 2014 80 13 City Zip Code State Transaction ID: C2803596 TX **Dallas** 75204 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pinnacle Anesthesia Consultants anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 333 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Thomas H. Swygert M.D. Date of Receipt Mailing Address 7014 Prestonshire Ln 2014 City State Zip Code Transaction ID: C2800413 TX Dallas 75225-1742 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Pinnacle Anesthesia Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) **B.** Fawad P. Syed M.D. Date of Receipt Mailing Address 44 Sawmill Rd. 80 12 2014 City State Zip Code Transaction ID: C2801420 MA Dudley 01571-5846 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesia Practice and Resrach Associ Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven H. Sykes M.D. Date of Receipt Mailing Address 1118 Ross Clark Circle, Suite 700 2014 80 13 City State Zip Code Transaction ID: C2803796 ΑL Dothan 36301 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Anesthesia Consultants Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 334 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

ITEMIZED RECEIPTS for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Martha Z. Szabo M.D. Date of Receipt Mailing Address 7480 Ogden Woods 20 2014 City Zip Code State Transaction ID: C2809445 OH New Albany 43054 Amount of Each Receipt this Period FEC ID number of contributing C 510.00 federal political committee. Name of Employer Occupation Licking Memorial Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph W. Szokol M.D. Date of Receipt Mailing Address 976 Sunset Rd. 80 13 2014 City State Zip Code Transaction ID: C2803689 IL Winnetka 60093-3641 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **Evanston Northwestern Healthcare** physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alfonso Tagliavia M.D. Date of Receipt Mailing Address 5 Perryridge Rd 2014 80 13 City State Zip Code Transaction ID: C2803276 CT Greenwich 06830-4608 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Greenwich Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1010.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

405 FOR LINE NUMBER: PAGE 335 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Gary E. Takahashi D.O. Date of Receipt Mailing Address 5750 Stone Lake Dr. 2014 City State Zip Code Transaction ID: C2803708 OH Dayton 45429 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Middletown anesthesia consultants Receipt For:

	Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Lance A. Talmage Jr., M.D. Mailing Address 3644 Forest Oaks Dr		Date of Receipt  08 20 2014
	City	State Zip Code	Transaction ID: C2816238
	Fairlawn	OH 44333-9236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer	Occupation	
	Anesthesiology Associates of Akron, In	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial)		

Aggregate Year-to-Date ▼

**c.** Edward Tang M.D. Date of Receipt Mailing Address 2452 Trenton Ave 2014 80 13 City State Zip Code Transaction ID: C2803799 CA Clovis 93619-4237 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation **PAAMG** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼

CURTOTAL of Descints This Dags (entires)		Т								100	0.00	
SUBTOTAL of Receipts This Page (optional)		-		-	7	-		7	-			
		- [							7			П
TOTAL This Period (last page this line number	only)		-	_	7	-	-	7	-		т	ш

250.00

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 336 OF 405 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Donald R. Tatum Jr., M.D. Date of Receipt Mailing Address 770 Brookwood Walke 2014 27 City Zip Code State Transaction ID: C2814769 Bloomfield Hills MI 48304 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation South Oakland Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Mark A. Tatz M.D. Date of Receipt Mailing Address 802 Fernwood Rd 80 18 2014 City State Zip Code Transaction ID: C2808089 NJ Moorestown 08057 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Mednax, Inc. Medical Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph A. Taylor M.D. Date of Receipt Mailing Address 26625 W Greentree Ct 2014 80 13 City Zip Code State Transaction ID: C2803580 KS Olathe 66061 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Northland Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 833.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 337 OF Use se for eac Detaile

	I OIT LINE	NONDELL.	1 7	aL 337 0	1 700							
parate schedule(s)	(check only	(check only one)										
h category of the discussions of the summary Page	<b>X</b> 11a	11b	11c	12								
- cammany range	13	14	15	16	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 Full Name (Last, First, Middle Initial) William M. Taylor Jr., M.D. Date of Receipt Mailing Address 5403 Redfield Circle 2014 City State Zip Code Transaction ID : C2803282 GΑ Dunwoody 30338 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Anesthesiologist Physician Specialists in Anesthesia, P Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Aaron A. Tebbs M.D. Date of Receipt Mailing Address 9 Edes Rd 08 26 2014 City State Zip Code Transaction ID: C2813038 ME Cumberland 04021-4101 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Associates of Lewiston-Aubu Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36

Other (specify) Full Name (Last, First, Middle Initial) **c.** Travis J. Teetor M.D. Date of Receipt Mailing Address 19309 Briggs St 2014 80 01 City Zip Code State Transaction ID: C2796628 NE Omaha 68130 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Staff Anesthesiologist Boys Town National Research Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		Ξ	7	Ι	Ξ	7	Ξ	6	41.6	7	
TOTAL This Period (last page this line number only)		Ξ	7	Ξ	_	7	_	_		_	]

Use separate schedule(s)

FOR LINE	NUMBER	: PAGE	338 OF	405						
(check only one)										
<b>X</b> 11a	11b	11c	12							
13	14	15	16	17						

for each category of the **Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Thomas C. Thomas M.D. Date of Receipt Mailing Address 110 29th Ave N Ste 301 2014 City Zip Code State Transaction ID: C2802031 TN 37203-6001 Nashville Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Anesthesia Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie M. Thompson M.D. Date of Receipt Mailing Address 8208 NW 134th Ter 08 25 2014 City State Zip Code Transaction ID: C2812078 OK Oklahoma City 73142-5012 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Affiliated Anesthesiologist Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kyle Thompson M.D. Date of Receipt Mailing Address 333 W Hampden Ave #600 30 2014 80 City Zip Code State Transaction ID: C2816882 CO Englewood 80110 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation South Denver Anesthesiologists, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 339 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Paul H. Thompson M.D. Date of Receipt Mailing Address 2804 Woodberry Ct 2014 City Zip Code State Transaction ID: C2803973 MO Columbia 65203-6652 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation MAAC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karen M. Thomson M.D. Date of Receipt Mailing Address 111 Michigan Ave NW Anes. Dept. 80 2014 14 City State Zip Code Transaction ID: C2804775 DC Washington 20010-2916 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Childrens National Medical Center anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sydney I. Thomson M.D. Date of Receipt Mailing Address 6224 Hidden Meadow Ct 2014 80 13 Zip Code City State Transaction ID: C2803574 CA San Jose 95135-1613 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Coast Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1250.00

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

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

FOR LINE NUMBER: PAGE 340 OF 405

•	Use separate schedule(s) for each category of the	(che	ck only	one	e) _			_		
	Detailed Summary Page	×	11a		11b	11c		12		
	, 0		13	1	14	15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Kevin P. Thoni M.D.		Date of Receipt
Mailing Address 130 Spring Valley Loop		08 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2796930
Altamonte Springs	FL 32714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
JLR Medical Group	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Robert D Thornton II, M.D.	•	Date of Receipt
Mailing Address 5628 Double Oak Ln		08 13 2014
City	State Zip Code	Transaction ID : C2803909
Birmingham	AL 35242-3553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anesthesiology Associated, PC	Occupation Anesthesiologist, M.D.	
Receipt For:		1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Benjamin V. Tibbals M.D.	1	Date of Receipt
Mailing Address 10207 NE 62nd St		08 13 2014
City	State Zip Code WA 98033	Transaction ID : C2802964
Kirkland	WA 98033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Matrix Anesthesia- Overlake Division	Anesthesiologist	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	1000.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE	MOMBER	: PAGE	341 UF	405						
(check only one)										
X 11a	11b	11c	12							
12	14	15	16	17						
13	14	15	16	17						

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committee	<b>e</b>
Full Name (Last, First, Middle Initial)  Levert William Tjin-A-Tsoi M.D.  Mailing Address 2800 Videre Dr		Date of Receipt
		08 08 2014
City	State Zip Code	Transaction ID : C2800051
Wilmington	DE 19808-3673	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesia Services, PA	anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	255.00	Data of Descipt
Mailing Address 1012 Tramway LN NE		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID : C2803575
Albuquerque	NM 87122-1410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anesthesia Associates of New Mexico	Occupation Anesthesiologist M.D.	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Arturo G. Torres M.D.		Date of Receipt
Mailing Address PSC 475 box 1895		08 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FPO	State Zip Code AP 96350	Transaction ID : C2811893  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
US Navy	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 342 OF (check only one) X 11a 11b 11c 12

405 Use separate schedule(s) for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Troy Tortorici M.D. Date of Receipt Mailing Address 17401 Hawks View Ct 2014 City Zip Code State Transaction ID: C2801498 OK Edmond 73012 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Northwest Anesethesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel J. Towle M.D. Date of Receipt Mailing Address 11415 Manor Rd 80 2014 01 City State Zip Code Transaction ID: C2796626 KS Shawnee Mission 66211-2930 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Anesthesia Associates of Kansas City Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) c. Richard W. Trent M.D. Date of Receipt Mailing Address 3618 Sunset Point Dr. 80 13 2014 City State Zip Code Transaction ID: C2803721 GA Gainesville 30506 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Anesthesia Associates of Gainesville Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 625.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOF	FOR LINE NUMBER: PAGE 343 OF								405	
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16		17	

	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Christopher A. Troianos M.D.  Mailing Address 427 Heights Dr		Date of Receipt
		08 28 2014
City	State Zip Code PA 15044-6032	Transaction ID : C2815075
Gibsonia	FA 13044-0032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Allegheny Health Network	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial)  Gary L. Trummel M.D.  Mailing Address 5940 Mount Normandale Di		Date of Receipt
		08 03 2014
City	State Zip Code	Transaction ID : C2796915
Minneapolis	MN 55438-1218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.34
Name of Employer	Occupation	
Northwest Anesthesia, PA	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	666.72	
Full Name (Last, First, Middle Initial)  C. Robert E. Tubben D.O.		Date of Receipt
Mailing Address 1984 Belwood Dr		08 13 2014
City Okemos	State Zip Code MI 48864-5969	Transaction ID : C2801584  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Capital Area Anesthesiology	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		416.68
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 344 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) William S. Turnage M.D. Date of Receipt Mailing Address 400 Health Park Blvd. 2014 City State Zip Code Transaction ID: C2803129 FL St. Augustine 32086 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Coastal Anes Consultants anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ann A. Tuttle M.D. Date of Receipt Mailing Address 5550 William Henry Harrison Ln 80 2014 27 City State Zip Code Transaction ID: C2814809 OH Cincinnati 45243 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **AGP** physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary F. Tzeng M.D. Date of Receipt Mailing Address 582 S Rex Blvd 80 12 2014 City State Zip Code Transaction ID: C2800432 IL **Elmhurst** 60126-4259 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Name of Employer Occupation Dept. of Veteran's Affairs physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) 1083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 345 OF Use separate schedule(s) (check only one) X 11a 11b 11c

405

for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Mercy A. Udoji M.D. Date of Receipt Mailing Address 619 19th St S JT 862 2014 City State Zip Code Transaction ID: C2808518 Birmingham AL 35249-1900 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation **UAB Dept of Anesthesiology** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. James S. Ulmer M.D. Date of Receipt Mailing Address 105 Woodbridge Way 80 2014 09 City State Zip Code Transaction ID: C2800057 SC Simpsonville 29681-5115 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation James S Ulmer, MD Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bradley R. Umbarger M.D. Date of Receipt Mailing Address 3321 N Dixieland Rd 2014 80 13 City State Zip Code Transaction ID: C2803253 AR Rogers 72756-6816 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician Anesthesia Services of Benton County Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 346 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Shermeen B. Vakharia M.D. Date of Receipt Mailing Address Bldg. 53 Dept of Anes and Perioper 101 City Dr. South 2014 City State Zip Code Transaction ID: C2803588 CA Orange 92868 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Safety Compliance Officer - Anesthesio University of California, Irvine Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. David A. Van Alstine M.D. Date of Receipt Mailing Address 1410 Goodbar Ave 80 13 2014 City State Zip Code Transaction ID: C2803235 TN Memphis 38104-4879 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Methodist University Hospital - Memphi Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert J. Van Beek M.D. Date of Receipt Mailing Address 35 Stonehurst Rd 2014 80 13 Zip Code State Transaction ID: C2803593 MI **Grosse Pointe Shores** 48236-2626 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation St. John Anesthesiologists P.C. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 347 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) James F. Van Dam M.D. Date of Receipt Mailing Address 3333 Evergreen Dr., N.E. 2014 City Zip Code State Transaction ID: C2803774 **Grand Rapids** MI 49525-9756 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Practice Consultants, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David Varlotta D.O. Date of Receipt Mailing Address 1303 Bayshore Blvd. 80 02 2014 City State Zip Code Transaction ID: C2796764 FL Tampa 33606-2911 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Greater Florida Anesthesiologists Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Neerad Varshney M.D. Date of Receipt Mailing Address 3308 Scadlock Ln. 80 13 2014 City State Zip Code Transaction ID: C2803649 CA Sherman Oaks 91403 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation GASP Anes. Dept. Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 583.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 348 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Thomas E. Verdone M.D. Date of Receipt Mailing Address 27 Crystal Ridge Rd 2014 City Zip Code State Transaction ID: C2812011 CT South Glastonbury 06073-3545 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **Emcare** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Todd A Versteegh M.D. Date of Receipt Mailing Address 2500 North State Street Department of Anesthesiology 80 2014 26 City State Zip Code Transaction ID: C2813037 MS Jackson 39216 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation University of Mississippi Medical Cent Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) Thomas R. Vetter M.D., M.P. Date of Receipt Mailing Address Jefferson Tower - # 865 2014 80 13 619 S.19th St., Anes. Dept City Zip Code State Transaction ID: C2801487 ΑL Birmingham 35249 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Univ. of Alabama at Birmingham Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 791.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	:   PAGI	E 349 OF	405							
(check only one)											
X 11a	11b	11c	12								
13	14	15	16	17							

**Detailed Summary Page** 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 Full Name (Last, First, Middle Initial) Gene M. Vialle D.O. Date of Receipt Mailing Address 309 Shoreline Dr. 2014 City State Zip Code Transaction ID: C2804049 KS Louisburg 66053-4193 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Kansas City R Retired Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Juan P. Villani M.D. Date of Receipt Mailing Address 160 Green Glades 80 2014 11 City State Zip Code Transaction ID: C2800155 MS Ridgeland 39157 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation Univ of Mississippe Medical Center physician Receipt For: Aggregate Year-to-Date ▼ Primary General 221.67 Other (specify) Full Name (Last, First, Middle Initial) c. Juan P. Villani M.D. Date of Receipt Mailing Address 160 Green Glades 2014 80 13 City Zip Code State Transaction ID: C2803980 MS Ridgeland 39157 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Univ of Mississippe Medical Center physician

SUBTOTAL of Receipts This Page (optional)			7	I	Ī	7	I	36	0.00	)	
TOTAL This Period (last page this line number only)			7	_	_	7	_		_	_	

221.67

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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

FOR LINE NOMB
(check only one)

FOR LINE NUMBER:					PAGE	3	50 OF	•	405	
(check only one)										
[	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Juan P. Villani M.D.  Mailing Address 160 Green Glades  City Ridgeland  FEC ID number of contributing federal political committee.  Name of Employer  Univ of Mississippe Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code MS 39157  C  Occupation physician  Aggregate Year-to-Date ▼  221.67	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Steven G. Vitcov M.D.  Mailing Address 324 Locust St  City  San Francisco	State Zip Code CA 94118-1843	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer Self employed  Receipt For: Primary General Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  350.00	100.00
Full Name (Last, First, Middle Initial)  Steven G. Vitcov M.D.  Mailing Address 324 Locust St  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary General Other (specify)	State Zip Code CA 94118-1843  C  Occupation Physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	391.67
TOTAL This Period (last page this line numb	er only)	

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

ı	FOR LINE	NUMBER	: PAGE	= 351 OF	405		
	(check only one)						
	X 11a 11b 11c 12						
	13	14	15	16	17		

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  J. Michael Vollers M.D.  Mailing Address 1 Childrens Way		Date of Receipt
Slot 203, S-319		08 12 2014
City	State Zip Code	Transaction ID : C2800424
Little Rock	AR 72202-3510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	-
University of Arkansas for Medical Sci	Professor of Anesthesiology	
Receipt For: Primary General	Aggregate Year-to-Date ▼  666.72	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	000.72	
3. Oleg Vosicher M.D.		Date of Receipt
Mailing Address PO Box 48671		08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2803826
Los Angeles	CA 90048-0671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer BVAMG	Occupation  Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Anupama Wadhwa M.B.,B.S.		Date of Receipt
Mailing Address 9209 Springbrooke Cir		08 14 2014
City Louisville	State Zip Code KY 40241-3003	Transaction ID : C2804032  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
University of Louisville Hospital	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional).	····	833.34
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:				PAGE	3	52 OF	•	405		
(cl	(check only one)									
X 11a 11b					11c		12			
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personal particles of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Michael D. Wagner B.S.  Mailing Address 1414 S Riverside Drive		Date of Receipt
		08 12 2014
City Indialantic	State Zip Code FL 32903	Transaction ID : C2801199
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Brevard Anesthesia Services, M.D.  Receipt For:	Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  David B. Waisel M.D.		Date of Receipt
Mailing Address 15 Beechwood Rd		08 122014
City	State Zip Code	Transaction ID : C2800420
Wellesley	MA 02482-2316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Harvard Medical School Childrens Hospi	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial)  C. Adam B. Waldman M.D.		Date of Receipt
Mailing Address 7200 Meeker Creek Drive		08 14 2014
City Dayton	State Zip Code OH 45414	Transaction ID : C2804785  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
AANWD Receipt For:	Anesthesiologist  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	791.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 353 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

405

Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Aaron D. Wallace M.D. Date of Receipt Mailing Address 6969 Brockton Ave Suite B 2014 City State Zip Code Transaction ID: C2800421 CA Riverside 92506 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Anesthesia Medical Group of Riverside Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Brian E. Wallace M.D. Date of Receipt Mailing Address 400 E Pioneer Ste 204 80 2014 24 City State Zip Code Transaction ID: C2812032 WA Puyallup 98372-3257 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Rainier Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. James J. Walsh M.D. Date of Receipt Mailing Address 166 83rd St. 06 80 2014 City Zip Code State Transaction ID: C2799271 NY Brooklyn 11209 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation NAPA physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) 133.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:					PAGE	: 3	54 OF	405
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	)
Full Name (Last, First, Middle Initial) Ellen Y. Wang M.D.  Mailing Address 2517 Valdivia Way  City Burlingame  FEC ID number of contributing federal political committee.  Name of Employer Stanford Univ Hospital Receipt For:  Primary General Other (specify)	State Zip Code CA 94010  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  08 13 2014  Transaction ID : C2802020  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Norman E. Warner M.D.  Mailing Address 1394 Place Pacardy  City  Winter Park  FEC ID number of contributing federal political committee.  Name of Employer  US Anesthesia Partners JLR Medical Gro  Receipt For:  Primary  General  Other (coeff)	State Zip Code FL 32789  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 06 2014  Transaction ID : C2799250  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Travis A. Warner M.D.  Mailing Address 5773 N Winding Woods PI  City Tucson  FEC ID number of contributing federal political committee.  Name of Employer Old Pueblo Anesthesia PC  Receipt For:  Primary General Other (specify) ▼	State Zip Code AZ 85718-8311  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  333.36	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1041.67
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:				PAGE	3	55 OF	405	
(check only one)								
X 11a 11b					11c		12	
	13		14		15		16	17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  David T. Warren M.D.  Mailing Address 415 Oakwood Dr  City  Dothan	State Zip Code AL 36303-3085	Date of Receipt  08 13 2014  Transaction ID : C2803710  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  University of Alabama Medical Ctr, Dep  Receipt For:  Primary  General  Other (specify)	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	1000.00
Full Name (Last, First, Middle Initial)  William M. Warren M.D.  Mailing Address 3100 Seville Ter  City  Dothan  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Consultants Medical Group  Receipt For:	State Zip Code AL 36303-2014  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID : C2803756  Amount of Each Receipt this Period
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Erikka L. Washington M.D.  Mailing Address 6431 FANNIN	1000.00	Date of Receipt
msb 5.020  City HOUSTON  FEC ID number of contributing federal political committee.  Name of Employer  UTHSC-Houston Dept of Anesthesiology  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 77030  C  Occupation physician anesthesiologist  Aggregate Year-to-Date ▼  250.02	Transaction ID : C2815070  Amount of Each Receipt this Period  41.67
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	2041.67
TOTAL This Period (last page this line number	only)	

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

FOR LINE NOMBE (check only one)

X 11a 11b

FOR LINE NUMBER:				PAGE	3	56 OF	405	
(check only one)								
X	11a [		11b		11c		12	
	13		14		15		16	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

١.	Full Name (Last, First, Middle Initial) Lucy A. Waskell M.D., Ph.D		Date of Receipt
	Mailing Address 2204 Devonshire Road		08 29 2014
	City	State Zip Code	Transaction ID : C2817061
	Ann Arbor	MI 48104-2702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Research Service 11R	ANESTHESIOLOGIST	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	250.00	
3.	Full Name (Last, First, Middle Initial) Barbara Y. Watanabe M.D.		Date of Receipt
	Mailing Address 141 S 293rd PI		08 27 2014
	City	State Zip Code	Transaction ID : C2814841
	Federal Way	WA 98003-3658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Pacific Anesthesia	MD anesthesiologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	250.00	
).	Full Name (Last, First, Middle Initial) Brennan M. Watkins M.D.		Date of Receipt
	Mailing Address 1850 N Central Ave Ste 1600		M = M / D = D / Y = Y = Y
	City	State Zip Code	08 21 2014 Transaction ID : C2811885
	Phoenix	AZ 85004-4633	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	500.00
	Name of Employer	Occupation	
	Valley Anesthesiology Consultants	Anesthesiologist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	500.00	
s	UBTOTAL of Receipts This Page (optional)		1000.00
т	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:				PAGE	3	57 OF	405	
(check only one)								
X 11a 11b					11c		12	
	13		14		15		16	17

	Statements may not be sold or used by any pershe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Barbara E. Waud M.D.  Mailing Address 17 Lantern Ln.  City Shrewsbury  FEC ID number of contributing federal political committee.  Name of Employer university of massachussets medical sc  Receipt For:  Primary General Other (specify)	State Zip Code MA 01545-2006  C Occupation retired  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ralph M. Weatherford M.D.  Mailing Address 218 Morning Glory Ln  City  Dothan  FEC ID number of contributing federal political committee.  Name of Employer ACMG, PC  Receipt For:  Primary  General  Other (specify)	State Zip Code AL 36305-5818  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Liza M. Weavind M.B., Ch.B.  Mailing Address 1409 Beddington Park  City  Nashville  FEC ID number of contributing federal political committee.  Name of Employer  Vanderbilt University Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37215-5815  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D J 2014  Transaction ID : C2803302  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1750.00
TOTAL This Period (last page this line number	er only)	

					PAGE	E 358 OF			405	
Use separate schedule(s) for each category of the	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12		
., .,		13		14		15		16		17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Joseph Weber M.D.  Mailing Address 795 El Camino Real  City Palo Alto  FEC ID number of contributing federal political committee.  Name of Employer Palto Alto Medical Foundation  Receipt For:  Primary General Other (specify)	State Zip Code CA 94301  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID: C2803976  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Paul S. Webster M.D.  Mailing Address 825 E Oak St  City  Kissimmee  FEC ID number of contributing federal political committee.  Name of Employer  Doctors Pain Management Associates  Receipt For:  Primary  General  Other (specify)	State Zip Code FL 34744-5838  C  Occupation Medical Doctor  Aggregate Year-to-Date ▼  1166.72	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul S. Webster M.D.  Mailing Address 825 E Oak St  City Kissimmee  FEC ID number of contributing federal political committee.  Name of Employer Doctors Pain Management Associates Receipt For:  Primary General Other (specify)	State Zip Code FL 34744-5838  C  Occupation Medical Doctor  Aggregate Year-to-Date ▼  1166.72	Date of Receipt  08 13 2014  Transaction ID : C2803324  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	833.34
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 359 OF

RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only 11a 13	or	ne) 11b 14	11c		12 16		17
copied from such Reports and Statements ma	av not be sold or used by any pe	rson f	or the i	pur	ose of	solicitir	na co	ontributi	ons	

Any information 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 Full Name (Last, First, Middle Initial) Grant T. Weicht M.D. Date of Receipt Mailing Address 6055 N 2nd Street 2014 City State Zip Code Transaction ID: C2802026 Phoenix ΑZ 85012 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Grant T Weicht, MD, PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ivan Jared Weiner M.D. Date of Receipt Mailing Address 10527 Emerald Chase Dr 80 2014 04 City State Zip Code Transaction ID: C2796954 FL 32836-5862 Orlando Amount of Each Receipt this Period FEC ID number of contributing 83.30 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 916.62 Other (specify) Full Name (Last, First, Middle Initial) c. Ivan Jared Weiner M.D. Date of Receipt Mailing Address 10527 Emerald Chase Dr 30 2014 80 City State Zip Code Transaction ID: C2816886 FL Orlando 32836-5862 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation JLR Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 916.62 Other (specify) 1166.64 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LIN	E NUMBEF	R:   PAGI	E 360 OF	
Use separate schedule(s)	(check or	nly one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Detailed Summary rage	13	14	15	16	

405

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Toby Weingarten M.D.  Mailing Address Department of Anesthesic  200 First St. SW  City  Rochester  FEC ID number of contributing federal political committee.  Name of Employer  Mayo Clinic  Receipt For:  Primary Other (specify)	State Zip Code MN 55905-0001  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Toby Weingarten M.D.  Mailing Address Department of Anesthesic 200 First St. SW  City  Rochester  FEC ID number of contributing federal political committee.  Name of Employer Mayo Clinic  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code MN 55905-0001  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  435.03	Date of Receipt  08 30 2014  Transaction ID: C2816896  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) Andrew S. Weisinger M.D.  Mailing Address 405 Beaumont Park Circle  City Blythewood  FEC ID number of contributing federal political committee.  Name of Employer Cardiovascular Anes.  Receipt For: Primary Other (specify)	e  State Zip Code SC 29016  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08 10 2014  Transaction ID: C2800131  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional	ll) <b>&gt;</b>	1083.34
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 361 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Alan Weiss M.D. Date of Receipt Mailing Address 960 Royal Arms Dr 2014 City Zip Code State Transaction ID: C2800428 OH Girard 44420 Amount of Each Receipt this Period FEC ID number of contributing C 83.34 federal political committee. Name of Employer Occupation Bel-Park Anes. Assoc. Inc. anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Steven L. Weissman M.D. Date of Receipt Mailing Address 155 Baltic Circle 80 25 2014 City State Zip Code Transaction ID: C2812231 FL Tampa 33606 Amount of Each Receipt this Period FEC ID number of contributing 41.60 federal political committee. Name of Employer Occupation Florida Hospital Tampa Physician - Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 332.80 Other (specify) Full Name (Last, First, Middle Initial) c. David Werkmeister M.D. Date of Receipt Mailing Address PO Box 4278 2014 80 23 City Zip Code State Transaction ID: C2812016 MN Mankato 56002-4278 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Mankato Anesthesia Associates, LTD Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 624.94 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 362 OF 405 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) Brian J. West M.D. Date of Receipt Mailing Address 4048 Evans Ave Ste 303 2014 City State Zip Code Transaction ID: C2806230 FL 33901-9390 Fort Myers Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Medical Anesth. and Pain Mgt. Consulta Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 333.36 Other (specify) Full Name (Last, First, Middle Initial) B. Jordan M. Wetstone M.D. Date of Receipt Mailing Address 800 Oak Trail Dr 80 19 2014 City State Zip Code Transaction ID: C2808535 GA Marietta 30062-7502 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Georgia Anesthesiologists Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ezekiel J. Wetzel M.D. Date of Receipt Mailing Address 3315 DEBORAH DR 2014 80 05 Suite 401 City State Zip Code Transaction ID: C2798587 LA Monroe 71201 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Parish Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 441.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 363 OF Use separate schedule(s) (check only one)

405

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and States or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) American Society of Anesthesiology	gists Political Action Committe	ee
Greenville  FEC ID number of contributing federal political committee.  Name of Employer  Palmetto Anesthesia Associates  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code SC 29607  Cupation nesthesiologist ggregate Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID: C2803653  Amount of Each Receipt this Period  250.00
Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  Valley Anesthesiology Consultants, Ltd  And  Receipt For:	State Zip Code AZ 85004  Cupation lesthesiologist ggregate Year-to-Date   1000.00	Date of Receipt  08 13 2014  Transaction ID: C2803625  Amount of Each Receipt this Period  1000.00
Albuquerque  FEC ID number of contributing federal political committee.  Name of Employer  Anes. Assoc. of New Mexico, P.C.  Property For:	State Zip Code NM 87122-2109  C	Date of Receipt  M M M / D Z / 2014  Transaction ID : C2814818  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	)	

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

F	OR	LINE	NU	MBER	:	PAGE	3	64 OF	•	405
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persibe name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Nicole S. Wilder M.D.  Mailing Address 5596 N Dixboro Rd  City  Ann Arbor  FEC ID number of contributing federal political committee.  Name of Employer  University of Michigan Health System S  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48105-9415  C  Occupation Pediatric Cardiac Anesthesiologist  Aggregate Year-to-Date ▼  240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Nicole S. Wilder M.D.  Mailing Address 5596 N Dixboro Rd  City  Ann Arbor  FEC ID number of contributing federal political committee.  Name of Employer University of Michigan Health System S  Receipt For:	State Zip Code MI 48105-9415  C Occupation Pediatric Cardiac Anesthesiologist	Date of Receipt  08 25 2014  Transaction ID : C2812230  Amount of Each Receipt this Period  20.00
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial)  Gisele C. Wilke M.D.  Mailing Address 6839 S Canton Ave  City Tulsa  FEC ID number of contributing federal political committee.  Name of Employer  Associated Anesthesiologists, Inc  Receipt For:  Primary General Other (specify)	State Zip Code OK 74136-3402  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  08 04 2014  Transaction ID: C2797902  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1120.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 365 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Danny L. Wilkerson M.D. Date of Receipt Mailing Address 4301 W Markham St # 515 Anesthesiology Department 2014 City Zip Code State Transaction ID: C2803124 AR Little Rock 72205 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Clinical Affairs Director University of Arkansas for Medical Sci Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dana Williams M.D. Date of Receipt Mailing Address 1725 Pine St 80 2014 01 City State Zip Code Transaction ID: C2796607 AL Montgomery 36106-1109 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Montgomery Anesthesia Associates **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Elizabeth C. Wilson M.D. Date of Receipt Mailing Address 862 Virgil St. NE 80 19 2014 City Zip Code State Transaction ID: C2808481 GA Atlanta 30307-2432 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Childrens Healthcare of Atlanta Eglest Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional).....

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

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

FOR LINE NUMBER: PAGE 366 OF

RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	eck only 11a 13	or	ne) 11b 14	11c		12 16		17
copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the	pur	pose of	soliciting	COI	ntributi	ons	

Any information 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 Full Name (Last, First, Middle Initial) Raymond E. Wilson M.D. Date of Receipt Mailing Address 1755 Kirby Pky., Suite #330 2014 City State Zip Code Transaction ID: C2805096 TN 38120-4398 Memphis Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Medical Anesthesia Group Anesthesiologists Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. David K. Winek M.D. Date of Receipt Mailing Address 110 29th Ave N Ste 202 80 2014 13 City State Zip Code Transaction ID: C2803806 Nashville TN 37203-1448 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anestesia Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) C.

Full Name (Last, First, Middle Initial)  David J. Wlody M.D.		Date of Receipt
Mailing Address 210 W 107th St Apt 6C		08 13 2014
City	State Zip Code	Transaction ID : C2801492
New York	NY 10025-3097	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
SUNY-Downstate Medical Center	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1.00.00	
Other (specify) ▼	500.00	

OUDTOTAL of Descripts This Days (estimate)		Г								100	0.00	)
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	_	-	-	7	-	-	7	-	100	-	
TOTAL This Period (last page this line number	only)											

FOR LINE NUMBER: PAGE 367 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

405

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Cynthia A. Wong M.D. Date of Receipt Mailing Address 2440 N Lakeview Ave Apt 16A 2014 28 City Zip Code State Transaction ID: C2815223 Chicago IL 60614-2872 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Northwestern University anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Hak Y. Wong M.D. Date of Receipt Mailing Address 3500 N Lake Shore Dr Apt 3B 80 2014 11 City State Zip Code Transaction ID: C2800142 IL Chicago 60657-1928 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Northwestern University Feinberg Schoo Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) C. Daniel H. Woo M.D. Date of Receipt Mailing Address 3 Scotsmans Way 2014 80 19 City Zip Code State Transaction ID: C2808523 NJ Basking Ridge 07920-3737 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Summit Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 1270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOF	R LINE	NU	MBER	:	PAGE	405			
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	I Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committee	<del></del>
Full Name (Last, First, Middle Initial) Aaron R. Wood D.O.		Date of Receipt
Mailing Address 28528 Balmoral Way		08 21 2014
City Farmington Hills	State Zip Code MI 48334-5100	Transaction ID : C2811886  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Botsford Anesthesiologists  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Derek Woodrum M.D.  Mailing Address 1500 E Medical Center Dr		Date of Receipt
1H247UH Box 5048 City	State Zip Code MI 48109-5000	08 20 2014 Transaction ID : C2809380
Ann Arbor  FEC ID number of contributing federal political committee.	MI 48109-5000	Amount of Each Receipt this Period  250.00
Name of Employer University of Michigan Anesthesiology	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Kenneth A. Woodward M.D.		Date of Receipt
Mailing Address 34365 Deerwood Dr		08 19 2014
City Eugene	State Zip Code OR 97405-9662	Transaction ID : C2809233  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation Aposthosiologist	
Northwest Anesthesia Physicians  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	<del>`</del> _	

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

FOR LINE NUMBER:						PAGE	3	69 OF	•	405
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Kristin T. Woodward M.D.		Date of Receipt
Mailing Address 4975 E. Preserve Court		08 06 2014
City	State Zip Code	Transaction ID : C2799290
Greenwood Village	CO 80121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
South Denver Anesthesiologists	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Kent A. Woolard M.D.		Date of Receipt
Mailing Address 8919 S. Gary Ave.	08	
City	State Zip Code	Transaction ID : C2798579
Tulsa	OK 74137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASSOCIATED ANESTHESIOLOGISTS, INC	Occupation  ANESTHESIOLOGIST	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Granville B. Work M.D.		Date of Receipt
Mailing Address 3749 Lynnfield Dr		08 08 2014
City	State Zip Code	Transaction ID : C2799793
Virginia Beach	VA 23452-4721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Sentara Norfolk General Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	666.72	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	833.34
TOTAL This Period (last page this line numbe	r only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 370 OF

405

		13   14   15   16   17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Pe	olitical Action Committe	ee
Full Name (Last, First, Middle Initial)  Jason Workman M.D.  Mailing Address 7575 W Washington Ave Suite 127-374  City State Las Vegas NV  FEC ID number of contributing federal political committee.  Name of Employer Anesthesiology Consultants, Inc  Receipt For: Primary General Other (specify)   General	Zip Code 89128-4333  ogist  Year-to-Date ▼  666.72	Date of Receipt  08 27 2014  Transaction ID : C2814820  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  W. Bradley Worthington M.D.  Mailing Address 101 Hillwood Blvd  City State TN  FEC ID number of contributing federal political committee.  Name of Employer Hospital for Spinal Surgery  Receipt For: Primary General Other (specify)   Aggregate		Date of Receipt  M M M
Full Name (Last, First, Middle Initial) Crystal C. Wright M.D.  Mailing Address 3032 Jarrard St.  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Baylor College of Medicine Dept. of An  Receipt For:  Primary General Other (specify)	Zip Code 77005 Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  08 12 2014  Transaction ID : C2800437  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	·····	250.02

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

FOR LINE NUMBER:

(check only one)

X 11a 11b 11

FOR LINE	NUMBER	:   PAGE	E 371 OF	405				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

	Statements may not be sold or used by any personal part of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Manoj B. Wunnava M.D.  Mailing Address 109 Bennington Parkway  City Durham  FEC ID number of contributing federal political committee.  Name of Employer Department of Anesthsiology  Receipt For:  Primary General Other (specify)	State Zip Code NC 27713  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O8 18 2014  Transaction ID : C2806367  Amount of Each Receipt this Period  25.00
Full Name (Last, First, Middle Initial)  Manoj B. Wunnava M.D.  Mailing Address 109 Bennington Parkway  City  Durham  FEC ID number of contributing federal political committee.  Name of Employer  Department of Anesthsiology  Receipt For:  Primary  General  Other (specify)	State Zip Code NC 27713  C Occupation Anesthesiologist  Aggregate Year-to-Date ▼ 400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Jacques T. Ya Deau M.D., Ph.D  Mailing Address 125 W 12th St Apt 4B  City New York  FEC ID number of contributing federal political committee.  Name of Employer Hospital for Special Surgery  Receipt For: Primary General Other (specify)	State Zip Code NY 10011  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	300.00
TOTAL This Period (last page this line number	only)	

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

г	OH	LINE	Ŋυ	MRFK	:	PAGE	: 3	72 OF	•	405
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  A. Joel M. Yarmush M.D.		Date of Receipt
Mailing Address 1 Hooper Ave		08 13 2014
City West Orange	State Zip Code NJ 07052-2804	Transaction ID : C2801578  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  NY Methodist Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Paul S. Yasuda M.D.  Mailing Address 3516 NW 174th St		Date of Receipt
City Edmond	State Zip Code OK 73012-6732	Transaction ID : C2803727  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Northwest Anesthesia	Occupation Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  2. James K. York M.D.		Date of Receipt
Mailing Address 129-4 Hidden Creek Circle		08 13 2014
City Dothan	State Zip Code AL 36301	Transaction ID : C2803737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Anesthesia Consultants Med. Group  Receipt For:  Primary  General  Other (specify) ▼	Anesthesiologist  Aggregate Year-to-Date ▼  1166.72	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line numbe	r only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 373 OF

405

		13   14   15   16   17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists P	olitical Action Committe	ee
Full Name (Last, First, Middle Initial)  James K. York M.D.  Mailing Address 129-4 Hidden Creek Circle  City State Dothan AL  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Consultants Med. Group  Receipt For:  Primary General Other (specify)   Occupation Anggregate		Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Jason E. York M.D.  Mailing Address 6910 Hunters Knl NE  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Physician Specialists in Anesthesia, P  Receipt For: Primary General Other (specify)		Date of Receipt  08 26 2014  Transaction ID: C2813036  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial) Paul B. Yost M.D.  Mailing Address 485 Schooner Way  City Seal Beach CA  FEC ID number of contributing federal political committee.  Name of Employer Occupation Allied Anesthesia Inc  Receipt For: Primary General Other (specify)   General	Zip Code 90740-5954 Year-to-Date ▼	Date of Receipt  08 13 2014  Transaction ID : C2803891  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)		375.01

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

-	UH	LINE	Ŋυ	MRFK	:	PAGE	: 3	74 UF	-	405
(c	(check only one)									
	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	siologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Arnold D. Yosuico M.D.		Date of Receipt
Mailing Address 222-A Angel Terrace Dr		08 13 2014
City	State Zip Code	Transaction ID : C2803351
Charleston	WV 25314	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
General Anesthesia Services, Inc.	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  David S. Young M.D.	•	Date of Receipt
Mailing Address 6839 S. Canton		08 26 2014
City	State Zip Code	Transaction ID: C2813098
Tulsa	OK 74136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Associates Anesthesiologists	Physician	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Jason A. Young M.D.	·	Date of Receipt
Mailing Address 7038 Nantucket Dr SW		08 13 2014
City Byron Center	State Zip Code MI 49315	Transaction ID : C2803369
	1911 49313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesia Practice Consultants	Anesthesiologist	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	1000.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 375 OF (check only one) X 11a 11b 11c

405 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Lawrence I. Young M.D. Date of Receipt Mailing Address 1717 Valley Forge Dr. 2014 25 City Zip Code State Transaction ID: C2812233 TN Hixson 37343 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Man Dick Young M.D. Date of Receipt Mailing Address 6134 N. Bay Ridge Ave., 80 13 2014 City State Zip Code Transaction ID: C2803470 Whitefish Bay WI 53217 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Aurora Medical Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Pin Yue A.A. Date of Receipt Mailing Address 729 Cordell Ct 2014 80 07 City Zip Code State Transaction ID: C2799771 MO Saint Louis 63132-3415 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Saint Louis University Anesthesiologist Assistant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:			
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	-		
Botanoa Garrinary rago		_		

FOR LINE NUMBER:			PAGE	3	76 OF	•	405		
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	
Full Name (Last, First, Middle Initial) Thomas K. Yue M.D.  Mailing Address 8718 Alvarado Trl  City Inver Grove Heights  FEC ID number of contributing federal political committee.  Name of Employer  RAS  Receipt For:  Primary General Other (specify)	State Zip Code MN 55077-3001  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M
Full Name (Last, First, Middle Initial)  Elizabeth S. Yun M.D., M.D.  Mailing Address 4543 Shooting Star Ave.  City  Middleton	State Zip Code WI 53562-5318	Date of Receipt  08 13 2014  Transaction ID : C2803643  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer University of Wisconsin School  Receipt For:  Primary General Other (specify) ▼	C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middle Initial)  Sherif Zaafran M.D.  Mailing Address 2411 Fountainview Suite 200  City Houston  FEC ID number of contributing federal political committee.  Name of Employer US Anesthesia Partners  Receipt For:  Primary General Other (specify)	State Zip Code TX 77057  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  666.72	Date of Receipt  08 14 2014  Transaction ID : C2804071  Amount of Each Receipt this Period  83.34
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1333.34
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE	NOMBER	:	PAGE	: 3	// OF	•	405
(check only							
X 11a	11b		11c		12		
13	14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  James R. Zaidan M.D., M.B.  Mailing Address 4986 Chadworth Dr.		Date of Receipt
Mailing Address 4986 Chedworth Dr		08 13 2014
City	State Zip Code	Transaction ID : C2801539
Stone Mountain	GA 30087-2002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Emory University School of Medicine	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Cutor (Specify)	300.00	
Full Name (Last, First, Middle Initial)  Ahmed A. Zaki M.D.		Date of Receipt
Mailing Address 8537 Timber Ridge Dr.	0	08 08 2014
City  Burr Ridge	State Zip Code IL 60527	Transaction ID : C2800052
Burr Ridge		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Midwest Anesthesiologists	Attending Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Sami S. Zamzam M.D.		Date of Receipt
Mailing Address 2970 Mela Via Ct NE		08 13 / 2014
City Ada	State Zip Code MI 49301	Transaction ID : C2803873  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Anesthesia Medical Consultants	Physician Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line numbe	r only)	

	FOR LINE NUMBER	R:   PAG	iE 378 O	·F
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
,	13 14	15	16	Г

405

		_     10
	and Statements may not be sold or used by any peing the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
angle American Society of Anestl	hesiologists Political Action Committe	ee
Full Name (Last, First, Middle Initial)  A. Fernando L. Zaragoza M.D.		Date of Receipt
Mailing Address 4242 Medical Dr Ste 31	100	<u> </u>
aig / dai/000 4242 Miculdal DI Gle 3		08 30 2014
City	State Zip Code	Transaction ID : C2816883
San Antonio	TX 78229-5642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Tejas Anesthesia, P.A.	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	333.36	
Other (specify) ▼	333.30	
Full Name (Last, First, Middle Initial)  3. Matthew W. Zeleznik M.D.	1	Date of Receipt
Mailing Address 5671 Peachtree Dunwo	pody Rd Ste 610	M M / D D / Y Y Y Y
	•	08 12 2014
City	State Zip Code	Transaction ID : C2801291
Atlanta	GA 30342-5005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Physician Specialists in Anesthesia	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.87	
Other (Specify)	332.01	
Full Name (Last, First, Middle Initial)		
Patrick Ziemann-Gimmel M.I	Э.	Date of Receipt
Mailing Address 108 N River Dr		08 13 2014
City	State Zip Code	Transaction ID : C2801995
St Augustine	FL 32095-8895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	$\dashv$
Coastal Anesthesiology	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optio	nal)	583.34
	·	
TOTAL This Period (last page this line no	umber only)	

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

ı	-	NUMBER	: PAGI	E 379 OF	405
ı	(check on	ly one)			
	<b>X</b> 11a	11b	11c	12	
ı	13	14	15	16	17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ American Society of Anesthesi	ologists Political Action Committee	<del></del>
Full Name (Last, First, Middle Initial)  1. Joel Zivot M.D., FRCP		Date of Receipt
Mailing Address 1364 Clifton Road NE		08 132014
City	State Zip Code	Transaction ID : C2803264
Atlanta	GA 30322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Emory University Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3.		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)		
2.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:	Aggregate Veer to Date =	1
Primary General	Aggregate Year-to-Date ▼	
Other (specify)		
		1000.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number	only)	337642.54

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 380 OF 405 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists P	Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Michael J. Bowling D.O.  Mailing Address 298 Thomas Jefferson Dr  City Princeton  FEC ID number of contributing federal political committee.  Name of Employer Princeton Community Hosp.  Receipt For: Primary General	State WV  C Occupation anesthesio Aggregate		Date of Receipt  08 13 2014  Transaction ID : C2801826  Amount of Each Receipt this Period  -2004.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  HOPE FOR CONGRESS  Mailing Address PO BOX 3060  City	State	Zip Code	Date of Receipt  08 29 2014  Transaction ID: C2825970
Arlington  FEC ID number of contributing federal political committee.  Name of Employer	C CO	22203 0555698	Amount of Each Receipt this Period 5000.00
Receipt For: 2014  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  5000.00	
Full Name (Last, First, Middle Initial)  Illinois Department of Revenue  Mailing Address 100 W Randolph St			Date of Receipt
City Chicago  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State IL  C Occupation  Aggregate	Zip Code 60601-3218	08 22 2014  Transaction ID : C2827470  Amount of Each Receipt this Period  442.51
SUBTOTAL of Receipts This Page (optional)			3438.51

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

3438.51

**1mage# 14970830156** PAGE 381 / 405

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SA16 Transaction ID: C2827470

Refund in the amount of 435.00 tax paid 9/2009. \$7.51 of interest earned.

Form/Schedule: Transaction ID:

## S 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 382 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NONDELL.
	for each category of the Detailed Summary Page		22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and St or for commercial purposes, other than using the			
	name and address of any poil	licai committee to	3 solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Society of Anesthesio	logists Political Action	Committee	
American Society of Ariestnesio	logisis Folitical Action	i Committee	;
Full Name (Last, First, Middle Initial)			D (D)
A. First Data			Date of Disbursement
Mailing Address P.O. Box 6600			08 31 2014
City	State Zip Code MD 21741		Transaction ID : D160923
Hagerstown Purpose of Disbursement	MD 21741	T	
Credit Card Merchant Fees			Amount of Each Disbursement this Period
Candidate Name		Category/	4000.40
		Type	4300.18
	rsement For: 2014		
Senate   President	Primary General  ✓ Other (specify) ▼		
State: District:	Credit Card Me	rchant	
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
Mailian Address			M = M / D = D / Y = Y = Y
Mailing Address			
City	State Zip Code		
Purpose of Dishursoment			
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
	rsement For:		
Senate President	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			-
Turpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Disbursement this Feriod
		Type	
	rsement For:		
Senate   President	Primary General Other (specify) ▼		
State: District:	Carior (Specify)		
<u> </u>			
SUBTOTAL of Disbursements This Page (options	al)	·····•	4300.18
	1.)		4300.18
TOTAL This Period (last page this line number of	nly)		4000.10

ITEMIZED DISBURSEMENTS    Use separate schedule(s) for each category of the Detailed Summary Page   (check only one)   21b   22   × 23   24   25   26	S	CHEDULE B (FEC Form 3X)			FOF	R LINE I	NUMBER:	:	PAG	E 383 (	OF 405
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.  NAME OF COMMITTEE (in Full)  American Society of Anesthesiologists Political Action Committee  Full Name (Last, Fiet, Middle Initial)  A. 21ST CENTURY MAJORITY FUND  Mailing Address 6068 Roswell Road #2274  BOX 2274  City Allania  BOX 2274  City Allania  Candidate Name  District:  Full Name (Last, Fiet, Middle Initial)  B. ALAMO PAC  Mailing Address 919 CONGRESS AVE SUITE 1400  Fresident  Full Name (Last, Fiet, Middle Initial)  B. ALAMO PAC  Mailing Address 919 CONGRESS AVE SUITE 1400  Fresident  Full Name (Last, Fiet, Middle Initial)  B. ALAMO PAC  Mailing Address 919 CONGRESS AVE SUITE 1400  Fresident  Full Name (Last, Fiet, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, Fiet, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, Fiet, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, Fiet, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, Fiet, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, Fiet, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, Fiet, Middle Initial)  Candidate Name  Office Sought:  Full Name (Last, Fiet, Middle Initial)  Callegory  Type  Soudo  Disbursement For: 2014  Senate  Primary  General  Other (specify) ▼  Soudo  Transaction ID: D160561  Amount of Each Disbursement  Office Sought:  Transaction ID: D160561  Amount of Each Disbursement  Office Sought:  No. 27420  Purpose of Disbursement  Distort: 12 2014  Senate  Distort: 12 2014  Distort: 12 2014  Distort: 12 2014  Distort: 12 2014  Senate  Distort: 12 2014  Distort: 12	ΙT	EMIZED DISBURSEMENTS				ck only	one)				
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 committee.  Amenican Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  Author Committee Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  Author Committee Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  Author Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B. ALAMO PAC  City  Author Candidate Name  Committee Society of Another Committee  Disbursement For: 2014  Frimary General											
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 Pull)  American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. 21ST CENTURY MAJORITY FUND  Mailing Address 606S Roswell Road #2274  BOX 2274  City State Zip Code Addranta GA 30328  Furpose of Disbursement 2014 Contribution  Cardidate Name  Category/ Type  Distorts and Primary Ceneral  Primary Concreal  Full Name (Last, First, Middle Initial)  B. ALAMO PAC  Mailing Address e1s CONGRESS AVE SUITE 1400  FROST BANK PLAZA  City State Zip Code AUSTIN TX 78701  Furpose of Disbursement  Sultate: Disbursement  Sultate: Disbursement  Disbursement For: 2014  AUSTIN TX 78701  Furpose of Disbursement  Sultate: Disbursement  Disbursement For: 2014  Austin Disbursement  Sultate: Disbursement  Disbursement  Disbursement  Disbursement For: 2014  Amount of Each Disbursement Inis Period  Category/ Type  Transaction ID: D160551  Amount of Each Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement For: 2014  Category/ Purpose of Disbursement  Disburseme	Λ.	ny information conied from such Paparts and States	ante may	not be sold or us	ad by a						
American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. 21ST CENTURY MAJORITY FUND  Mailing Address 6068 Roswell Road #2274  BOX 2274  City State Zip Code Atlanta GA 30328  Purpose of Disbursement 2014 Contribution  Candidate Name  Olitice Sought: House President Z014 Contribution  Full Name (Last, First, Middle Initial)  B. ALAMO PAC  Mailing Address 919 CONGRESS AVE SUITE 1400  FROST BAINK PLAZA  City State: District: 2014  Cardidate Name  Category' Type  Olitice Sought: House Disbursement For: 2014  August On Senate President Z014 Contribution  Candidate Name  Category' Type  Olitice Sought: House Disbursement For: 2014  Amount of Each Disbursement this Period  Category' Type  Olitice Sought: House Disbursement For: 2014  Category' Sooo.00  Olitice Sought: House Disbursement For: 2014  Primary General President State: District: 2014 Contribution  Candidate Name  Category' Type  Other (specity) Type											
Full Name (Last, First, Middle Initial)  A. 21ST CENTURY MAJORITY FUND  Mailing Address 6065 Roswell Road #2274 80X 2274  City State Zip Code GA 30328  Transaction ID : D160598  Amount of Each Disbursement this Period  Cardidate Name  Condidate Name  President State: District: 2014 Contribution  Candidate Name  Office Sought: House Primary General	$\setminus$	NAME OF COMMITTEE (In Full)									
A. 21ST CENTURY MAJORITY FUND  Mailing Address 6065 Reswell Read #2274		American Society of Anesthesiolog	ists Po	litical Action	Comr	nittee					
Mailing Address 6065 Roswell Road #2274 BOX 2274 City State Zip Code Attanta GA 30328 Purpose of Disbursement 2014 Contribution Candidate Name  Office Sought: House Senate President State: District: City AUSTIN Purpose of Disbursement 2014 Contribution Candidate Name  City AUSTIN Purpose of Disbursement 2014 Contribution Candidate Name  City AUSTIN Purpose of Disbursement 2014 Contribution Candidate Name  City AUSTIN TX 78701 Purpose of Disbursement 2014 Contribution Candidate Name  City AUSTIN Category' Type  Date of Disbursement Category' Type  Transaction ID : D160598  Amount of Each Disbursement this Period  Date of Disbursement Category' Type  Transaction ID : D160591  Amount of Each Disbursement this Period  Transaction ID : D160551  Amount of Each Disbursement this Period  Candidate Name Alma Adams  Office Sought: Year of Disbursement Tor: 2014 Purpose of Disbursement 2014 Contribution  Candidate Name Alma Adams  Office Sought: Year of Disbursement Tor: 2014 Primary General Prima	_	•					<u> </u>	( D: :			
Mailing Address 6068 Roawell Road #2274 BOX 2274 City Altanta Senate President State: District:  Full Name (Last, First, Middle Initial) Candidate Name  Candidate Name  Disbursement State: District:  Full Name (Last, First, Middle Initial) Candidate Name  Disbursement For: 2014  Senate President Transaction ID: D160598  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement this Period  Candidate Name  Period  Transaction ID: D160551  Amount of Each Disbursement this Period  Date of Disbursement this Period  Transaction ID: D160551  Amount of Each Disbursement this Period  Date of Disbursement this Period  Date of Disbursement this Period  Transaction ID: D160561  Transaction ID: D160561  Transaction ID: D160561  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement this Period  Caregory  Transaction ID: D160561  Amount of Each Disbursement this Period  Date of	A.	21ST CENTURY MAJORITY FUND	)								
City Atlanta GA 30328  Purpose of Disbursement 2014 Contribution  Candidate Name  Office Sought:		Mailing Address 6065 Roswell Road #2274									Y
Atlanta GA 30328  Purpose of Disbursement 2014 Contribution  Candidate Name  Office Sought:		BOX 2274					- 17				
Altanta				•			Trans	action ID	: D160598		
Amount of Each Disbursement this Period Candidate Name  Category/ Type  State: District: Senate President Primary General President State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  B. ALAMO PAC  Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA  City AUSTIN TX 78701  Purpose of Disbursement 2014 Contribution  Candidate Name  Office Sought: House Primary General Primary General President State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  Category/ Type  Transaction ID : D160551  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement this Period  Category/ S000.00  Date of Disbursement this Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement  Category/ Type  Date of Disbursement This Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561  Amount of Each Disbursement This Period  Category/ Type  Transaction ID : D160561		7.11.57.11.5	GA	30328							
Office Sought: House Senate President State: Disbursement For: 2014 Senate President State: District: Senate President Senate President Senate President Senate President Senate Disbursement Tor: 2014 Contribution  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City State: District: State: Zip Code General President State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City State: Zip Code General Contribution  Candidate Name Alma Adams  Office Sought: House Disbursement For: 2014 Senate President Senate President Senate President Senate President Other (specify) Senate President Senate Pre					01	1	Amoun	t of Each	Disbursem	ent this	Period
Office Sought: House   Prisident   Primary   General   Primary   General   President   Primary   General   Greensboro   NC 27420   Primary   General   Primary   General   Primary   General   Greensboro   NC 27420   Primary   General   Greensboro   NC 27420   Primary   General   Greensboro   NC 27420   Primary   General   Greensboro   Greensboro   NC 27420   Primary   General   Greensboro   Greensboro   NC 27420   Primary   General   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   NC 27420   Greensboro   NC 27420   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   NC 27420   Greensboro   NC 27420   Greensboro   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   Greensboro   NC 27420   Greensboro   Greensboro   Greensboro   Greensboro   NC 27420   Greensboro   Greensbo		Candidate Name			Cateo	orv/					
Senate President District:  State: District:										5000	J.UU
State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  B. ALAMO PAC  Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA  City State Zip Code AUSTIN TX 78701  Purpose of Disbursement 2014 Contribution  Candidate Name  Office Sought: District: 2014  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City State Zip Code President Primary General											
Full Name (Last, First, Middle Initial)  B. ALAMO PAC  Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA  City AUSTIN TX 78701  Purpose of Disbursement 2014 Contribution  Candidate Name  Office Sought: President State: District: District: District: District: District: District: Disbursement For: 2014 Primary General Primary General Condidate Name  Candidate Initial) Ct. Alma Adams for Congress  Mailing Address PO BOX 20622  City State: Disbursement 2014 General Contribution  Candidate Name  Alma Adams Office Sought: Disbursement This Period Disbursement This Period Disbursement This Period Disbursement This Period Disbursement This Page (optional)			•								
B. ALAMO PAC    Mailing Address 919 CONGRESS AVE SUITE 1400   FROST BANK PLAZA			outer (spe		ion						
Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA  City AUSTIN Purpose of Disbursement 2014 Contribution  Candidate Name  Disbursement For: 2014 Primary Purpose of Disbursement 2014 Contribution  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City Greensboro NC 27420 Purpose of Disbursement 2014 General Primary Category/ Type  Date of Disbursement this Period  Transaction ID: D160551  Amount of Each Disbursement this Period  Date of Disbursement this Period  Transaction ID: D160561  Amount of Each Disbursement Date of Disbursement  Category/ Type  Transaction ID: D160561  Amount of Each Disbursement  Category/ Type  Disbursement For: 2014  Category/ Type  Office Sought: Candidate Name Alma Adams Office Sought: Senate President Primary Category/ Type  Disbursement For: 2014 Primary Category/ Type  Disbursement This Page (optional)	_	Full Name (Last, First, Middle Initial)									
Mailling Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA  City AUSTIN Purpose of Disbursement 2014 Contribution  Candidate Name  Office Sought: President State: District:	В.	,						_			V
AUSTIN TX 78701 Purpose of Disbursement 2014 Contribution  City State Zip Code Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name  City State Zip Code Greensboro NC 27420  Purpose of Disbursement For: 2014  City State Zip Code NC 27420  Purpose of Disbursement State: District: 2014 General 2015 General 2015 General 2016 General 2016 General 2016 General 2016 General 2017 General 2016 General 2017 General 2018 General 201			)								
2014 Contribution Candidate Name    Category/ Type   Soud		AUSTIN					Trans	saction ID	: D160551		
Office Sought: House Senate President State: Disbursement For: 2014 Senate President State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City State Zip Code Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought: House Senate Primary General Other (specify) Financy General Contribution  State: NC District: 12  SUBTOTAL of Disbursements This Page (optional)		2014 Contribution			01	1	Amoun	t of Each	Disbursem	ent this	Period
Senate President Other (specify)  State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City State Zip Code NC 27420  Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought: House Senate Primary General Other (specify)  State: NC District: 12  SUBTOTAL of Disbursements This Page (optional)								,	,	5000	0.00
State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City State Zip Code Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Adams  Office Sought: House President State: NC District: 12  Substoral of Disbursements This Page (optional)											
State: District: 2014 Contribution  Full Name (Last, First, Middle Initial)  C. Alma Adams for Congress  Mailing Address PO BOX 20622  City State Zip Code Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought: House Senate President State: NC District: 12  SUBTOTAL of Disbursements This Page (optional)			•								
Full Name (Last, First, Middle Initial)  Alma Adams for Congress  Mailing Address PO BOX 20622  City State Zip Code NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought: House Senate President State: NC District: 12  Substoral Disbursement For: 2014  Substoral Di			outer (spe		ion						
Alma Adams for Congress  Mailing Address PO BOX 20622  City State Zip Code Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought: House Senate Primary General Other (specify) ▼  State: NC District: 12  Date of Disbursement  M	_										
City State Zip Code Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought: House Senate Primary Senate President State: NC District: 12  SUBTOTAL of Disbursements This Page (optional)	C.	Alma Adams for Congress					Date of	f Disburse	ment		
City State Zip Code Greensboro NC 27420  Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought: House Senate Primary General Other (specify)  State: NC District: 12  SUBTOTAL of Disbursements This Page (optional)		M. W. A.I.I									Υ
Greensboro Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought:  State: NC  Substrict: 12  NC  27420  O11  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Other (specify) ▼  Substrict: 12  Inansaction ID: D160561  Amount of Each Disbursement this Period  Category/ Type  5000.00  Tansaction ID: D160561  Amount of Each Disbursement this Period  Category/ Type  5000.00		Mailing Address PO BOX 20622					08	00	b	2014	
Greensboro Purpose of Disbursement 2014 General Contribution  Candidate Name Alma Adams  Office Sought:  State: NC  Substrict: 12  NC  27420  O11  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Other (specify) ▼  Substrict: 12  Inansaction ID: D160561  Amount of Each Disbursement this Period  Category/ Type  5000.00  Tansaction ID: D160561  Amount of Each Disbursement this Period  Category/ Type  5000.00		City	State	Zip Code			<b>T</b>		. D400501		
2014 General Contribution  Candidate Name		Greensboro	NC				irans	saction ID	: มา60561		
Candidate Name Alma Adams  Office Sought:					04						
Alma Adams  Office Sought: House Senate Primary General Other (specify)  State: NC District: 12  SUBTOTAL of Disbursements This Page (optional)							Amoun	t of Each	Disbursem	ent this	Period
Office Sought: House Senate Primary General Other (specify)  State: NC District: 12  Substitute: NC Disbursements This Page (optional)										5000	0.00
State: NC District: 12  Substitute: NC District: 12  Substitute: NC Disbursements This Page (optional)			nent For:	2014	1,71			,	7		
State: NC District: 12  SUBTOTAL of Disbursements This Page (optional)											
SUBTOTAL of Disbursements This Page (optional)			Other (spe	ecify) 🔻							
SUBTOTAL OF DISDUISEMENTS THIS Page (Optional)		State: NC District: 12									
SUBTOTAL OF DISDUISEMENTS THIS Page (Optional)	<b> </b> _									15000	00
TOTAL This Period (last page this line number only)	L	SUBTUTAL of Disbursements This Page (optional)				··· <b>•</b>		-	7	13000	,.00
	1	OTAL This Period (last page this line number only)				▶					

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 384 OF 405
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Dotailed Calliniary 1 age	27	28a 28b 28c 29 30l
Any information copied from such Reports and St			
or for commercial purposes, other than using the	name and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthesio	ogists Political Action	Committee	
/ Full Name (Last, First, Middle Initial)			
A. Alma Adams for Congress			Date of Disbursement
Allila Adams for Congress			M M / D D / Y Y Y Y
Mailing Address PO BOX 20622			08 06 2014
City	State Zip Code		Transaction ID : D160562
Greensboro Purpose of Disbursement	NC 27420		
2014 Special General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Alma Adams		Type	5000.00
Office Sought: House Disbu	rsement For: 2014		
Senate	Primary General		
President	Other (specify) ▼		
State: NC District: 12	Special		
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. AMERIPAC: THE FUND FOR A	GREATER AMERICA	١	
Mailing Address 700 13TH STREET, NW			08 20 2014
Suite 600			
City	State Zip Code		Transaction ID : D160599
Washington Purpose of Disbursement	DC 20005		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
		Category/ Type	5000.00
Office Sought: House Disbu	rsement For: 2014		
Senate	Primary General		
	Other (specify) ▼		
State: District:	2014 Contributi	on	
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. BETTY PAC			
Mailing Address PO BOX 14141			08 13 2014
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
City	State Zip Code		Transaction ID : D160583
ST PAUL	MN 55114		Transaction 12 1 2 100000
Purpose of Disbursement 2014 Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	5000.00
Office Sought: House Disbu	rsement For: 2014	71: -	
Senate	Primary General		
President	Other (specify)      ▼		
State: District:	2014 Contribution	on	
			15000.00
SUBTOTAL of Disbursements This Page (options	al)	·····•	13000.00
TOTAL This Period (last page this line number of	nlv)		

S	CHEDULE B (FEC Form 3X)			T	ייי חכ	IE N.	INADED			D	AGE 3	85 0	= 405
	EMIZED DISBURSEMENTS		ate schedule(s)		OR LIN heck o		JMBER: ne)	•		[ 17/	.UL 3	55 OF	703
11	LIVIIZED DISBURSEIVIEN IS		ategory of the	'	21	,  –	22	X	23	24		25 [	26
		Detailed S	ummary Page		27	.  -	28a		28b	280	:   :	29	30b
Ai	ny information copied from such Reports and Stater	nents may no	nt he sold or us	ed by	any ne	erson	for the	nurn	ose o	f soliciti	na con	tributio	ons
	for commercial purposes, other than using the nan												
$\setminus$	NAME OF COMMITTEE (In Full)												
$  \rangle$	American Society of Anesthesiolog	iists Polit	ical Action	Com	mitte	96							
	7 anomount decicly of 7 anodationology	noto i ont	ioui / totioii	00		-							
_	Full Name (Last, First, Middle Initial)												
Α.	BONNIE WATSON COLEMAN FO	R CONG	RESS				Date of	f Disl	burser	ment			
						_	M = M	/	D			Y	
	Mailing Address 180 UPLAND AVENUE						80		13	3	201	14	
	City	State	Zip Code			+							
	Trenton	NJ	08638				Trans	sactio	on ID :	D1605	92		
	Purpose of Disbursement					$\dashv$							
	2014 General Contribution			0	11		Amoun	t of E	Each [	Disburse	ement t	this Pe	eriod
	Candidate Name			Cate	egory/			-	-		-	_	-
	Bonnie Watson Coleman				pe				,			2000.0	00
	Office Sought: House Disburser	ment For: 20	014										
	Senate	Primary	<b>X</b> General										
	President	Other (speci	fy) 🔻										
	State: NJ District: 12												
_	Full Name (Last, First, Middle Initial)												
В.	BRAVE PAC						Date of	f Disl	burser	ment			
	Matter Address					$\dashv$	M = M	/	D			YY	
	Mailing Address 499 SOUTH CAPITOL ST SW SU	HE 404					08	1	06		201	14	
	City	State	Zip Code			+				_			
	WASHINGTON	DC	20003				Trans	sactio	on ID	: D1605	47		
	Purpose of Disbursement			_	-								
	2014 Contribution			L.	.,		Amoun	t of E	Each [	Disburse	ement t	this Pe	eriod
	Candidate Name			Cate	egory/	"						5000.0	20
					/pe	$\Box$			,	7		5000.0	JU
		ment For: 20											
	Senate	Primary	General										
	President State: District:	Other (speci	ty) ▼ 2014 Contributi	ion									
_			ZU14 CUIIIIDUII	1011		+							
_	Full Name (Last, First, Middle Initial)						Date of	f Diel	hurear	ment			
٠.	COMMON VALUES PAC							_			V		
	Mailing Address 901 N WASHINGTON ST					$\dashv$	08	'	12		201	14	
	SUITE 102												_
		State	Zip Code				Trans	2041	יםו מח	: D1609	67		
	Alexandria	VA	22314				rialis	oatli(	יווט ווט	. פטטום	J1		
	Purpose of Disbursement 2014 Contribution				-	Ш							
	Candidate Name						Amoun	t of E	Each [	Disburse	ement t	this Pe	eriod
	Senator John Barrasso				egory/						_	1000.0	00
		ment For: 20	14	1)	ype	$\dashv$			,	- 7		- 4	_
	Senate	Primary	General										
	President	Other (speci											
	State: WY District:	, 1	2014 Contributi	on									
Г	-							_	_		_	_	_
5	SUBTOTAL of Disbursements This Page (optional)				▶						(	6000.0	00
$\vdash$						-					-	-	
Ιī	TOTAL This Period (last page this line number only)												

SCHEDULE B (FEC Form 3X) $ $		FOR LINE N	NUMBER: PAGE 386 OF 405
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a   28b   28c   29   30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiologi	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)	_		D (D)
A. DAVID ROUZER FOR CONGRESS	S 		Date of Disbursement
Mailing Address PO BOX 2267			08 06 2014
City	State Zip Code		Transaction ID : D160558
<u></u>	NC 27577		Transaction iD . D100336
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Mr. David Cheston Rouzer		Type	3000.00
	nent For: 2014		
	Primary		
State: NC District: 07	Other (opcony)		
Full Name (Last, First, Middle Initial)			
B. DEMOCRATIC SENATORIAL CAN	IPAIGN COMMITT	EE	Date of Disbursement
Mailing Address 120 MARYLAND AVE NE			08 25 2014
,	State Zip Code DC 20002		Transaction ID : D160771
Purpose of Disbursement	20002		
VOID of 5/14 Check			Amount of Each Disbursement this Period
Candidate Name		Category/	15000.00
		Type	-15000.00
	nent For: 2014		
	Primary ☐ General Other (specify) ▼		
State: District:	VOID of 5/14 Ch	neck	
Full Name (Last, First, Middle Initial)			
C. DEMOCRATIC SENATORIAL CAM	<b>IPAIGN COMMITT</b>	EE	Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 120 MARYLAND AVE NE			08 27 2014
City	State Zip Code		Transaction ID - D100772
	DC 20002		Transaction ID : D160772
Purpose of Disbursement 2014 Contribution			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	15000.00
Office Sought: House Disbursem	nent For: 2014	71	
Senate I	Primary General		
	Other (specify) ▼		
State: District:	2014 Contributi	on	
SUBTOTAL of Disbursements This Page (optional)			5000.00
This rage (optional)		·····	
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		TOP LINE	NUMBER: PAGE 387 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER.
II LIVIILLO DIODOITOLIVILIVIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Suffillary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	ists Political Action (	Committee	
Full Name (Leat First Middle 1 111 )		-	
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. DEMOCRATS RESHAPING AMER	AICA (DREAMPAC)		M M / D D / Y Y Y Y
Mailing Address 1212 S. Victory Blvd.			08 06 2014
	State Zip Code		Transaction ID : D160548
BURBANK	CA 91502		Handadion ib . b100040
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacit planting ment this refloo
Sandado Harrio		Category/ Type	5000.00
Office Sought: House Disbursen	nent For: 2014	.,,,,	
	Primary General		
President	Other (specify) ▼		
State: District:	2014 Contributio	n	
Full Name (Last, First, Middle Initial)			
B. FREE STATE PAC			Date of Disbursement
Mailing Address BO S 2424			M M / D D / Y Y Y Y
Mailing Address PO Box 9191			08 06 2014
City	State Zip Code		Transaction ID December
Shawnee Mission	KS 66201-1791		Transaction ID : D160570
Purpose of Disbursement 2014 Contribution			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Sought: House Disbursen	nent For: 2014	Туре	
	Primary General		
	Other (specify)		
State: District:	2014 Contributio	n	
Full Name (Last, First, Middle Initial)			
C. HELLERHIGHWATER PAC			Date of Disbursement
			M M / D D / Y M Y M Y
Mailing Address PO BOX 37062			08 06 2014
City	State Zip Code		
•	NV 89137		Transaction ID : D160556
Purpose of Disbursement			
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
		Type	2500.00
	nent For: 2014		
	Primary General		
State: District:	Other (specify) ▼  2014 Contributio	n	
State. District.	2014 Contributio	11	
SUBTOTAL of Disbursements This Page (optional)			10000.00
CODITION OF DISDUISEMENTS THIS Fage (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE N	JUMBER: PAGE 388 OF 405
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the commercial purposes, other than using the national state of the commercial purposes.			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiology	gists Political Action C	Committee	
Full Name (Last, First, Middle Initial)			
A. JOHN FOUST FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 962			08 13 2014
City	State Zip Code		Transaction ID - D400500
Mc Lean	VA 22101		Transaction ID: D160582
Purpose of Disbursement 2014 General Contribution	1	011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Mr. John Foust		Туре	3000.00
	ment For: 2014		
Senate President	Primary		
State: VA District: 10	Curior (appearly)		
Full Name (Last, First, Middle Initial)			
B. KATHLEEN RICE FOR CONGRE	SS		Date of Disbursement
Mailing Address 410 JERICHO TURNPIKE SUITE	200		08 06 2014
City	State Zip Code		Transaction ID : D160550
Jericho	NY 11753		Transaction is . S 100000
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Kathleen Rice		Туре	2300.00
Office Sought: House Disburse Senate	ment For: 2014 Primary X General		
President	Other (specify) ▼		
State: NY District: 04	Canon (openity)		
Full Name (Last, First, Middle Initial)			
C. Leibham for Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 941			08 06 2014
City	State Zip Code		Transaction ID : D160565
Sheboygan Purpose of Disbursement	WI 53082		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Disbursement this Period
Mr. Ken Leibham		Type	5000.00
Office Sought: House Disburse	ment For: 2014		
Senate	Primary General		
	<u> </u>		
President  State: WI District: 00	Other (specify) ▼		
State: WI District: 06	Other (specify) ▼		
			12500.00
State: WI District: 06			12500.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 389 OF 4
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
Any information against from such Departs and Chairm	nonte may not be cold as		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	ists Political Action C	Committee	
Full Name (Last, First, Middle Initial)			5
A. M-PAC			Date of Disbursement
Mailing Address 607 14th Street N.W.			08 12 2014
Suite 600			
•	State Zip Code DC 20005		Transaction ID : D160969
Washington Purpose of Disbursement	DC 20005		
2014 Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	050000
		Type	-2500.00
	ment For: 2014		
Senate President	Primary General Other (specify) ▼		
State: District:	2014 Contribution	n	
Full Name (Last, First, Middle Initial)			
B. MIKE BISHOP FOR CONGRESS			Date of Disbursement
Maillian Address			M M / D D / Y Y Y Y
Mailing Address PO Box 1148			08 13 2014
City Brighton	State Zip Code MI 48116-2748		Transaction ID : D160591
Purpose of Disbursement	40110-2/40		
2014 Primary Debt Retirement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Mr. Mike Bishop  Office Sought:	nont For: 2244	Туре	4000.00
	nent For: 2014 Primary General		
President	Other (specify)		
State: MI District: 08			
Full Name (Last, First, Middle Initial)			
C. National Republican Senatorial Co	mmittee		Date of Disbursement
Mailing Address 425 Second St. NE			08 13 2014
Mailing Address 420 Second St. NE			00 13 2014
City	State Zip Code		Transaction ID : D160594
Washington	DC 20002		. 7411345tion ID . D100374
Purpose of Disbursement 2014 Contribution		011	Amount of Foot Distance
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	10000.00
Office Sought: House Disburser	nent For: 2014		
Senate	Primary General		
State: President	Other (specify)   2014 Contribution		
State: District:	2014 Contribution	П	
SUBTOTAL of Disbursements This Page (optional)			11500.00
CODITATE OF BIOSCHOOLING THIS Fage (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 390 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	iente may not be cold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	ists Political Action (	Committee	
Full Name (Last, First, Middle Initial)			
A. NUTMEG PAC			Date of Disbursement
Mailing Address 777 SUMMER STREET			08 06 2014
City	tate Zip Code		Transaction ID - D400557
STAMFORD	CT 06901		Transaction ID : D160557
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Sought: House Disbursem	nent For: 2014	Туре	2500.00
	Primary General		
	Other (specify)		
State: District:	2014 Contributio	on	
Full Name (Last, First, Middle Initial)			
B. Perimeter PAC			Date of Disbursement
Mailing Address PO Box 59251			08 13 2014
			00 13 2014
•	tate Zip Code		Transaction ID : D160588
Schaumburg Purpose of Disbursement	IL 60159		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
	. =	Туре	5000.00
	nent For: 2014		
	Primary General  Other (specify) ▼		
State: District:	2014 Contribution	on	
Full Name (Last, First, Middle Initial)			
C. PINEAPPLE PAC			Date of Disbursement
Mailing Address 200 DENNOVENAMA AVE 27			M M / D D / Y Y Y Y Y
Mailing Address 600 PENNSYLVANIA AVE, SE SUITE 210			08 13 2014
	tate Zip Code		Transaction ID : D160584
· · · · · · · · · · · · · · · · · · ·	DC 20003		กลารสนาบกาย . มาของช
Purpose of Disbursement 2014 Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	1500.00
Office Sought: House Disbursem	nent For: 2014		
	Primary General		
	Other (specify)		
State: District:	2014 Contributio	n	
SURTOTAL of Dichurcomente This Dage (entired)			9000.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only).			1

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 391 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s	) FOR LINE (check only	NOMBER:
TI EIVIIZED DISDUTISEIVILIVIS	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Suffillary Fage	27	28a 28b 28c 29 30
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
American Society of Anesthesiolo	gists Political Action	Committee	
Full Name (Last, First, Middle Initial)		1	
A. KINZINGER FOR CONGRESS			Date of Disbursement
MINZINGER FOR GONGREGO			M M / D D / Y Y Y
Mailing Address PO BOX 2365			08 20 2014
Oit.	Chata Zin Cada		
City OTTAWA	State Zip Code IL 61350		Transaction ID : D160597
Purpose of Disbursement	01330		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Adam Kinzinger		Type	5000.00
	ement For: 2014		
Senate President	Primary General  Other (specify)		
State: IL District: 16	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. MCCOLLUM FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 14131			08 06 2014
<del></del>			
City St. Paul	State Zip Code MN 55114		Transaction ID: D160573
Purpose of Disbursement	33114		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Rep. Betty McCollum		Type	300.00
	ement For: 2014		
Senate President	Primary General Other (specify) ▼		
State: MN District: 04	Culci (opeony)		
Full Name (Last, First, Middle Initial)			
C. BLAINE FOR CONGRESS 2012			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 1025			08 06 2014
City	State Zip Code		
Jefferson City	MO 65102		Transaction ID : D160578
Purpose of Disbursement			
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Blaine Luetkemeyer		Туре	1000.00
Office Sought: House Disburse Senate	ement For: 2014 Primary General		
President	Other (specify)		
State: MO District: 03	<b>√</b>		
SUBTOTAL of Disbursements This Page (optional)			6500.00
,			
TOTAL This Period (last page this line number only	<i>y</i> )		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 392 OF 40
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State	ments may not be sold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
$ \; angle$ American Society of Anesthesiolo	gists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. MCKINLEY FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 32 20TH STREET			08 06 2014
City	State Zip Code		Transcriber ID Discret
WHEELING	WV 26003		Transaction ID : D160560
Purpose of Disbursement 2014 General Contribution		011	Amount of Fook Dick-was and this David
Candidate Name		011	Amount of Each Disbursement this Period
Rep. David B. McKinley		Category/ Type	5000.00
	ement For: 2014	715-5	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary Seneral		
State: WV District: 01	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF DAVID JOLLY			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. BOX 1158			08 06 2014
City	State Zip Code		Transaction ID : D160566
INDIAN ROCKS BEACH Purpose of Disbursement	FL 33785		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. David Jolly		Туре	5000.00
	ement For: 2014 Primary General		
President	Other (specify)		
State: FL District: 13			
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF DAVID SCHWEIKE	RT		Date of Disbursement
Mailing Address 200 0 MACHINGTON OTDERT			08 10 2014
Mailing Address 228 S WASHINGTON STREET			08 19 2014
City	State Zip Code		Transaction ID : D161072
ALEXANDRIA	VA 22314		1141134CHOH ID . D1010/2
Purpose of Disbursement Redesignation of 7/31			Amount of Each Dishuses and this D
Candidate Name		Category/	Amount of Each Disbursement this Period
Rep. David Schweikert		Type	-3000.00
	ement For: 2014		, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
State: AZ District: 06	Other (specify) ▼		
SIMO. AZ BIOLIOL. U0			
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only	/)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 393 OF	405
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28 28c 29	26 30b
Any information conied from such Departs and Chat	omente may not be cold as			
Any information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolo	gists Political Action	Committee		
/	<del>-</del>			
Full Name (Last, First, Middle Initial)  A. FRIENDS OF DAVID SCHWEIKE	:DT		Date of Disbursement	
I VIEWDS OF DAVID SCHWEIKE	.17.1		M M / D D / Y Y Y Y	
Mailing Address 228 S WASHINGTON STREET			08 19 2014	
Oit.	Otata Zin Onda			_
City ALEXANDRIA	State Zip Code VA 22314		Transaction ID : D161073	
Purpose of Disbursement	22514			
Redesignation of 7/31			Amount of Each Disbursement this Peri	iod
Candidate Name		Category/	3000.00	
Rep. David Schweikert		Type	3000.00	
Office Sought: House Disburs Senate	ement For: 2014  Primary General			
President	Other (specify)			
State: AZ District: 06				
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF DAVID SCHWEIKE	RT		Date of Disbursement	
Mailing Address 200 0 MA OUN OTON OTOTT			M M / D D / Y Y Y Y Y	
Mailing Address 228 S WASHINGTON STREET			08 19 2014	
City	State Zip Code		Transaction ID : D161074	
ALEXANDRIA	VA 22314		11a113aCtioff ID . D1010/4	
Purpose of Disbursement Redesignation of 7/31		011	Amount of Each Disbursement this Peri	ind
Candidate Name			Amount of Lacii Disbuisement this Fell	iou
Rep. David Schweikert		Category/ Type	-5000.00	)
•	ement For: 2014		-	
Senate	Primary General			
President State: AZ District: 06	Other (specify) ▼			
State: AZ District: 06  Full Name (Last, First, Middle Initial)				
C. FRIENDS OF DAVID SCHWEIKE	:RT		Date of Disbursement	
	-1 \ 1		M M / D D / Y Y Y Y	
Mailing Address 228 S WASHINGTON STREET			08 19 2014	
City	State Zip Code			
ALEXANDRIA	VA 22314		Transaction ID : D161075	
Purpose of Disbursement				
Redesignation of 7/31		011	Amount of Each Disbursement this Peri	iod
Candidate Name		Category/	5000.00	)
Rep. David Schweikert  Office Sought: House Disburs	ement For: 2014	Туре	7	_
Senate Sought.	Primary Seneral			
President	Other (specify) ▼			
State: AZ District: 06				
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00	
TOTAL This Davied (lock name this line mouth or and				
TOTAL This Period (last page this line number on	y)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PA	GE 394 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any information copied from such Reports and State	ments may not be sold or u			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiolo	gists Political Action	Committee		
Full Name (Last, First, Middle Initial)				
A. DIANE BLACK FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 1437			08 06	2014
City	State Zip Code		T ( ID D4005)	· <b>-</b>
Gallatin	TN 37066		Transaction ID : D16056	57
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disburse	ment this Period
Candidate Name		Category/		2000.00
Rep. Diane Black		Туре		2000.00
Office Sought: House Disburse Senate President	ement For: 2014 Primary General Other (specify)			
State: TN District: 06	, , , ,			
Full Name (Last, First, Middle Initial)				
B. ENGEL FOR CONGRESS			Date of Disbursement	Y
Mailing Address 462 California Road			08 06	2014
City Bronxville	State Zip Code NY 10708		Transaction ID : D1605	77
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disburse	ment this Period
Candidate Name		Category/		2000.00
Rep. Eliot L. Engel Office Sought:   House   Disburse	mont For 2011	Type	7	2000.00
Office Sought:    House   Disburse	ement For: 2014  Primary			
Full Name (Last, First, Middle Initial)				
c. FRIENDS OF ELIZABETH ESTY			Date of Disbursement	Y
Mailing Address PO BOX 61			08 06	2014
City CHESHIRE	State Zip Code CT 06410		Transaction ID : D1605	53
Purpose of Disbursement				
2014 General Contribution		011	Amount of Each Disburse	ment this Period
Candidate Name		Category/		4000.00
Rep. Elizabeth Esty Office Sought:  House Disburse	went fam and	Type		4000.00
Office Sought:    House   Disburse	ement For: 2014  Primary General  Other (specify)			
State: CT District: 05				
SUBTOTAL of Disbursements This Page (optional)		······	7	8000.00
TOTAL This Period (last page this line number only	/)			

11			F 40
for each category of the	(oricon oriny		26
Detailed Summary Page	27	28a 28b 28c 29	30
ments may not be sold or us	sed by any perso	on for the purpose of soliciting contribution	ons
t d B Hd LA d	•		
gists Political Action	Committee		
		Date of Disbursement	
		08 06 2014	Y
State Zip Code		Transaction ID · D160576	
MN 55344		Transaction ib . D100370	
	011	Amount of Each Disbursement this Pe	eriod
	Category/	1500 (	00
ment For: 0044	Type	1300.0	50
-*:-			
Other (specify)			
· · · · · · · · · · · · · · · · · · ·			
RESS		Date of Disbursement	
		M = M / D = D / Y = Y = Y	Y
		Uo UO 2014	_
State Zip Code		Transaction ID : D160559	
NC 27624			
	011	Amount of Each Disbursement this Pe	eriod
	Category/		-
	Type	5000.0	00
Orier (specify) ▼			
S		Date of Disbursement	
		M M / D D / Y Y Y Y Y	Y
		08 06 2014	_
State Zip Code		Transaction ID - D450574	
FL 33152		Transaction ID: D1605/4	
	011		
		Amount of Each Disbursement this Pe	eriod
		2500.0	00
ment For: 2014	71: -		
Primary General			
Other (specify) ▼			
			_
		ann n	าด
	······	9000.0	00
	for each category of the Detailed Summary Page  ments may not be sold or usine and address of any political Action  State Zip Code MN 55344  ment For: 2014 Primary General Other (specify)  RESS  State Zip Code NC 27624  ment For: 2014 Primary General Other (specify)   ment For: 2014 Primary General Other (specify)  General	Use separate schedule(s) for each category of the Detailed Summary Page  ments may not be sold or used by any personne and address of any political committee to gists Political Action Committee  State Zip Code MN 55344  O11  Category/ Type  ment For: 2014  Primary General Other (specify) ▼  RESS  State Zip Code NC 27624  O11  Category/ Type  ment For: 2014  Primary General Other (specify) ▼  State Zip Code NC 27624  O11  Category/ Type  ment For: 2014  Primary General Other (specify) ▼  State Zip Code NC 27624  O11  Category/ Type  ment For: 2014  Primary General Other (specify) ▼  General Other (specify) ▼  General  Other (specify) ▼  General  Other (specify) ▼  General  Other (specify) ▼  General	Use separate schedule(s) for each category of the Detailed Summary Page    21b

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 396 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
5_ 55 <del> </del>	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	ic and address of any politic	ai committee to	Solicit Continuations from Such Confinitee.
American Society of Anesthesiolog	ists Political Action (	Committee	
American Society of Amestriesiolog	isis Fullical Action (	Committee	
Full Name (Last, First, Middle Initial)			
A. FAMILIES FOR JAMES LANKFOR	lD.		Date of Disbursement
Mailing Address 16121 WINDRUSH PL			08 13 2014
Mailing Address 10121 WINDROSH FL			00 13 2014
City	State Zip Code		Transaction ID : D160590
EDMOND	OK 73013		Transaction ID: D160590
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name			, and an each Dispulsement this reliou
Rep. James Lankford		Category/ Type	5000.00
•	nent For: 2014		
	Primary General		
State: OK District: 05	Other (specify) ▼		
State: OK District: 05  Full Name (Last, First, Middle Initial)			
B. FRIENDS OF JOE HECK			Date of Disbursement
I MENDO OF JOE HEOR			M M / D D / Y Y Y Y
Mailing Address PO Box 750114			08 13 2014
City S Las Vegas	State Zip Code NV 89136		Transaction ID : D160589
Purpose of Disbursement	03130		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Joe Heck	and Fam. 3333	Type	1300.00
Office Sought: House Disbursen	nent For: 2014 Primary X General		
President	Other (specify)		
State: NV District: 03	V 1 = 37 - ₩		
Full Name (Last, First, Middle Initial)			
c. CULBERSON FOR CONGRESS			Date of Disbursement
Mailing Address D.O. DOV 44004			M M / D D / Y Y Y Y Y
Mailing Address P.O. BOX 41964			08 13 2014
City	State Zip Code		Transaction ID - D460502
HOUSTON	TX 77241		Transaction ID : D160593
Purpose of Disbursement 2014 General Contribution		011	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. John Culberson		Category/ Type	1500.00
•	nent For: 2014	71: -	
	Primary General		
President	Other (specify) ▼		
State: TX District: 07			
CURTOTAL of Dishumanus and This Days (a. ii i)			8000.00
SUBTOTAL of Disbursements This Page (optional)		······	333.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 397 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or usone and address of any politic	ed by any perso al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. Friends of Juan Vargas			Date of Disbursement
Mailing Address 330 Encinitas Blvd Ste 101			08 13 2014
City	State Zip Code		Transaction ID : D160581
Encinitas	CA 92024-8705		Transaction is . 5100301
Purpose of Disbursement 2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Juan Vargas  Office Sought:   House   Disbursen	ant For: 0044	Туре	100000
	nent For: 2014 Primary General		
	Other (specify) ▼		
State: CA District: 51			
Full Name (Last, First, Middle Initial)	-00		Date of Disbursement
B. JULIA BROWNLEY FOR CONGRE	555		M M / D D / Y Y Y Y
Mailing Address PO BOX 2018			08 06 2014
,	State Zip Code		Transaction ID : D160572
THOUSAND OAKS Purpose of Disbursement	CA 91358		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Julia Brownley		Туре	0000.00
	nent For: 2014 Primary General		
	Other (specify) ▼		
State: CA District: 26	Canon (openiny)		
Full Name (Last, First, Middle Initial)			
C. CASTOR FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 301 W. Platt Street #385			08 06 2014
City	State Zip Code		Transaction ID : D160575
Tampa	FL 33606		
Purpose of Disbursement 2014 Primary Contribution		011	Assessed of Early Disharman and this Davied
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Primary Contribution		011 Category/ Type	Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Kathy Castor	nent For: 2014	Category/	
Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Kathy Castor  Office Sought:  House Senate  Disbursen	Primary General	Category/	
Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Kathy Castor  Office Sought:  House Senate President  President		Category/	
Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Kathy Castor  Office Sought:  House Senate  Disbursen	Primary General	Category/	
Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Kathy Castor  Office Sought:  House Senate President  President	Primary General Other (specify) ▼	Category/ Type	
Purpose of Disbursement 2014 Primary Contribution  Candidate Name  Rep. Kathy Castor  Office Sought:  Senate President  State: FL  District: 14	Primary General Other (specify) ▼	Category/ Type	1000.00

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 398 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	TOMBET.
THE DISCOURSE WILLIAM	for each category of the Detailed Summary Page	` 21b °	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30l
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
$ \; angle$ American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)		1	
A. KYRSTEN SINEMA FOR CONGRI	-99		Date of Disbursement
KINGTEN GINEWIXT OK GONGKI	_00		M M / D D / Y Y Y Y
Mailing Address PO BOX 25879			08 06 2014
0	7: 0 1		
City S TEMPE	State Zip Code AZ 85285		Transaction ID : D160568
Purpose of Disbursement	00200		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Kyrsten Sinema		Type	2500.00
Office Sought: House Disbursen	nent For: 2014		
	Primary General		
State: AZ District: 09	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. AMODEI FOR NEVADA			Date of Disbursement
- AMODELLOK NEVADA			M M / D D / Y Y Y Y
Mailing Address 503 N DIVISION ST			08 06 2014
	State Zip Code		Transaction ID : D160579
CARSON CITY Purpose of Disbursement	NV 89703		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Mark Amodei		Type	2500.00
	nent For: 2014		
	Primary General		
	Other (specify) ▼		
State: NV District: 02  Full Name (Last, First, Middle Initial)			
C. AMODEI FOR NEVADA			Date of Disbursement
- AWODELL OK MEVADA			M M / D D / Y Y Y Y
Mailing Address 503 N DIVISION ST			08 06 2014
,	State Zip Code		Transaction ID: D160580
CARSON CITY Purpose of Disbursement	NV 89703		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Mark Amodei		Type	2500.00
	nent For: 2014		
	Primary General		
	Other (specify) ▼		
State: NV District: 02			
SUBTOTAL of Disbursements This Page (optional)			7500.00
CODICIAL OF DISDUISEMENTS THIS Page (OPHONAI)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 399 OF 405
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)			
A. MARK POCAN FOR CONGRESS			Date of Disbursement
Mailing Address 309 N BALDWIN ST			08 06 2014
City	State Zip Code		Transaction ID - D460560
MADISON	WI 53703		Transaction ID : D160569
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Mark Pocan	. =	Туре	1300.00
	nent For: 2014  Primary General  Other (specify)		
State: WI District: 02	Carlot (opcomy)		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF PATRICK MURPHY			Date of Disbursement
Mailing Address 4521 PGA BLVD. #412			08 25 2014
City PALM BEACH GARDENS	State Zip Code FL 33418		Transaction ID : D160775
Purpose of Disbursement 2014 Primary Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Patrick Murphy		Type	5000.00
	nent For: 2014  Primary General  Other (specify)		
State: FL District: 18			
Full Name (Last, First, Middle Initial)			5
C. DR. RAUL RUIZ FOR CONGRESS	S COMMITTEE		Date of Disbursement
Mailing Address PO BOX 3433			08 06 2014
City	State Zip Code		
Palm Desert	CA 92261		Transaction ID: D160571
Purpose of Disbursement 2014 General Contribution		· · · ·	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Raul Ruiz M.D.		Category/ Type	500.00
	nent For: 2014	туре	
Senate President	Primary General Other (specify) ▼		
State: CA District: 36	<u> </u>		
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 400 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Detailed Suffillary Fage	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the nan	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
$ \; angle$ American Society of Anesthesiolog	ists Political Action	Committee	
Full Name (Last, First, Middle Initial)		ı	
A. FRIENDS OF RICH NUGENT			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. Box 15668			08 06 2014
City	25- 0- d-		
City Brooksville	State Zip Code FL 34604		Transaction ID : D160563
Purpose of Disbursement	. = 34004		
2014 Primary Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Rich Nugent		Type	1000.00
	ment For: 2014		
Senate President	Other (specify) —		
State: FL District: 11	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. HUDSON FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 5053			08 06 2014
	<u> </u>		
City CONCORD	State Zip Code NC 28027		Transaction ID : D160555
Purpose of Disbursement	20021		
2014 General Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Richard Hudson		Type	1000.00
	nent For: 2014		
Senate	Primary General		
President State: NC District: 08	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF SAM JOHNSON			Date of Disbursement
- MENDO OF OAN JOHNSON			M M / D D / Y Y Y Y
Mailing Address P.O. Box 860096			08 27 2014
0.1	<del>-</del>		
City Plano	State Zip Code TX 75086		Transaction ID : D160776
Purpose of Disbursement	7,000		
2014 General Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Sam Johnson		Type	2000.00
	ment For: 2014		
Senate President	Primary General		
State: TX District: 03	Other (specify) ▼		
Side. IX Bioriot. 03			
SUBTOTAL of Disbursements This Page (optional)			4000.00
Service of the servic			
TOTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 401 OI	F 405
	EMIZED DISBURSEMENTS	Use separate		(check only	NOMBELL.	00
		for each categ Detailed Sumr		21b	22 🗙 23 🗆 24 🗆 25	26
		Dotalica Guilli	ilary i age	27	28a 28b 28c 29	30b
	y information copied from such Reports and Staten					
or	for commercial purposes, other than using the name	e and address of	of any politica	I committee to	solicit contributions from such committe	e.
	NAME OF COMMITTEE (In Full)					
[/	American Society of Anesthesiolog	ists Politica	I Action C	Committee		
<u></u>	Full Name (Last, First, Middle Initial)					
A.	SOUTHERLAND FOR CONGRES	S			Date of Disbursement	
					M M / D D / Y Y Y Y	Υ
	Mailing Address PO BOX 1692				08 06 2014	
	City	State Zip	Code			
	LYNN HAVEN		144		Transaction ID : D160564	
	Purpose of Disbursement					
	2014 Primary Contribution			011	Amount of Each Disbursement this Pe	eriod
	Candidate Name			Category/	2500.0	00
	Rep. Steve Southerland II  Office Sought:  House Disbursen	nent For: 2014		Туре		
		Primary	General			
	President	Other (specify)	J <b>▼</b>			
	State: FL District: 02					
	Full Name (Last, First, Middle Initial)					
В.	SUSAN DAVIS FOR CONGRESS				Date of Disbursement	
	Mailing Address DO Day 04040				08 12 2014	Y
	Mailing Address PO Box 84049				08 12 2014	
	City	State Zip	Code		Transaction ID : D160968	
	San Diego	CA 92	138-4049		Transaction ib . D100300	
	Purpose of Disbursement 2014 General Contribution				Amount of Each Disbursement this Pe	oriod
	Candidate Name			0.1	Amount of Each Disburgement this 1	Criod
	Rep. Susan A. Davis			Category/ Type	-1000.0	00
		nent For: 2014	I			
		Primary X	General			
		Other (specify)	▼			
_	State: CA District: 53					
С	Full Name (Last, First, Middle Initial)  DUCKWORTH FOR CONGRESS				Date of Disbursement	
•	DOCKWORTH OR CONGRESS				M M / D D / Y Y Y	Y
	Mailing Address P.O. BOX 8867				08 06 2014	
	City S ROLLING MEADOWS	State Zip IL 600	Code		Transaction ID : D160546	
	Purpose of Disbursement	12 000	700			
	2014 General Contribution			011	Amount of Each Disbursement this Pe	eriod
	Candidate Name			Category/	1000.0	00
	Rep. Tammy Duckworth			Туре	1000.0	00
		nent For: 2014 Primary	General			
		Other (specify)				
	State: IL District: 08	(-[-30])	•			
Г						-
s	UBTOTAL of Disbursements This Page (optional)				2500.0	00
H				·		
[ T	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 402 OF 4	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 27	22 X 23 24 25 25 28a 28b 28c 29	
Any information copied from such Reports and State	Ments may not be sold or us			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Society of Anesthesiology	gists Political Action	Committee		
Full Name (Last, First, Middle Initial)				
A. TED DEUTCH FOR CONGRESS	COMMITTEE		Date of Disbursement	
Mailing Address 1050 17TH ST, NW, STE 590			08 13 2014	
City	State Zip Code		Transaction ID - D460505	
WASHINGTON	DC 20036		Transaction ID : D160595	
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1500.00	
Rep. Ted Deutch		Type	1000.00	
Office Sought: House Disburse Senate President	ment For: 2014 Primary ☐ General Other (specify) ▼			
State: FL District: 21				
Full Name (Last, First, Middle Initial)				
B. TOM ROONEY FOR CONGRES	3		Date of Disbursement	
Mailing Address 2336 S. East Ocean Blvd. #313			08 13 2014	
City Stuart	State Zip Code FL 34996		Transaction ID : D160586	
Purpose of Disbursement 2014 Primary Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1500.00	
Rep. Tom Rooney		Type	1300.00	
	ment For: 2014 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. BECERRA FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 71584			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code		T (1 ID D100500	
Los Angeles	CA 90026		Transaction ID : D160596	
Purpose of Disbursement 2014 General Contribution		044		
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. Xavier Becerra		Category/ Type	5000.00	
	ment For: 2014	туре		
Senate President	Primary ☐ General Other (specify) ▼			
State: CA District: 34				
SUBTOTAL of Disbursements This Page (optional).			8000.00	
TOTAL This Period (last page this line number only	)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 403 OF 405
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the nat			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	gists Political Action	Committee	
Full Name (Last, First, Middle Initial)			5
A. SEARCHLIGHT LEADERSHIP FL	IND		Date of Disbursement
Mailing Address 607 14th Street N.W.			08 20 2014
Suite 800			
City Washington	State Zip Code DC 20005		Transaction ID : D160600
Purpose of Disbursement	20003		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disburse	ment For: 2014	Туре	0000.00
Senate Dispulse	Primary General		
President	Other (specify) ▼		
State: District:	2014 Contributi	on	
Full Name (Last, First, Middle Initial)			5
B. FRIENDS OF MARK WARNER			Date of Disbursement
Mailing Address 201 NORTH UNION STREET SU	ITE 300		08 27 2014
City	State Zip Code		Transaction ID : D160777
ALEXANDRIA	VA 22314		Transaction ib . broott
Purpose of Disbursement 2014 General Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Mark Warner		Type	5000.00
	ment For: 2014		
Senate President	Primary		
State: VA District: 00	Curior (opeony)		
Full Name (Last, First, Middle Initial)			
C. ENZI FOR US SENATE			Date of Disbursement
Mailing Address DO DOV 0775			M M / D D / Y Y Y Y
Mailing Address PO BOX 2775			08 06 2014
City	State Zip Code		Transaction ID : D160545
CODY	WY 82414		Transaction ib . D100343
Purpose of Disbursement 2014 Primary Contribution		011	Assessed of Foods Disharmon and this David
Candidate Name		Category/	Amount of Each Disbursement this Period
Sen. Michael B. Enzi		Type	1000.00
	ment For: 2014		
Senate President	Primary General		
State: WY District: 00	Other (specify) ▼		
11. 2.00.00			
SUBTOTAL of Disbursements This Page (optional).			11000.00
TOTAL This Period (last page this line number only	)	······	

	EOD LINE	NUMBER: PAGE 404 OF 405		
Use separate schedule(s)		FOR LINE NUMBER: PAGE 404 OF 405 (check only one)		
	21b	22 🗙 23 24 25 26		
Detailed Suffilliary Page	27	28a 28b 28c 29 30		
ists Political Action	Committee			
0040		Date of Disbursement		
A. STRICKLAND FOR CONGRESS 2012				
Mailing Address PO BOX 630446				
		08 06 2014		
		Transaction ID : D160549		
CA 93063		Transaction ib . D100343		
	011	Amount of Each Dichuragment this Desired		
		Amount of Each Disbursement this Period		
		1000.00		
nent For: 2014	.,,,,			
Primary Seneral				
Other (specify)				
		Date of Disbursement		
		M M / D D / Y Y Y Y		
		08 13 2014		
State Zip Code		<b>-</b>		
MA 01103		Transaction ID : D160587		
	011	Amount of Each Disbursement this Period		
	Category/	5000.00		
nent For: 2044	Туре	111111111111111111111111111111111111111		
, I I				
	tion			
		Date of Disbursement		
		M M / D D / Y Y Y Y		
State Zin Code				
ziaie Zip Code				
		Amount of Each Disbursement this Period		
	1 !!	Amount of Lacif Disbursement this Feriod		
	Category/	Amount of Lacif Disbursement this Period		
	Category/ Type	Amount of Lacif Disbulsement this Period		
ment For:		Amount of Lacif Disbursement this Period		
Primary General		Amount of Lacif Disbursement this Period		
		Amount of Lacif Disbursement this Period		
Primary General		Amount of Lacif Disbursement this Period		
Primary General Other (specify) ▼	Type	6000.00		
Primary General	Type			
	for each category of the Detailed Summary Page ments may not be sold or usine and address of any political Action  2012  State Zip Code CA 93063  ment For: 2014 Primary General Other (specify)  ment For: 2014	Use separate schedule(s) for each category of the Detailed Summary Page  The ments may not be sold or used by any personne and address of any political committee of the and address of any political committee of the angle of th		

HEDULE B (FEC Form 3X) MIZED DISBURSEMENTS	1	FOR LINE	
IVIIZED DIGDUITOLIVIEIT	Use separate schedule(s)	(check only	
TEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30
information copied from such Reports and State	ments may not be sold or us	sed by any perso	on for the purpose of soliciting contributions
or commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Society of Anesthesiology	gists Political Action	Committee	
<u>-</u>			
Full Name (Last, First, Middle Initial)			
Nathan Deal For Governor			Date of Disbursement
Mailing Address DO Day 0405			08 13 2014
Mailing Address PO Box 2495			08 13 2014
Dity	State Zip Code		
Gainesville	GA 30503-2495		Transaction ID : D160585
Purpose of Disbursement			
2014 Non-Federal Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	6300.00
Office Cought: House District	mont For: 0044	Туре	3333.30
Office Sought: House Disburse Senate	ement For: 2014  Primary General		
President	Other (specify)		
State: District:	2014 Non-Federa	l Con	
Full Name (Last, First, Middle Initial)			
, , , , , , , , , , , , , , , , , , , ,			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address			
Dity	State Zip Code		
Purpose of Disbursement	Т		
•			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
	ement For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
<u>-</u>			
Dity	State Zip Code		
Purpose of Disbursement			
ruipose oi Dispursement			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburse	ement For:	.,,,,	7
Senate	Primary General		
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Other (specify) ▼		
President	i .		
President			
President			6300.00